

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
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USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)		2. FEC IDENTIFICATION NUMBER
CD0240911	D60500 P 271	C00240911
PAUL ANDERSON		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
JM FAMILY ENTERPRISES INC POLI		
TICAL ACTION COMMITTEE		
100 NW 12 AVENUE		
PO BOX 1160		
DEERFIELD BEACH		
FL 33443		

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	04/01/00 through 06/30/00		
6. (a) Cash on Hand January 1, 2000			\$ 17,922.73
(b) Cash on Hand at Beginning of Reporting Period		\$ 6,972.73	
(c) Total Receipts (from Line 1B)		\$ 32,505.00	\$ 35,505.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 39,477.73	\$ 53,427.73
7. Total Disbursements (from Line 3C)		\$ 3,500.00	\$ 17,450.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 35,977.73	\$ 35,977.73
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$	

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
Paul Anderson

Signature of Treasurer

Paul Anderson

Date

7/10/00

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

FEC FORM 3X

(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
JM Family Enterprises, Inc. PAC C00240911		FROM 04/01/00	TO: 06/30/00	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	25,800	28,800	11(a)(1)
ii.	Unitemized	6,705	6,705	11(a)(2)
iii.	Total (add i and ii) >	32,505	35,505	11(a)(3)
b.	Political Party Committees	0	0	11(b)
c.	Other Political Committees (such as PACs)	0	0	11(c)
d.	Total Contributions (add a, b, and c) >	32,505	35,505	11(d)
12.	Transfers From Affiliated/Other Party Committees	0	0	12
13.	All Loans Received	0	0	13
14.	Loan Repayments Received	0	0	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18.	Transfers from Nonfederal Account for Joint Activity	0	0	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	32,505	35,505	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	32,505	35,505	20
II Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	0	0	21(a)(1)
ii.	Non-Federal Share	0	0	21(a)(2)
b.	Other Federal Operating Expenditures	0	0	21(b)
c.	Total Operating Expenditures (add a, i, and ii, and b) >	0	0	21(c)
22.	Transfers to Affiliated/Other Party Committees	0	0	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	3,500	12,000	23
24.	Independent Expenditures (use Schedule E)	0	0	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26.	Loan Repayments Made	0	0	26
27.	Loans Made	0	0	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	0	0	28(a)
b.	Political Party Committees	0	0	28(b)
c.	Other Political Committees (such as PACs)	0	0	28(c)
d.	Total Contribution Refunds (add a, b and c) >	0	0	28(d)
29.	Other Disbursements <u>Non-Federal Candidates</u>	0	5,450	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,500	17,450	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	3,500	17,450	31
III Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	0	0	32
33.	Total Contribution Refunds (from line 28d)	0	0	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	0	0	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36.	Offsets to Operating Expenditures (from line 15)	0	0	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	0	0	37

SCHEDULE A

ITEMIZED RECEIPTS

4/1/00 - 6/30/00

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

PAGE 1 OF 10
FOR LINE NUMBER 11.a.1

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)

JM Family Enterprises, Inc. PAC C00240911

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clark G. Ballard 22371 Martella Ave. Boca Raton, FL 33433	JM Family Enterprises, Inc.	5/4/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director Visual Communications Aggregate Year-to-Date > \$ 300		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tom Beddia 598 SW 16th Street Boca Raton, FL 33432	Southeast Toyota Distributors, LLC	5/5/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager Product/Brand Sales Aggregate Year-to-Date > \$ 300		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott Beede 12230 Rockledge Circle Boca Raton, FL 33428	JM Family Enterprises, Inc.	5/4/00	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Corp. Physician Manager Aggregate Year-to-Date > \$200		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William J. Bolash 19153 SE Jupiter River Dr. Jupiter, FL 33458-1023	Jim Moran & Associates, Inc.	5/8/00	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Regional Sales Aggregate Year-to-Date > \$ 400		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
I. R. Feagles 1155 Hillsboro Mile Hillsboro Beach, FL 33062	JM Family Enterprises, Inc.	5/5/00	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EVP, JMP & Pres. Financial Service Aggregate Year-to-Date > \$1,000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce E. Foster 834 Whippoorwill Trail West Palm Beach, FL 33411	Jim Moran & Associates, Inc.	5/5/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Sales Training Aggregate Year-to-Date > \$ 300		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Friedland 604 SW 8th Avenue Ft. Lauderdale, FL 33315	Southeast Toyota Distributors, LLC	5/5/00	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager, Product/Brand Sales Aggregate Year-to-Date > \$ 200		

