



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

APR 15 1998

L. James Teper, Treasurer
Association of Floral Importers of
Florida Political Action Committee (AFIFPAC)
8725 NW 18th Terrace, Suite 106
Miami, FL 33172

Identification Number: C00173161

Reference: Year End Report (7/1/97-12/31/97)

Dear Mr. Teper:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) precludes a multicandidate committee and its affiliates from making a contribution to a candidate for federal office in excess of \$5,000 per election.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of \$5,000 and/or notify the recipient in writing of your redesignation of the contribution. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution(s).

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A

supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

-2 U.S.C. §434(b)(3) requires itemization of contributions from individuals and persons other than political committees, where the aggregate total from the contributor exceeds \$200 in a calendar year. In addition, 11 CFR §104.3(a)(2)(i)(B) requires a committee to report the total amount of unitemized contributions (see Line 11(a)(ii) of the Detailed Summary Page). If a committee wishes to disclose contributions regardless of the amount contributed, the committee must separate (on separate receipt schedules) those contributors requiring itemization from those who are not required to be itemized. 11 CFR §104.3(a)(4)(i) For future filings, please submit your reports in this order.

-For your information, each category on the Detailed Summary Page for which your committee discloses activity must have a separate schedule. Please note this for future filings.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,



Neil Evans
Reports Analyst
Reports Analysis Division

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **1** OF **1**
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 (AFIP PAC)**

MS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Peter Deutsch for Congress P.O. Box 817689 Hollywood, Florida 33021	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/97	\$ 2,500.00
Hastings for Congress P.O. Box-9352 Ft. Lauderdale, Florida 33130	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/97	\$ 2,500.00
Friends of Bob Graham 233 Constitution Avenue, N.E. Washington, DC 20002	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/97	\$ 2,500.00
Carrie Mack for Congress P.O. Box 01-6012 Miami, Florida 33101-6012	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/97	\$ 2,500.00
Thurman for Congress P.O. Box 5058 Inverness, Florida 34458	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/97	\$ 1,000.00
Diaz-Balart for Congress 4551 Brookfield Corp. Dr., #200 Chantilly, VA 20151-1652	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/97	\$ 2,500.00
G. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	\$13,500.00
TOTAL This Period (last page this line number only)	\$13,500.00

SCHEDULE B

FINANCIAL DISBURSEMENTS

Use separate statement for each campaign other than Primary Election

Page
FORM L-100 (Rev. 12-23)

Any information reported from such Reports and Statements may not be used or cited by any person for the purpose of inducing contributions or for other purposes, other than for using the name and address of any political committee to solicit contributions from such committee.

Name of Committee or Fund
Association of Floral Merchants of Florida Political Action Committe

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date Disbursed (m, y, day)	Amount of Disbursement (This Page)
Friends of Bob Graham P.O. Box 13472 Tallahassee, FL 32317	Re-election Campaign P-2,500 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) G-2,500	4-15-96	\$ 1,100.00
DIAN-BELAKI FOR CONGRESS 9737 N.W. 41 Street, #131 Miami, FL 33178	Re-election Campaign P-2,500 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) G-2,500	4-13-96	2,500.00
DON-LENTZON FOR CONGRESS P.O. Box 52-2784 Miami, FL 33152	Re-election Campaign P-2,407.28 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) G-2,592.72	4-13-96	2,407.28
DON-LENTZON FOR CONGRESS P.O. Box 527689 Hollywood, FL 33081	Re-election Campaign P-3,162.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) G-3,162.00	4-13-96	3,162.00
CARRIE BEAK FOR CONGRESS P.O. Box 81-6812 Miami, FL 33181	Re-election Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	4-13-96	2,500.00
HASTINGS FOR CONGRESS P.O. Box 9352 Fort Lauderdale, FL 33310	Re-election Campaign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	4-13-96	2,500.00
HEINE FOR SENATE P.O. Box 20459 Raleigh, NC 27619	Re-election Campaign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	9-17-96	\$ 1,000.00
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[Blank]	[Blank]	[Blank]	[Blank]

12M-0114-8

SUBTOTAL of Disbursements This Page (add)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

NEW

96030183963

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Bob Graham 44 W. Flagler, #1715 Miami, FL 33130	Contribution to 1996 Campaign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-11-95	\$ 2,500.00
Diaz-Balart for Congress 9737 NW 41st Street #131 Miami, FL 33178	Contribution to 1996 Campaign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-11-95	\$ 2,500.00
Ros-Lehtinen for Congress P.O. Box 52-2784 Miami, FL 33152	Contribution to 1996 campaign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-11-95	\$ 2,000.00
Carrie Meek for Congress P.O. Box 016012 Miami, FL 33101-6012	Contribution to 1996 Campaign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-11-95	\$ 1,250.00
Thurman for Congress P.O. Box 5058 Inverness, FL 34450	Contribution to 1996 Campaign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-11-95	\$ 500.00
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) \$ 8,750.00

TOTAL This Period (last page this line number only)

