

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

C00173161 1202*0 n 244
 L JAMES TEPER
 ASSOCIATION OF FEDERAL EMPLOYEES
 1202 NORTH POLITICAL ACTION
 1720 NW 10TH TERRACE SUITE 104
 MIAMI FL 33172

Jan 18 2 21 PM '94

2. FEC IDENTIFICATION NUMBER
 C00173161
 3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
 Satisfied criteria before
 1-1-94

4. TYPE OF REPORT

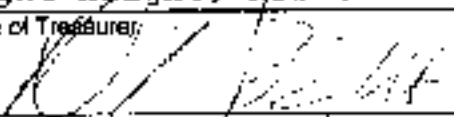
- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 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	7-1-93 through 12-31-93		
6. (a) Cash on Hand January 1, 19 93			\$ 3,358.78
(b) Cash on Hand at Beginning of Reporting Period		\$ 3,047.27	
(c) Total Receipts (from Line 1B)		\$ 3,348.64	\$ 3,387.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 6,395.91	\$ 6,745.91
7. Total Disbursements (from Line 3D)		\$ 1,857.63	\$ 2,207.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 4,538.28	\$ 4,538.28
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 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)		\$ 0	

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
 Dwight Haight, Assistant Treasurer

Signature of Treasurer:  Date
 1-12-94

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

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

(revised 1/1/91)

NAME OF COMMITTEE Association of Floral Importers of Florida Political Action Committee		REPORT COVERING PERIOD FROM 7-1-93 TO 12-31-93	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		2,925.00	2,925.00
ii. Unitemized		375.00	375.00
iii. Total	(add i and ii) >	3,300.00	3,300.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions	(add a ii, b and c) >	3,300.00	3,300.00
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)		48.64	87.13
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3,348.64	3,387.13
20. Total Federal Receipts	(subtract line 18 from line 19) >	3,348.64	3,387.13
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures	Check Charges	21.63	21.63
c. Total Operating Expenditures	(add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		1,836.00	2,186.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds	(add a, b and c) >		
29. Other Disbursements			
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,857.63	2,207.63
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	1,857.63	2,207.63
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)			
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans) (subtract line 33 from 32)			
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures	(subtract line 36 from 35) >		

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
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

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A. Full Name, Mailing Address and ZIP Code Gustavo Moreno 1040 Mariner Drive Key Biscayne, FL. 33149 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Flower Trading Corp. Occupation President Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 7-20-93	Amount of Each Receipt this Period 200.00
B. Full Name, Mailing Address and ZIP Code Nora McDowell 11813 S. W. 95 Street Miami, FL. 33186 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Flower Trading Corp. Occupation Controller Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 7-20-93	Amount of Each Receipt this Period 200.00
C. Full Name, Mailing Address and ZIP Code Anthony Sarandes 810 S. W. 80 Street Ocala, FL. 34474 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Equiflor Corp. Occupation CEO/President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 7-19-93	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Barbara Montes 6011 S. W. 79 Court Miami, FL. 33143 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CFX/La Fleurette Occupation Sales Manager Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 7-28-93	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Dwight Haight 10208 N. W. 51 Terrace Miami, FL. 33178 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CFX, Inc. Occupation President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 7-22-93	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Michael S. Grover 9840 Sheridan Street Pembroke Pines, FL. 33024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CFX/La Fleurette Occupation General Manager Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 7-22-93	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Lourdes Espinoza 5150 N. W. 101 Place Miami, FL. 33178 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CCI Farms Occupation President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8-19-93	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 1,650.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full) Association of Floral Importers of Florida Political Action Committee

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rex Thompson 470 N. E. 51 Street Miami, FL. 33137	CCI Farms	8-19-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. - Marketing	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Enrique Paredes 79 Shore Drive Coconut Grove, FL. 33133	Premium Flowers Corp.	8-18-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter J. Stair 4710 N. W. 102 Ave, #101 Miami, FL. 33178	Eden Floral Farm	10-14-93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kathleen Lacey 7895 S. W. 76 Terrace Miami, FL. 33143	Sunburst Farms, Inc.	11-4-93	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 275.00	
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) 1,275.00
TOTAL This Period (last page this line number only) 2,925.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full) Association of Floral Importers of Florida Political Action Committee

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lincoln Diaz-Balart for Congress Committee, 8525 N.W. 53 Terrace #102, Miami, FL. 33166	Campaign Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-19-93	1,000.00
Peter Deutsch for Congress P. O. Box 26778, Tamarac, FL. 33020	Campaign Donation (1994) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-8-93	250.00
Ros-Lehtinen for Congress P. O. Box 52-2784 Miami, FL. 33152-2784	Campaign Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-8-93	250.00
Tom Lewis for Congress Committee P. O. Box 14749 N. Palm Beach, FL. 33408	Campaign Donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-8-93	250.00
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) 1,750.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full) Association of Floral Importers of Florida Political Action Committee

0 4 0 3 3 7 2 5 7 3 5

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nosegay Flower Shop 1120 20th Street, N.W. Washington, D.C. 20036 In Kind Contribution	Flowers for Reception Congressman Harry Johnston Reception (Florida)	11-16-93	86.00
B. 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)		
C. 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)		
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)

86.00

TOTAL This Period (last page this line number only)

1,836.00

**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

POSTMARKED

Registered/Certified Mail

POSTMARKED

1-14-94

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

St. S.
 PREPARER

1-18-94
 DATE PREPARED

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