SUBTOTAL of Receipts This Page (optional)

2,700

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

4/1/00 - 6/30/00

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

PAGE 2 OF 10
FOR LINE NUMBER 11.a.1

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NAME OF COMMITTEE (In Full)

JM Family Enterprises, Inc. PAC C00240911

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Darryl W. Head 8180 NW 51st Place Coral Springs, FL 33067	Southeast Toyota Distributors, LLC Occupation Director, Long Range Planning	5/4/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John M. Hinchman 428 Plaza Real, #332 Boca Raton, FL 33432	World Omni Financial Corp. Occupation Director, National Remarketing	5/4/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph G. Kump 3050 NE 40 Court Ft. Lauderdale, FL 33308	JM Family Enterprises, Inc. Occupation Corp. Physician Director	5/5/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$300		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kim Stewart Laursen 6427 Grelot Rd. #1513 Mobile, AL 36695	World Omni Financial Corp. Occupation Director, Credit & Collections	5/5/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$300		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John P. Lynch 954 Cypress Drive Delray Beach, FL 33483	Southeast Toyota Distributors, LLC Occupation Manager, Regional Sales	5/8/00	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruth Lyons 153 Deer Cove Drive Ponte Vedra Beach, FL 32082	JM Family Enterprises, Inc. Occupation Director, Marketing Research	5/7/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth McCoy 21119 Sweetwater Lane, N. Boca Raton, FL 33428	Southeast Toyota Distributors, LLC Occupation Vice President, Marketing & Sales	5/5/00	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400		

SUBTOTAL of Receipts This Page (optional)

2,300

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

4/1/00 - 6/30/00

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

PAGE 3 OF 10
FOR LINE NUMBER 11.a.1

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NAME OF COMMITTEE (in Full)

JM Family Enterprises, Inc. PAC C00240911

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Majcher 6248 NW 32nd Tr. Boca Raton, FL 33496	Southeast Toyota Distributors, LLC Occupation Vice President, Marketing & Sales	5/5/00	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard A. Noland 2664 NW 23rd Way Boca Raton, FL 33431	JM Family Enterprises, Inc. Occupation Vice President, Administration	5/5/00	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger L. Robbins 14983 51 Terrace, S. Delray Beach, FL 33484	JM Family Enterprises, Inc. Occupation Manager, Security	5/5/00	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wendy S. Smith 20794 Raindance Ln. Boca Raton, FL 33428	Southeast Toyota Distributors, LLC Occupation Director, Franchise	5/4/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. A. Stromberg 100 NW 12th Avenue Deerfield Beach, FL 33442	JM Family Enterprises, Inc. Occupation Vice President, Group	5/8/00	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael J. Tufekchiev 12437 Antille Drive Boca Raton, FL 33428	World Omni Financial Corp. Occupation Director, Commercial Operations	5/4/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lisa R. Wheeler 2020 NW 25th Street Boca Raton, FL 33431	World Omni Financial Corp. Occupation Vice President, Servicing	5/4/00	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000		

SUBTOTAL of Receipts This Page (optional)

3,100

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

4/1/00 - 6/30/00

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

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NAME OF COMMITTEE (in Full)

