

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

NOV 29 11 40 AM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
 C00012328 1024 P 219
 JAMES E TERRILL
 FLORIDA SUGAR CANE LEAGUE PAC
 115 SOUTH LOPEZ DRAWER 1208
 CLEWISTON FL 33440

2. FEC IDENTIFICATION NUMBER
 C00012328

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

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
- Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
- Thirtieth day report following the General Election on
Nov. 5/96 in the State of Florida

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	Oct. 17/96 through Nov. 25/96		
6. (a)	Cash on Hand January 1, 1996		\$ 4,640.03
(b)	Cash on Hand at Beginning of Reporting Period	\$ 5,331.92	
(c)	Total Receipts (from Line 19)	\$ 2,004.97	\$ 91,871.17
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 7,336.89	\$ 96,511.20
7.	Total Disbursements (from Line 30)	\$ -0-	\$ 89,174.31
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 7,336.89	\$ 7,336.89
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 20488 Toll Free 800-424-9530 Local 202-219-3420
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
 JAMES E. TERRILL

Signature of Treasurer

James E. Terrill

Date

11-25-96

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 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD	FROM	TO
FLORIDA SUGAR CANE LEAGUE TAG	Oct. 17/96		Nov. 25/96
	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)	2,000.00	87,295.00	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) >	2,000.00	87,295.00	11(a)(iii)
b. Political Party Committees		4,500.00	11(b)
c. Other Political Committees (such as PACs)	-0-		11(c)
d. Total Contributions (add a ii, b and c) >	2,000.00	91,795.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	4.97	76.17	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	2,004.97	91,871.17	19
20. Total Federal Receipts (subtract line 18 from line 19) >			20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share	-0-	99.78	21(b)
b. Other Federal Operating Expenditures	-0-	99.78	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >			22
22. Transfers to Affiliated/Other Party Committees	-0-	89,074.53	23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	-0-	89,174.31	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	2,000.00	91,795.00	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	2,000.00	91,795.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	99.78	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	-0-	99.78	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11a.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)

FLORIDA SUGAR CANE LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code

S. N. Knight, Jr.
P. O. Box 730
Belle Glade, FL 33430

Name of Employer

Knight Enterprises, Ltd

Date (month, day, year)

10/25/96

Amount of Each Receipt this Period

\$500.00

Receipt For:

Primary

General

Other (specify):

Occupation

Owner

Aggregate Year-to-Date \$

B. Full Name, Mailing Address and ZIP Code

Terrell J. Lavergne
1087 Westchester Drive East
West Palm Beach, FL 33417

Name of Employer

Knight Management Inc.

Date (month, day, year)

10/25/96

Amount of Each Receipt this Period

\$500.00

Receipt For:

Primary

General

Other (specify):

Occupation

Comptroller

Aggregate Year-to-Date \$

C. Full Name, Mailing Address and ZIP Code

Cheryl A. Williams
2370 Deer Run Boulevard
Loxahatchee, FL 33470

Name of Employer

N/A

Date (month, day, year)

10/25/96

Amount of Each Receipt this Period

\$500.00

Receipt For:

Primary

General

Other (specify):

Occupation

Housewife

Aggregate Year-to-Date \$

D. Full Name, Mailing Address and ZIP Code

Christopher G. Hopper
16790 West Epaon Drive
Loxahatchee, FL 33470

Name of Employer

Knight Management Inc.

Date (month, day, year)

10/25/96

Amount of Each Receipt this Period

\$500.00

Receipt For:

Primary

General

Other (specify):

Occupation

VP and Farm Manager

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:

Primary

General

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:

Primary

General

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:

Primary

General

Other (specify):

Occupation

Aggregate Year-to-Date \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$2,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
FLORIDA SUGAR CANE LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code First Federal Savings Bank of the Glades P. O. Box 1779 Clewiston, FL	Name of Employer Bank	Date (month, day, year) 11/11/96	Amount of Each Receipt this Period \$4.97
	Occupation Bank		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest		Aggregate Year-to-Date \$	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	\$4.97

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

FLORIDA SUGAR CANE LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
NONE			0

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

0

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

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POSTMARKED

11/25/96

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

E.S.
PREPARER

11/29/96
DATE PREPARED