

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

FEDERAL ELECTION COMMISSION
ADMINISTRATIVE SERVICES CENTER
WASHINGTON, D.C. 20543
APR 11 3 12 PM '94

1. NAME OF COMMITTEE (in full)
FLORIDA SUGAR CANE LEAGUE PAC

ADDRESS (number and street) Check if different than previously reported
115 South Lopez St.
P. O. Drawer 1208

CITY, STATE and ZIP CODE
Clewiston, Florida 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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>1/1/94</u> through <u>3/31/94</u>		
6. (a) Cash on Hand January 1, 19 94		\$ 2,321.09
(b) Cash on Hand at Beginning of Reporting Period	\$ 2,321.09	
(c) Total Receipts (from Line 19)	\$ 44,110.24	\$ 44,110.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 46,431.33	\$ 46,431.33
7. Total Disbursements (from Line 30)	\$ 3,026.12	\$ 3,026.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 43,405.21	\$ 43,405.21
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 800-424-8530 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 April 6, 1994

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE
Florida Sugar Cane League PAC

REPORT COVERING PERIOD
FROM 1/1/94 TO: 3/31/94

	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)	44,100.00	44,100.00	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) >	44,100.00	44,100.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) >	44,100.00	44,100.00	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.)	10.24	10.24	17
18. Transfers from Nonfederal Account for Joint Activity	--	--	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	44,110.24	44,110.24	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)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	26.12	26.12	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	26.12	26.12	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,000.00	3,000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
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) >	3,026.12	3,026.12	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	44,100.00	44,100.00	32
33. Total Contribution Refunds (from line 28d)	--	--	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	44,100.00	44,100.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	26.12	26.12	35
36. Offsets to Operating Expenditures (from line 15)	26.12	26.12	36
37. Net Operating Expenditures (subtract line 36 from 35) >	26.12	26.12	37

24039101/12

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11 a.i.

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 committees.

NAME OF COMMITTEE (in Full)

FLORIDA SUGAR CANE LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Miller Cause 227 E. Crescent Drive Clewiston, FL 33440	First Bank of Clewiston	3/8/94	\$300.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Bank President	Aggregate Year-to-Date > \$ 300.	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Terry Jackman H.G. 61, Box 2 Clewiston, FL 33440	Jackman Cane & Cattle	3/8/94	\$1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Farmer	Aggregate Year-to-Date > \$ 1,000.	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alexander L. Fanjul 110 Chateaux Drive Palm Beach, FL 33480	Osceola Farms Co.	3/31/94	\$5,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec. Vice President	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
Nicole Fanjul 221 Osceola Way Palm Beach, FL 33480		3/31/94	\$5,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife	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
Alberto S. Recio 400 N. Flagler Dr., #2002 West Palm Beach, FL 33401	Okeelanta Corporation	3/31/94	\$5,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President	Aggregate Year-to-Date > \$ 5,000.	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Krik Blomqvist 1054 Shady Lakes Circle Palm Beach Gardens, FL 33418	Okeelanta Corporation	3/31/94	\$5,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 5,000.	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Oscar R. Hernandez 212 Sudbury Drive Atlantis, FL 33462	Osceola Farms Co.	3/31/94	\$5,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Aggregate Year-to-Date > \$ 5,000.	

SUBTOTAL of Receipts This Page (optional) \$26,300.

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 11 a.i.

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NAME OF COMMITTEE (in Full)

FLORIDA SUGAR CANE LEAGUE PAC

34038001774

<p>A. Full Name, Mailing Address and ZIP Code Jose Fanjul 316 Royal Poinciana Plaza Palm Beach, FL 33480</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Flo-Sun Companies</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 5,000.</p>	<p>Date (month, day, year) 3/31/94</p>	<p>Amount of Each Receipt this Period \$5,000.</p>
<p>B. Full Name, Mailing Address and ZIP Code Emilia M. Fanjul 316 Royal Poinciana Plaza Palm Beach, FL 33480</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation Housewife</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 3/31/94</p>	<p>Amount of Each Receipt this Period \$5,000.</p>
<p>C. Full Name, Mailing Address and ZIP Code Jose Fanjul, Jr. 316 Royal Poinciana Plaza Palm Beach, FL 33480</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Family business</p> <p>Occupation Business Admin.</p> <p>Aggregate Year-to-Date > \$ 5,000.</p>	<p>Date (month, day, year) 3/31/94</p>	<p>Amount of Each Receipt this Period \$5,000.</p>
<p>D. Full Name, Mailing Address and ZIP Code Donald W. Carson 316 Royal Poinciana Plaza Palm Beach, FL 33480</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Okeelanta Corporation</p> <p>Occupation Exec. Vice President</p> <p>Aggregate Year-to-Date > \$ 2,800.</p>	<p>Date (month, day, year) 3/31/94</p>	<p>Amount of Each Receipt this Period 2,800.</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) \$17,800.

