REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
[illegible]

ADDRESS (number and street) ☐ Check if different than previously reported

[illegible] 84th Street

CITY, STATE and ZIP CODE

Fort Lauderdale FL 33316

JAN 20 [illegible]

2. FEC IDENTIFICATION NUMBER
C-00113225

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
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 01 01 93 through 12 31 93		
6. (a) Cash on Hand January 1, 19 93		$ 6656.83
(b) Cash on Hand at Beginning of Reporting Period	$ 11,015.80	
(c) Total Receipts (from Line 19)	$ 1,863.79	$ 17,891.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 12,879.59	$ 24,547.88
7. Total Disbursements (from Line 30)	$ 9,979.26	$ [illegible]
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 2,900.33	$ 2,900.33
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
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.

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

Type or Print Name of Treasurer
[illegible]

Signature of Treasurer

Date
1-2-94

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)