

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
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OCT 21 12 05 PM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) C00012328 091696 F 219 JAMES E TERRILL FLORIDA SUGAR CANE LEAGUE PAC 113 SOUTH LOPEZ DRAPER 1208 CLEWISTON FL 33440		2. FEC IDENTIFICATION NUMBER C00012328
		3. <input type="checkbox"/> 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 General
(Type of Election)
election on Nov. 5/96 in the State of Florida
- 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 <u>Oct. 1/96</u> through <u>Oct. 16/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 4,640.03
(b) Cash on Hand at Beginning of Reporting Period	\$ 6,226.01	
(c) Total Receipts (from Line 1B)	\$ 605.91	\$ 89,866.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 6,831.92	\$ 94,506.23
7. Total Disbursements (from Line 3D)	\$ 1,500.00	\$ 89,174.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 5,331.92	\$ 5,331.92
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 Tel Free 800-424-9530 Local 202-218-3420
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	Date 10/16/96
Signature of Treasurer <i>James E. Terrill</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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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 Florida Sugar Cane League PAC		REPORT COVERING PERIOD FROM Oct. 1/96 TO Oct. 16/96	
		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)	600.00	85,295.00	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) >	600.00	85,295.00	11(a)(iii)
b. Political Party Committees		4,500.00	11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) >	600.00	89,795.00	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.)	5.91	71.20	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	605.91	89,866.20	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):			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share		99.78	21(b)
b. Other Federal Operating Expenditures		99.78	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >			22
22. Transfers to Affiliated/Other Party Committees	1,500.00	89,074.53	23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			28(a)
28. Refunds of Contributions To:			28(b)
a. Individual/Persons Other Than Political Committees			28(c)
b. Political Party Committees			28(d)
c. Other Political Committees (such as PACs)			29(a)
d. Total Contribution Refunds (add a, b and c) >			29
29. Other Disbursements			30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,500.00	89,174.31	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	600.00	89,795.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans) (subtract line 33 from 32)	600.00	89,795.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		99.78	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >		99.78	37

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of eliciting 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)

Florida Sugar Cane League PAC

A. Full Name, Mailing Address and ZIP Code Neal Clegborn Rt. 3, Box 178-N Moore Haven, FL 33471 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Clegborn & Sons Dairy, owner Occupation Rancher Aggregate Year-to-Date > \$	Date (month, day, year) 10/7/96	Amount of Each Receipt this Period \$ 325.00
B. Full Name, Mailing Address and ZIP Code Donald Kelley 841 E. Sugarland Highway Clewiston, FL 33440 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rocking K Farms Occupation Farmer Aggregate Year-to-Date > \$	Date (month, day, year) 10/8/96	Amount of Each Receipt this Period 275.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)

\$ 600.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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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	Date (month, day, year) 10/7/96	Amount of Each Receipt this Period \$5.91
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Bank Interest		Occupation: Bank Aggregate Year-to-Date: \$	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Date (month, day, year)	
<input type="checkbox"/> Other (specify):		Occupation	
		Aggregate Year-to-Date: \$	
C. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Date (month, day, year)	
<input type="checkbox"/> Other (specify):		Occupation	
		Aggregate Year-to-Date: \$	
D. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Date (month, day, year)	
<input type="checkbox"/> Other (specify):		Occupation	
		Aggregate Year-to-Date: \$	
E. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Date (month, day, year)	
<input type="checkbox"/> Other (specify):		Occupation	
		Aggregate Year-to-Date: \$	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Date (month, day, year)	
<input type="checkbox"/> Other (specify):		Occupation	
		Aggregate Year-to-Date: \$	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Date (month, day, year)	
<input type="checkbox"/> Other (specify):		Occupation	
		Aggregate Year-to-Date: \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$5.91

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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	Date (month, day, year)	Amount of Each Disbursement This Period
The Mary Landrieu for Senate Committee 38 Ivy Street Washington, DC 20003	LA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/96	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Walsh for Congress P. O. Box 1974 Syracuse, NY 13201	NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/96	500.00
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)	
TOTAL This Period (last page this line number only)	\$1,500.00

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.

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ma
PREPARER

10-21-96
DATE PREPARED