TOTAL This Period (last page this line number only) \$44,100.

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 33440

Name of Employer

Bank Interest

Date (month, day, year)

1/7/94

Amount of Each Receipt this Period

\$ 2.30

Receipt For:

Primary

General

Other (specify): Interest

Occupation

Aggregate Year-to-Date \$

B. Full Name, Mailing Address and ZIP Code

First Federal Savings Bank of the Glades
P. O. Box 1779
Clewiston, FL 33440

Name of Employer

Bank Interest

Date (month, day, year)

2/7/94

Amount of Each Receipt this Period

\$ 4.11

Receipt For:

Primary

General

Other (specify): Interest

Occupation

Aggregate Year-to-Date \$

C. Full Name, Mailing Address and ZIP Code

First Federal Savings Bank of the Glades
P. O. Box 1779
Clewiston, FL 33440

Name of Employer

Bank Interest

Date (month, day, year)

3/7/94

Amount of Each Receipt this Period

\$ 3.83

Receipt For:

Primary

General

Other (specify): Interest

Occupation

Aggregate Year-to-Date \$

D. Full Name, Mailing Address and ZIP Code

Receipt For:

Primary

General

Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date \$

Date (month, day, year)

Amount of Each Receipt this Period

E. Full Name, Mailing Address and ZIP Code

Receipt For:

Primary

General

Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date \$

Date (month, day, year)

Amount of Each Receipt this Period

F. Full Name, Mailing Address and ZIP Code

Receipt For:

Primary

General

Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date \$

Date (month, day, year)

Amount of Each Receipt this Period

G. Full Name, Mailing Address and ZIP Code

Receipt For:

Primary

General

Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date \$

Date (month, day, year)

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$10.24

333701775

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21 b.

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NAME OF COMMITTEE (In Full)

FLORIDA SUGAR CANE LEAGUE PAC

74038701716

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First Federal Savings Bank of the Glades P. O. Box 1779 Clewiston, FL 33440	Taxes '93 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Form 1120 POL	2/28/94	\$ 26.12
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 Disbursement(s) This Page (optional)

TOTAL This Period (last page this line number only)

\$26.12

SCHEDULE B

ITEMIZED DISBURSEMENTS

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	Purpose of Disbursement OR	Date (month, day, year)	Amount of Each Disbursement This Period
Rob Smith for Congress Committee P.O. Box 8161 Medford, OR 97504	Donation returned (check issued 5/18/93) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/7/94	(\$500.00)
B. Full Name, Mailing Address and ZIP Code Rob Andrews for Congress Committee 306 S. Filmore St. Arlington, VA 22204	Purpose of Disbursement N.I. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/94	\$ 500.00
C. Full Name, Mailing Address and ZIP Code Bonior for Congress David Bonior P. U. Box 65873 Washington, DC 20035-3873	Purpose of Disbursement M.I. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/94	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Friends of Bud Gremer 216 7th Street, SE Washington, DC 20003	Purpose of Disbursement AL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/94	\$ 500.00
E. Full Name, Mailing Address and ZIP Code Foglietta for Congress Tom Foglietta P. O. Box 15052 Washington, DC 20003-0052	Purpose of Disbursement PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/94	\$ 500.00
F. Full Name, Mailing Address and ZIP Code Friends of Jerry Kleczka 4200 Christine Place Alexandria, VA 22311	Purpose of Disbursement WL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/94	\$ 500.00
G. Full Name, Mailing Address and ZIP Code McCloskey for Congress Committee Frank McCloskey P. O. Box 76566 Washington, DC 20013	Purpose of Disbursement IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/11/94	\$ 500.00
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)

TOTAL This Period (last page this line number only)

53,000.

11710354

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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 4-6-94
<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

[Signature]
PREPARER

4-11-94
DATE PREPARED

34387710