

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 JAN 27 P 3:13

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (NAME)  
C00240911 121459  
F 281 PAUL ANDERSON  
JM FAMILY ENTERPRISES INC POLI  
TICAL ACTION COMMITTEE  
100 NW 12 AVENUE  
PO BOX 1160  
DEERFIELD BEACH FL 33443

2. FEC IDENTIFICATION NUMBER  
C00240911

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

- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election 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	7/1/99 through 12/31/99		
6. (a) Cash on Hand January 1, 19 99			\$ 21,122.73
(b) Cash on Hand at Beginning of Reporting Period		\$ 7,422.73	
(c) Total Receipts (from Line 19)		\$20,000.00	\$ 22,050.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$27,422.73	\$ 43,172.73
7. Total Disbursements (from Line 30)		\$ 9,500.00	\$ 25,250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 17,922.73	\$ 17,922.73
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 20463 Toll Free 800-424-9630 Local 202-694-1100
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 Paul Anderson		Date 1/20/2000	
Signature of Treasurer <i>Paul Anderson</i>			

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X  
(revised 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
JM Family Enterprises, Inc. PAC C00240911		FROM 7/1/99	TO: 12/31/99	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees	20,000	20,300	11(a)(1)
i.	Itemized (use Schedule A)	0	250	11(a)(2)
ii.	Unitemized			
iii.	Total (add i and ii) >	20,000	20,550	11(a)(3)
b.	Political Party Committees	0	0	11(b)
c.	Other Political Committees (such as PACs)	0	0	11(c)
d.	Total Contributions (add a ii, b and c) >	20,000	20,550	11(d)
12.	Transfers From Affiliated/Other Party Committees	0	0	12
13.	All Loans Received	0	0	13
14.	Loan Repayments Received	0	0	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	16
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	1,500	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18.	Transfers from Nonfederal Account for Joint Activity	0	0	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	20,000	22,050	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	20,000	22,050	20
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	0	0	21(a)(1)
ii.	Non-Federal Share	0	0	21(a)(2)
b.	Other Federal Operating Expenditures	0	0	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	0	0	21(c)
22.	Transfers to Affiliated/Other Party Committees	0	0	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	8,500	22,000	23
24.	Independent Expenditures (use Schedule E)	0	0	24
25.	Coordinated Expenditures Made by Party Committees [2 U.S.C. 441a(c)] (use Schedule F)	0	0	25
26.	Loan Repayments Made	0	0	26
27.	Loans Made	0	0	27
28.	Refunds of Contributions To:			
a.	Individual/Persons Other Than Political Committees	0	0	28(a)
b.	Political Party Committees	0	0	28(b)
c.	Other Political Committees (such as PACs)	0	0	28(c)
d.	Total Contribution Refunds (add a, b and c) >	0	0	28(d)
29.	Other Disbursements Non-federal candidates	1,000	3,250	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	9,500	25,250	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	9,500	25,250	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d)	0	0	32
33.	Total Contribution Refunds (from line 28d)	0	0	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	0	0	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36.	Offsets to Operating Expenditures (from line 15)	0	0	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	0	0	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

7/1/99 - 12/31/99

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

PAGE 1 OF 1  
FOR LINE NUMBER 11.a.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)**

JM Family Enterprises, Inc. PAC C00240911

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia G. Moran P. O. Box 4007 Deerfield Beach, FL 33442-4007	JM Family Enterprises, Inc.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	10/22/99	5,000
	Aggregate Year-to-Date > \$5,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Janice M. Moran P. O. Box 4007 Deerfield Beach, FL 33442	JM Family Enterprises, Inc.	10/11/99	5,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sup. Office of The Chairman		
	Aggregate Year-to-Date > \$5,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James M. Moran P. O. Box 4007 Deerfield Beach, FL 33442	JM Family Enterprises, Inc.	10/11/99	5,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chairman of the Board		
	Aggregate Year-to-Date > \$5,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James M. Moran, Jr. 9012 NW 31 Way Boca Raton, FL 33496	JM Family Enterprises, Inc.	11/11/99	5,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director		
	Aggregate Year-to-Date > \$5,000		
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) .....

20,000

**TOTAL** This Period (last page this line number only) .....

20,000

Contributions to Federal Candidates  
**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
 FOR LINE NUMBER 23

7/1/99 - 12/31/99

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**NAME OF COMMITTEE (in Full)**

JM Family Enterprises, Inc. PAC COD240911

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Nelson for U.S. Senate Committee P. O. Box 10962 Tallahassee, FL 32302	US Senate - FL Fundraising Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/7/99	5,000
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Clay Shaw P. O. Box 2188 Ft. Lauderdale, FL 33308-2188	FL R-22, Congressional Golf Classic Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/99	500
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert Wexler Campaign 2500 N. Military Trail, Suite 288 Boca Raton, FL 33431	House - D-19, Re-Election Campaign Reception Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/3/99	1,000
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) .....

6,500

TOTAL This Period (last page this line number only) .....

Contributions to Federal Candidates

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

7/1/99 - 12/31/99

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

PAGE 2 OF 2  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**

JM Family Enterprises, Inc. PAC C00240911

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement (R)	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Sessions P. O. Box 4278 Montgomery, AL 36103	Political Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/99	1,000
Taylor for Congress P. O. Box 2355 Asheville, NC 28802	R-11 Contribution to Cong. Taylor's Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/16/99	1,000
C. 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
D. 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
E. 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
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) .....

2,000

TOTAL This Period (last page this line number only) .....

8,500

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 29

Other Disbursements, Non-Federal 7/1/99 - 12/31/99

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NAME OF COMMITTEE (in Full)

JM Family Enterprises, Inc. PAC G00240911

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Dennis Wicker P. O. Box 10454 Raleigh, NC 27605	NC State Dem. Reception Governor's Race Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/12/99	1,000
B. 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
C. 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
D. 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
E. 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
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) .....	1,000
TOTAL This Period (last page this line number only) .....	1,000

## 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 type="checkbox"/>	Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/>	First Class Mail	POSTMARKED 1/21/00
<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	
RB PREPARER		1/27/00 DATE PREPARED