

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
JM Family Enterprises, Inc. PAC

ADDRESS (number and street) 100 Jim Moran Blvd.
Check if different than previously reported. (ACC) Deerfield Beach FL 33442

2. **FEC IDENTIFICATION NUMBER** C00240911 **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 Quarterly 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 (12G)
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 2010 through 04 30 2010

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 Sonya Deen

Signature of Treasurer Electronically Filed by Sonya Deen Date 05 18 2010

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

Office Use Only											FEC FORM 3X (Rev. 12/2004)
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SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
JM Family Enterprises, Inc. PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		137330.38
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	132141.39									
(c) Total Receipts (from Line 19)	3325.90	13657.74								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	135467.29	150988.12								
7. Total Disbursements (from Line 31)	17020.83	32541.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	118446.46	118446.46								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

JM Family Enterprises, Inc. PAC

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)	2004.92	6014.78
(ii) Unitemized	1320.98	7642.96
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3325.90	13657.74
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	3325.90	13657.74
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3325.90	13657.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3325.90	13657.74

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	17500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	20.83	41.66
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	20.83	41.66
29. Other Disbursements.....	15000.00	15000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	17020.83	32541.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17020.83	32541.66

DETAILED SUMMARY PAGE
of Disbursements

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)	3325.90	13657.74
34. Total Contribution Refunds (from Line 28(d))	20.83	41.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3305.07	13616.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Deborah A. Battisto

Mailing Address 198 S.W. 6th Avenue

City State Zip Code
Boca Raton FL 33486

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

Name of Employer Occupation
JM Service Center, LLC Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: C6818

Amount of Each Receipt this Period
120.00

* Payroll Deduction: \$60.-
00 Bi-Monthly

B. Full Name (Last, First, Middle Initial)
Kim R. Bentley

Mailing Address 1240 S.E. 13th Terrace

City State Zip Code
Fort Lauderdale FL 33316

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

Name of Employer Occupation
JM Family Enterprises, In- Director, Community Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: C6863

Amount of Each Receipt this Period
62.50

* Payroll Deduction: \$31.-
25 Bi-Monthly

C. Full Name (Last, First, Middle Initial)
Alan J. Browdy

Mailing Address 11806 N.W. 12th Manor

City State Zip Code
Coral Springs FL 33071

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

Name of Employer Occupation
JM Family Enterprises, In- Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.64

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: C6839

Amount of Each Receipt this Period
104.16

* Payroll Deduction: \$52.-
08 Bi-Monthly

SUBTOTAL of Receipts This Page (optional) ► 286.66

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

<p>A. Full Name (Last, First, Middle Initial) James W. Cammack</p> <p>Mailing Address 22289 Holcomb Place</p> <p>City State Zip Code Boca Raton FL 33428</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer World Omni Financial Corporation Occupation Chief Division Counsel</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 333.28</p>	<p>Date of Receipt 04 / 30 / 2010</p> <p>Transaction ID: C6834</p> <p>Amount of Each Receipt this Period 83.32</p> <p>* Payroll Deduction: \$41.- 66 Bi-Monthly</p>
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<p>B. Full Name (Last, First, Middle Initial) Thomas M. Casey</p> <p>Mailing Address 7754 Villa D Este Way</p> <p>City State Zip Code Delray Beach FL 33446</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Jim Moran & Associates Inc. Occupation Vice President, Sales</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 416.64</p>	<p>Date of Receipt 04 / 30 / 2010</p> <p>Transaction ID: C6865</p> <p>Amount of Each Receipt this Period 104.16</p> <p>* Payroll Deduction: \$52.- 08 Bi-Monthly</p>
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<p>C. Full Name (Last, First, Middle Initial) Wayne D. Crater</p> <p>Mailing Address 6668 N.W. 103rd Lane</p> <p>City State Zip Code Parkland FL 33076</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Southeast Toyota Distributors Occupation Director of Sales</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 416.64</p>	<p>Date of Receipt 04 / 30 / 2010</p> <p>Transaction ID: C6845</p> <p>Amount of Each Receipt this Period 104.16</p> <p>* Payroll Deduction: \$52.- 08 Bi-Monthly</p>
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SUBTOTAL of Receipts This Page (optional)	291.64
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 8 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Sonya R. Deen

Mailing Address 300 Jim Moran Blvd.

City State Zip Code
Deerfield Beach FL 33442

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
JM Family Enterprises, Inc. Vice President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.64

Date of Receipt 04 / 30 / 2010

Transaction ID: C6858

Amount of Each Receipt this Period 104.16

* Payroll Deduction: \$52.-
08 Bi-Monthly

B. Full Name (Last, First, Middle Initial)
Jeffrey Geisler

Mailing Address 2859 Cormorant Road

City State Zip Code
Delray Beach FL 33444

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Southeast Toyota Distributors Vice President, Financial

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.64

Date of Receipt 04 / 30 / 2010

Transaction ID: C6878

Amount of Each Receipt this Period 104.16

* Payroll Deduction: \$52.-
08 Bi-Monthly

C. Full Name (Last, First, Middle Initial)
David Grabel

Mailing Address 125 Reed Street

City State Zip Code
Lexington MA 02421

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Monetrics, LLC Director, Application Development

