

**FEC FORM 3X**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL  
OPERATIONS CENTER  
2004 JUL 16 AM 11:20

1. NAME OF COMMITTEE (In full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5

**ASSOCIATION OF FLORAL IMPORTERS OF FLORIDA POLITICAL ACTION COMMITTEE**

ADDRESS (number and street) **8725 N. W. 18th Terrace, Suite 106**

Check if different than previously reported. (ACC) **Miami** **FL** **33172**

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C 00173161

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2004 through 06 30 2004

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 **LIN WATTS, ASSISTANT TREASURER**

Signature of Treasurer *Lin Watts* Date 07 15 2004

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**ASSOCIATION OF FLORAL IMPORTERS OF FLORIDA POLITICAL ACTION COMMITTEE**

Report Covering the Period: From: 04 / 01 / 2004 To: 06 / 30 / 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>		41872
(b) Cash on Hand at Beginning of Reporting Period .....	41906	
(c) Total Receipts (from Line 19) .....	775155	775189
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	817061	917061
7. Total Disbursements (from Line 31) .....	113925	213925
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	703136	703136
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

**ASSOCIATION OF FLORAL IMPORTERS OF FLORIDA POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	7,750.00	
(ii) Unitemized .....	0	
(ii) TOTAL (add Lines 11(a)(i) and (ii)) .....	7,750.00	7,750.00
(b) Political Party Committees .....	0	
(c) Other Political Committees (such as PACs) .....	0	
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	7,750.00	7,750.00
12. Transfers From Affiliated/Other Party Committees .....	0	
13. All Loans Received .....	0	
14. Loan Repayments Received .....	0	
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0	
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	0	
17. Other Federal Receipts (Dividends, Interest, etc.) .....	155	189
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0	
(b) Levin Funds (from Schedule H5) .....	0	
(c) Total Transfers (add 18(a) and 18(b)) .....	0	
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	7,751.55	7,751.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7,751.55	7,751.89

# DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	
22. Transfers to Affiliated/Other Party Committees .....	0	
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	1,139.25	2,139.25
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(2D))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Lavin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1,139.25	2,139.25
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31) .....	1,139.25	2,139.25

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0	0
34. Total Contribution Refunds (from Line 29(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(b)) .....	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0	0

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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**

**A.** Full Name (Last, First, Middle Initial)  
**HERBERT JORDAN**

Mailing Address  
**2750 NW 79<sup>th</sup> Ave**

City **Miami** State **FL** Zip Code **33122**

FEC ID number of contributing federal political committee: **C**

Name of Employer **QUEEN'S FLOWERS** Occupation **PRESIDENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

**05** / **19** / **2004**

Amount of Each Receipt this Period

**15.00.00**

**B.** Full Name (Last, First, Middle Initial)  
**SUE CONYERS**

Mailing Address  
**9450 NW 12<sup>th</sup> Street**

City **Miami** State **FL** Zip Code **33122**

FEC ID number of contributing federal political committee: **C**

Name of Employer **WORLD FLOWERS** Occupation **PRESIDENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

**05** / **19** / **2004**

Amount of Each Receipt this Period

**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**BILL FERNANDEZ**

Mailing Address  
**8175 NW 31<sup>st</sup> Street**

City **Miami** State **FL** Zip Code **33122**

FEC ID number of contributing federal political committee: **C**

Name of Employer **CONTINENTAL FLOWERS** Occupation **PRESIDENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

**06** / **15** / **2004**

Amount of Each Receipt this Period

**1000.00**

SUBTOTAL of Receipts This Page (optional) ▶

**2750.00**

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

**2750.00**

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE OF	
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MARIO VARELA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **9415 NW 13th Street**  
 City: **Miami** State: **FL** Zip Code: **33172**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **AGRIFLORA CORP** Occupation: **PRESIDENT**  
 Receipt For:  Primary  General  Other (specify) **Aggregate Year-to-Date: 1500.00**

Date of Receipt: **06/04/2004**  
 Amount of Each Receipt this Period: **1500.00**

**B. DAN GELFMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **8850 NW 20th Street**  
 City: **Miami** State: **FL** Zip Code: **33172**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **GELCO INT'L** Occupation: **President**  
 Receipt For:  Primary  General  Other (specify) **Aggregate Year-to-Date: 500.00**

Date of Receipt: **06/25/2004**  
 Amount of Each Receipt this Period: **500.00**

**C. MARIO VICENTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **3095 NW 77th Ave**  
 City: **Miami** State: **FL** Zip Code: **33122**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **PRESCA FARMS** Occupation: **PRESIDENT**  
 Receipt For:  Primary  General  Other (specify) **Aggregate Year-to-Date: 1500.00**

Date of Receipt: **06/27/2004**  
 Amount of Each Receipt this Period: **1500.00**

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

**1500.00**

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
**Gabriel Becerra**

Mailing Address  
**2600 NW 79th Ave 2nd Floor**

City **Miami** State **FL** Zip Code **33122**

FEC ID number of contributing federal political committee: **C**

Name of Employer **Golden Flowers** Occupation **President**

Receipt For:  
 Primary  
 General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: **C**

Name of Employer Occupation

Receipt For:  
 Primary  
 General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: **C**

Name of Employer Occupation

Receipt For:  
 Primary  
 General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	<b>1,500.00</b>
TOTAL This Period (last page this line number only)	<b>7,750.00</b>



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ASSOCIATION OF FLORAL IMPORTERS OF FLORIDA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. **BILL NELSON FOR US SENATE**

Date of Disbursement

**06/09/2004**

Mailing Address

**500 Red Sail Way**

City

**Satellite Beach FL**

State

Zip Code

**32937**

Purpose of Disbursement

**RE-ELECTION**

Candidate Name

**BILL NELSON**

Category/  
Type

Amount of Each Disbursement this Period

**1000.00**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**1000.00**  
**1000.00**

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (in Full)

**ASSOCIATION OF FLORAL IMPORTERS OF FLORIDA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. **ZAP COURIER**

Date of Disbursement

04 / 03 / 2004

Mailing Address

**7253 SW 71 Ave**

City

**Miami**

State

**FL**

Zip Code

**33155**

Purpose of Disbursement

**IN-KIND CONTRIB - COURIER FLOWERS**

Amount of Each Disbursement this Period

**29.35**

Candidate Name

**CHARLES S. GRASSLEY**

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. **FALCON FARMS**

Date of Disbursement

03 / 03 / 2003

Mailing Address

**1401 NW 78th Ave**

City

**Miami**

State

**FL**

Zip Code

**33126**

Purpose of Disbursement

**IN-KIND - FLOWERS FOR FUNDRAISER**

Amount of Each Disbursement this Period

**11.00**

Candidate Name

**CHARLES S. GRASSLEY**

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

**139.25**

TOTAL This Period (last page this line number only)

**139.25**

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FedEx</i>	Shipping Date: <i>7-15-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*101*  
 PREPARED

*7-16-04*  
 DATE PREPARED