

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL
ELECTION
COMMISSION

APR 8 3 15 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:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

Twelfth day report preceding _____
(Type of Election)
election on _____ in the State of _____

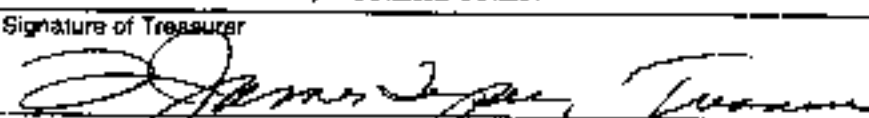
Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>1/1/96</u> through <u>3/31/96</u>		
6. (a)	Cash on Hand January 1, 19 <u>96</u>		\$ 22,572.43
(b)	Cash on Hand at Beginning of Reporting Period	\$ 22,572.43	
(c)	Total Receipts (from Line 19)	\$ 17,063.92	\$ 17,063.92
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 39,636.35	\$ 39,636.35
7.	Total Disbursements (from Line 20)	\$ 399.36	\$ 399.36
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 39,236.99	\$ 39,236.99
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 988 E Street, NW Washington, DC 20460 Toll Free 800-424-9530 Local 202-219-8420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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 TEPPER, TREASURER

Signature of Treasurer  Date **4/3/96**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

9 5 0 3 0 8 2 5 4

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

(revised 1/1/91)

NAME OF COMMITTEE Association of Floral Importers
of Florida Political Action Committee

REPORT COVERING PERIOD
FROM 1/1/96 TO: 3/31/96

I. Receipts

	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	16,876.00	16,876.00
ii. Unitemized under \$200	124.00	124.00
iii. Total (add i and ii) >	17,000.00	17,000.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) >	17,000.00	17,000.00
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.) 63.92	63.92	63.92
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	17,063.92	17,063.92
20. Total Federal Receipts (subtract line 18 from line 19) >	17,063.92	17,063.92

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 92.36	92.36	92.36
c. Total Operating Expenditures (add a ii, a iii, and b) >	92.36	92.36
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	307.00	307.00
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) >	399.36	399.36
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	399.36	399.36

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans)(from line 11d)	17,000.00	17,000.00
33. Total Contribution Refunds (from line 28d)	-	-
34. Net Contributions (other than loans)(subtract line 33 from 32)	17,000.00	17,000.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	92.36	92.36
36. Offsets to Operating Expenditures (from line 15)	-	-
37. Net Operating Expenditures (subtract line 36 from 35) >	92.36	92.36

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 3
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

9 6 0 3 0 8 2 5 6

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jairo Rengifo 1660 N.W. 82nd Avenue Miami, FL 33152	Falcon Farms	1/18/96	\$1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$1,500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cecelia Vincente 2926 N.W. 72nd Avenue Miami, FL 33122	Selecta Farms, Inc.	2/ 5/96	\$1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Operations Mngr.	Aggregate Year-to-Date > \$1,500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Juan Mejia 2926 N.W. 72nd Avenue Miami, FL 33122	Selecta Farms, Inc.	3/15/96	\$1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$1,500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paula Anderson-Findley 2200 N.W. 70th Avenue Miami, FL 33122	Sunburst Farms, Inc.	3/18/96	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation, P. Human Systems & Admin.	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eugenio Valdes 2200 N.W. 70th Avenue Miami, FL 33122	Sunburst Farms, Inc.	3/18/96	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Sales & Marketing	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Surplus 2200 N.W. 70th Avenue Miami, FL 33122	Sunburst Farms, Inc.	3/18/96	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Operations	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sergio San Miguel 2200 N.W. 70th Avenue Miami, FL 33122	Sunburst Farms, Inc.	3/18/96	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Finance	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) \$5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER

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

2
5
8
3
0
3
0
0
2
5
7

<p>A. Full Name, Mailing Address and ZIP Code L. James Teper 2020 N.W. 89th Place 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 Continental Farms, Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$1,500.00</p>	<p>Date (month, day, year) 3/21/96</p>	<p>Amount of Each Receipt this Period \$1,500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Linda M. Giovanozzi 2750 N.W. 79th 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 Director of Sales</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 3/21/96</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Edgar Lozano 8301 N.W. 30th Terrace 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 Florafresh</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$876.00</p>	<p>Date (month, day, year) 3/21/96</p>	<p>Amount of Each Receipt this Period \$ 876.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Christine Martindale 1452 N.W. 82nd Avenue Miami, FL 33126</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Esprit Miami</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 3/25/96</p>	<p>Amount of Each Receipt this Period \$ 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Albert Marengo 1800 N.W. 89th Place 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 Southern Rainbow Corporation</p> <p>Occupation Controller</p> <p>Aggregate Year-to-Date > \$1,500.00</p>	<p>Date (month, day, year) 3/27/96</p>	<p>Amount of Each Receipt this Period \$1,500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Mario Varela 2019 N.W. 89th Place 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 Emerald Farms, Inc.</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date > \$ 2,000.00</p>	<p>Date (month, day, year) 3/26/96</p>	<p>Amount of Each Receipt this Period \$2,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Alberto Fernandez 8175 N.W. 31st 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, Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 3/26/96</p>	<p>Amount of Each Receipt this Period \$ 500.00</p>

SUBTOTAL of Receipts This Page (optional) \$7,876.00

TOTAL This Period (last page if line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER

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

9 6 0 3 0 0 8 2 5 9

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Guillermo A. Fernandez 8175 N.W. 31st Street Miami, FL 33122	Continental Flowers, Inc.	3/26/96	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President		Aggregate Year-to-Date > \$ 500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sabina de la Torre 1820 N.W. 82nd Avenue Miami, FL 33126	Four Farmers, Inc.	3/28/96	\$3,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$3,000.00
C. 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 > \$
D. 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 > \$
E. 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 > \$
F. 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 > \$
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) \$ 3,500.00

TOTAL This Period (last page this line number only) \$ 16,876.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Association of Floral Importers of Florida Political Action Committee

9 6 0 3 0 3 8 2 5 9

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CPX/LaFleurette 1500 N.W. 95th Avenue Miami, FL 33172	In-kind contribution - Peter Deutsch for Congress Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/25/96	\$ 307.00
B. 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)		
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)	\$ 307.00
TOTAL This Period (last page this line number only)	\$ 307.00

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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

4-3-96

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

JMH
PREPARER

4-8-96
DATE PREPARED

9 5 0 3 0 0 8 2 5 0