



ASSOCIATION OF FLORAL
IMPORTERS OF FLORIDA

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MIAMI, FLORIDA

33172

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RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAY 11 10 35 AM '98

May 8, 1998

VIA AIRBORNE EXPRESS

Mr. Neil Evans
Reports Analyst
Reports Analysis Division
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Dear Mr. Evans:

As a follow up to our telephone conversation of April 27, 1998, enclosed is a separate Schedule A for a refund of a contribution made to a federal candidate.

We reported this refund in our FEC Form 3X for the period July 1, 1997 through December 31, 1997. It was reported on Line 16. However, we inadvertently did not send a separate Schedule A disclosing the fund. Enclosed is such Schedule A.

Please call me if you have any additional questions. Thank you.

Sincerely,

Lin Watts
Executive Vice President

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

RECEIVED
FEDERAL ELECTION COMMISSION

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NAME OF COMMITTEE (In Full) Association of Florida 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
Friends of Bob Graham 233 Constitution Avenue, N.E. Washington, D.C. 20002 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): See above	Return of contribution that exceeded limits Occupation Aggregate Year-to-Date > \$	11-24-97	\$2,500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 2,500.00

TOTAL This Period (last page this line number only) 2,500.00

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>5-11-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>[Signature]</i> PREPARER	<i>5-11-98</i> DATE PREPARED