JM Family Enterprises, Inc. PAC G00240911

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank S. White 611 Cypress Crossing Wellington, FL 33414	World Omni Financial Corp. Occupation Director, Dealer Services	5/5/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Adam S. Arens 9671 NW 67 Place Parkland, FL 33076-2309	Jim Moran & Associates, Inc. Occupation Vice President, Regional Sales	5/8/00	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wayne D. Crater 416 Oak Pond Drive Jacksonville, FL 32259	Southeast Toyota Distributors, LLC Occupation Director, Purchasing	5/7/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Walter D. Cunningham 120 NW 12th Avenue Deerfield Beach, FL 33442	World Omni Financial Corp. Occupation Manager, National Accounts	5/10/00	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kathy A. Donica 1187 Hillsboro Mile, Apt. 3W Hillsboro Beach, FL 33062	JM Family Enterprises, Inc. Occupation Asst. V. P., Telecommunications	5/8/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Hogan 111 NW 12th Avenue Deerfield Beach, FL 33442	Southeast Toyota Distributors, LLC Occupation Manager, Regional Sales	5/8/00	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary L. Thomas 6711 W. Cypresshead Drive Parkland, FL 33067	JM Family Enterprises, Inc. Occupation E.V.P. Human Resources	5/9/00	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000		

SUBTOTAL of Receipts This Page (optional) 2,900

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

4/1/00 - 6/30/00

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

PAGE 5 OF 10
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NAME OF COMMITTEE (in Full)

JM Family Enterprises, Inc. PAC C0024D911

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John C. Guerrero 8673 NW 57th Court Coral Springs, FL 33067	Southeast Toyota Distributors, ELC	5/15/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir. Fin'l. An'l & Budget Control		
	Aggregate Year-to-Date > \$ 300		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard M. Jackson 12287 Riverfalls Court Boca Raton, FL 33428	Southeast Toyota Distributors, LLC	5/14/00	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Sales		
	Aggregate Year-to-Date > \$ 400		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marcy L. Miller 2215 Cypress Island Drive #407 Pompano Beach, FL 33069	JM Family Enterprises, Inc.	5/10/00	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager, Corporate Taxes		
	Aggregate Year-to-Date > \$ 200		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Craig J. Pollock 1110 Walcott Way Morrisville, NC 27560	Jim Moran & Associates, Inc.	5/12/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Sales Planning		
	Aggregate Year-to-Date > \$ 300		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. Steven Shannon 6418 NW 99 Avenue Parkland, FL 33076	Southeast Toyota Distributors, LLC	5/10/00	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager, District Sales		
	Aggregate Year-to-Date > \$ 200		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Sheehy 6854 Royal Orchid Circle Delray Beach, FL 33446	Southeast Toyota Distributors, LLC	5/12/00	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Marketing		
	Aggregate Year-to-Date > \$ 500		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anderson, Alan Paul 2108 NE 18th Avenue Wilton Manors, FL 33305	JM Family Enterprises, Inc.	5/15/00	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Government Affairs		
	Aggregate Year-to-Date > \$ 400		

SUBTOTAL of Receipts This Page (optional)	2,300
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

4/1/00 - 6/30/00

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

PAGE 6 OF 10
FOR LINE NUMBER 11.a.1

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NAME OF COMMITTEE (in Full)

JM Family Enterprises, Inc. PAC C00240911

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald N. Florence 5188 Deerburch Crescent Circle Boca Raton, FL 33486	JM Family Enterprises, Inc. Occupation Vice President, Risk Management	5/15/00	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin R. Gallagher 3520 E. Hidden Lake Drive Jacksonville, FL 32216	JM Family Enterprises, Inc. Occupation Director, Human Resources	5/11/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy V. Garza 7610 W. Cypress Head Drive Parkland, FL 33067	Southeast Toyota Distributors, LLC Occupation Vice President, Product Planning	5/15/00	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brick A. Toifel 129 Weatherford Court Fairhope, AL 36532	World Omni Financial Corp. Occupation Vice President, Operations	5/13/00	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
L. Lodge Weber, III 100 NW 12th Avenue Deerfield Beach, FL 33442	Southeast Toyota Distributors, LLC Occupation Manager, District Sales	5/13/00	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Dakak 2632 NE 30th Street Ft. Lauderdale, FL 33306	JM Family Enterprises, Inc. Occupation Director, Audit	5/17/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dominic Geroni, Jr. 12448 N.W. 62nd Ct. Coral Springs, FL 33076	Jim Moran & Associates, Inc. Occupation Director, Nat'l. Sales Recruiting	5/10/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		

