

**FEC
FORM 3X**

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

RECEIVED

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1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5 **FEC MAIL CENTER**

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

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

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

Election on MEM / DDD / YYYYYY in the State of

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

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

Election on MEM / DDD / YYYYYY in the State of

5. Covering Period NEW DDD YYYYYY **07** / **01** / **2012** through MEM DDD YYYYYY **09** / **30** / **2012**

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 **Christine Boldt**

Signature of Treasurer **Christine Boldt** Date MEM DDD YYYYYY **10** / **14** / **2012**

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

12030914860

**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:

MM	DD	YYYY
07	01	2012

 To:

MM	DD	YYYY
09	30	2012

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td></tr><tr><td>20</td><td>12</td><td></td></tr></table>	MM	DD	YYYY	20	12			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td><td>Amount</td></tr><tr><td></td><td></td><td></td><td>179641</td></tr></table>	MM	DD	YYYY	Amount				179641		
MM	DD	YYYY																
20	12																	
MM	DD	YYYY	Amount															
			179641															
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td><td>Amount</td></tr><tr><td></td><td></td><td></td><td>179641</td></tr></table>	MM	DD	YYYY	Amount				179641									
MM	DD	YYYY	Amount															
			179641															
(c) Total Receipts (from Line 19)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td><td>Amount</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	MM	DD	YYYY	Amount					<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td><td>Amount</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	MM	DD	YYYY	Amount				
MM	DD	YYYY	Amount															
MM	DD	YYYY	Amount															
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td><td>Amount</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	MM	DD	YYYY	Amount					<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td><td>Amount</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	MM	DD	YYYY	Amount				
MM	DD	YYYY	Amount															
MM	DD	YYYY	Amount															
7. Total Disbursements (from Line 31)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td><td>Amount</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	MM	DD	YYYY	Amount					<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td><td>Amount</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	MM	DD	YYYY	Amount				
MM	DD	YYYY	Amount															
MM	DD	YYYY	Amount															
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td><td>Amount</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	MM	DD	YYYY	Amount					<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td><td>Amount</td></tr><tr><td></td><td></td><td></td><td>179641</td></tr></table>	MM	DD	YYYY	Amount				179641
MM	DD	YYYY	Amount															
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			179641															
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td><td>Amount</td></tr><tr><td></td><td></td><td></td><td>179641</td></tr></table>	MM	DD	YYYY	Amount				179641									
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			179641															
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>MM</td><td>DD</td><td>YYYY</td><td>Amount</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	MM	DD	YYYY	Amount													
MM	DD	YYYY	Amount															

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

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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: 07 / 01 / 2012 To: 09 / 30 / 2012

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)

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- (ii) Unitemized
- (iii) TOTAL (add Lines 11(a)(i) and (ii)

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- (b) Political Party Committees
- (c) Other Political Committees (such as PACs)

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- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)

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12. Transfers From Affiliated/Other Party Committees

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13. All Loans Received

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14. Loan Repayments Received

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15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)

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16. Refunds of Contributions Made to Federal Candidates and Other Political Committees

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17. Other Federal Receipts (Dividends, Interest, etc.)

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18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3)

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- (b) Levin Funds (from Schedule H5)

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- (c) Total Transfers (add 18(a) and 18(b)).

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19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))

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20. Total Federal Receipts (subtract Line 18(c) from Line 19)

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DETAILED SUMMARY PAGE
of Disbursements

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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)		
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

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Federal Election Commission
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER 10/18/12
DATE PREPARED

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