SUBTOTAL of Receipts This Page (optional)

2,500

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

4/1/00 - 6/30/00

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

PAGE 7 OF 10
FOR LINE NUMBER 11.a.1

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NAME OF COMMITTEE (in Full)

JM Family Enterprises, Inc. PAC C00240911

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John S. Liscio 13416 Rupert Court Richmond, VA 23233-7048	Jim Moran & Associates, Inc. Occupation Manager, Regional Sales	5/15/00	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce L. Davis 8925 SW 134 Court Miami, FL 33186	World Omni Financial Corp. Occupation Director, Human Resources	5/18/00	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas A. Maguire 3180 NE 31st Avenue Lighthouse Point, FL 33064	JM Family Enterprises, Inc. Occupation EVP/CIO	5/22/00	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick H. Sreenan 3810 NE 30th Avenue Lighthouse Point, FL 33064	Courtesy Insurance Company Occupation Director, Ins. & Fin'l Services	5/15/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Grant T. Wilson 6532 NW 99th Avenue Parkland, FL 33076	Southeast Toyota Distributors, LLC Occupation Director, Marketing	5/22/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Wohlleb 475 Cardinal Avenue Boca Raton, FL 33486	World Omni Financial Corp. Occupation Vice President, Dealer Services	5/22/00	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William F. Curran 1041 NW 101st Way Plantation, FL 33322	Jim Moran & Associates, Inc. Occupation Vice President, Group	5/24/00	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400		

SUBTOTAL of Receipts This Page (optional)

3,300

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

4/1/00 - 6/30/00

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

PAGE 8 OF 10
FOR LINE NUMBER 11.a.1

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NAME OF COMMITTEE (in Full)

JM Family Enterprises, Inc. PAC C00240911

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick W. Ritenour 6528 NW 103rd Lane Parkland, FL 33076	Southeast Toyota Distributors, LLC Occupation Director, Sales	5/22/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Shepard 12835 Ft. Caroline Rd. Jacksonville, FL 32225	Southeast Toyota Distributors, LLC Occupation Vice President, Division	5/23/00	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sheila R. Sagar 20002 Ocean Key Drive Boca Raton, FL 33498	JM Family Enterprises, Inc. Occupation Vice President, Controller	5/30/00	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shirley M. Tosca 4387 Fox Ridge Drive Weston, FL 33331	JM Family Enterprises, Inc. Occupation Director, Retail Controller	5/31/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Cambareri 5216 NW 51st Court Coconut Creek, FL 33073	Jim Moran & Associates, Inc. Occupation Director, Financial Analysis	6/1/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Perry A. Houck 159 High Country Dr. Cary, NC 27513-3449	Southeast Toyota Distributors, LLC Occupation Manager, District Sales	5/22/00	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.R. Huffman 12 South Lakeshore Dr. Hypoluxo, FL 33462	JM Family Enterprises, Inc. Occupation Director, Assistant Controller	6/1/00	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200		

SUBTOTAL of Receipts This Page (optional)

2,100

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

4/1/00 - 6/30/00

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

PAGE 9 OF 10
FOR LINE NUMBER 11.a.1

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NAME OF COMMITTEE (In Full)

JM Family Enterprises, Inc. PAC CD0240911

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Kokinakis 11996 NW 2nd Street Coral Springs, FL 33071-8019	JM Family Enterprises, Inc. Occupation Director, Aviation	5/10/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen J. Ozzello 874 Forest Glen Ln. Wellington, FL 33414	Southeast Toyota Distributors, LLC Occupation Director, Sales	5/31/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Taylor Ward 1620 SW 4th Avenue Boca Raton, FL 33432	Southeast Toyota Distributors, LLC Occupation Vice President, Attorney General	6/1/00	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward F. Bradley 10103 NW 6th Court Parkland, FL 33076	Jim Moran & Associates, Inc. Occupation Vice President, Sales Administration	6/1/00	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ray Hernandez 855 SW 173rd Avenue Pembroke Pines, FL 33029	Southeast Toyota Distributors, LLC Occupation Mgr. District Sales & Customer Svce	5/25/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mindy Toback-Seiden 4886 NW 67 Avenue Ft. Lauderdale, FL 33319	JM Family Enterprises, Inc. Occupation Vice President, Corporate Taxes	6/4/00	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andres J. Perez 4545 Powers Rd. Marietta, GA 30067	Jim Moran & Associates, Inc. Occupation Vice President Regional Sales	6/6/00	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400		

SUBTOTAL of Receipts This Page (optional)

2,400

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

4/1/00 - 6/30/00

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

PAGE 10 OF 10

FOR LINE NUMBER 11, A, I

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NAME OF COMMITTEE (In Full)

JM Family Enterprises, Inc. PAC C00240911

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John J. Whelan 100 NW 12th Ave. Deerfield Beach, FL 33443	JM Family Enterprises, Inc.	6/7/00	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Corporate Secretary	Aggregate Year-to-Date > \$ 400	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David M. Williams 500 Treyburn View Alpharetta, GA 30004	Jim Moran & Associates, Inc.	6/8/00	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager, Regional Sales	Aggregate Year-to-Date > \$ 500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward D. Adams III 87 SW 10th Drive Boca Raton, FL 33486	Southeast Toyota Distributors, LLC	6/12/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Customer Service	Aggregate Year-to-Date > \$ 300	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shirley Guidroz 4972 NW 106th Ave. Coral Springs, FL 33076	Southeast Toyota Distributors, LLC	5/21/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Human Resources	Aggregate Year-to-Date > \$ 300	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James M. McDavid 6017 Kipps Colony Dr. E. Gulfport, FL 33707	Jim Moran & Associates, Inc.	5/30/00	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager, Regional Sales	Aggregate Year-to-Date > \$ 400	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William H. Wettlaufer 11285 SW 1st Street Coral Springs FL 33071	Southeast Toyota Distributors, LLC	6/15/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Sales	Aggregate Year-to-Date > \$ 300	
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):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 2,200

TOTAL This Period (last page this line number only) 25,800

SCHEDULE B

ITEMIZED DISBURSEMENTS

4/1/00 - 6/30/00

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NAME OF COMMITTEE (in Full)

JM Family Enterprises, Inc. PAC C00240911

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tom Gallagher For US Senate 600 Corporate Dr., Suite 512 Ft. Lauderdale, FL 33334	Contribution Rep-Sen Tom Gallagher Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/11/00	1,000
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Clay Shaw PO Box 2188 Ft. Lauderdale, FL 33308-2188	FL - R-22 Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/11/00	2,000
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	3,000
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

4/1/00 - 6/30/00

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

PAGE	OF
2	2
FOR LINE NUMBER	
23	

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NAME OF COMMITTEE (In Full)

JN Family Enterprises, Inc. PAC C00240911

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Charles Taylor for Congress Comm. PO Box 2355 Asheville, NC 28802	NC - R - 11; Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/00	500
B. 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
C. 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
D. 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
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)

500

TOTAL This Period (last page this line number only)

3,500

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) 7-6-00
<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>ML</i>	<i>7-10-00</i>
PREPARER	DATE PREPARED