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 30 / 2010

Transaction ID: C6825

Amount of Each Receipt this Period 62.50

* Payroll Deduction: \$31.-
25 Bi-Monthly

SUBTOTAL of Receipts This Page (optional) 270.82

TOTAL This Period (last page this line number only)

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 9 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Rebecca E. Hewitt	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 13782 151st Lane North	Transaction ID: C6835
	City State Zip Code Jupiter FL 33478	Amount of Each Receipt this Period 62.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer World Omni Financial Corporation Occupation Director, Commercial Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	* Payroll Deduction: \$31.- 25 Bi-Monthly

B.	Full Name (Last, First, Middle Initial) Carmen S. Johnson	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 6952 SW 149th Terrace	Transaction ID: C6862
	City State Zip Code Palmetto Bay FL 33158	Amount of Each Receipt this Period 208.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer JM Family Enterprises Inc. Occupation Vice President, Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.36	* Payroll Deduction: \$104.- .17 Bi-Monthly

C.	Full Name (Last, First, Middle Initial) Susan J. Marmion	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 5917 N.W. 72nd Way	Transaction ID: C6870
	City State Zip Code Parkland FL 33067	Amount of Each Receipt this Period 62.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer JM Service Center LLC Occupation Director, Project Management Office Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	* Payroll Deduction: \$31.- 25 Bi-Monthly

SUBTOTAL of Receipts This Page (optional)	333.34
TOTAL This Period (last page this line number only)	

**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 10 / 18
	<input checked="" 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)
JM Family Enterprises, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Travis M. Mazza		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 2380 Champlain Street, N.W. Apt. 30		Transaction ID: C6848
	City Washington	State DC	Zip Code 20009
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.16
	Name of Employer Jim Moran & Associates, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager, Division Sales & Business Dev Aggregate Year-to-Date ▼ 416.64	* Payroll Deduction: \$52.- 08 Bi-Monthly

B.	Full Name (Last, First, Middle Initial) Erin Neal		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 1783 Terex Circle		Transaction ID: C6852
	City Cantonment	State FL	Zip Code 32533
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.32
	Name of Employer Southeast Toyota Distribu- tors Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager, District Sales Aggregate Year-to-Date ▼ 333.28	* Payroll Deduction: \$41.- 66 Bi-Monthly

C.	Full Name (Last, First, Middle Initial) Craig J. Pollock		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 18003 Lake Azure Way		Transaction ID: C6866
	City Boca Raton	State FL	Zip Code 33496
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 104.16
	Name of Employer Jim Moran & Associates Inc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Field Sales Operations Aggregate Year-to-Date ▼ 416.64	* Payroll Deduction: \$52.- 08 Bi-Monthly

SUBTOTAL of Receipts This Page (optional)	▶	291.64
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 18
(check only one)

<input checked="" 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)
JM Family Enterprises, Inc. PAC

A.

Full Name (Last, First, Middle Initial)
Eduardo A. Rivera, Jr.

Mailing Address 16270 SW 16th Street

City State Zip Code
Pembroke Pines FL 33027

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

Name of Employer Occupation
JM Service Center LLC Vice President, Project Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.64

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: C6871

Amount of Each Receipt this Period
104.16

* Payroll Deduction: \$52.-
08 Bi-Monthly

B.

Full Name (Last, First, Middle Initial)
Alan J. Savage

Mailing Address 271 Lake Mist Drive

City State Zip Code
 Mooresville NC 28117

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

Name of Employer Occupation
Jim Moran & Associates, Inc. Division Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 706.64

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: C6855

Amount of Each Receipt this Period
176.66

* Payroll Deduction: \$88.-
33 Bi-Monthly

C.

Full Name (Last, First, Middle Initial)
Ken Yerves

Mailing Address 22472 Tiki Drive

City State Zip Code
Boca Raton FL 33428

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

Name of Employer Occupation
JM Family Enterprises, Inc. Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: C6824

Amount of Each Receipt this Period
250.00

* Payroll Deduction: \$125.-
.00 Bi-Monthly

SUBTOTAL of Receipts This Page (optional)	530.82
TOTAL This Period (last page this line number only)	2004.92

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
JM Family Enterprises, Inc. PAC

A. Full Name (Last, First, Middle Initial) Graves For Congress Mailing Address P.O. Box 701 City Gainesville State GA Zip Code 30503 Purpose of Disbursement Contribution Candidate Name John T. Graves, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D261 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Protect America's Future PAC Mailing Address 2460A Mitcham Drive City Tallahassee State FL Zip Code 32308 Purpose of Disbursement 2010 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D242 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

2000.00

**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)

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Becky Carney Campaign	Transaction ID: D250 Date of Disbursement
	Mailing Address P.O. Box 32873	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Charlotte State NC Zip Code 28232	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Citizens For Dan Blue	Transaction ID: D253 Date of Disbursement
	Mailing Address P.O. Box 287	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Raleigh State NC Zip Code 27602	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Clark Jenkins Campaign	Transaction ID: D257 Date of Disbursement
	Mailing Address P.O. Box 310	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Tarboro State NC Zip Code 27886	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Committee To Elect Hugh Holliman	Transaction ID: D243 Date of Disbursement
	Mailing Address 102 Warrior Way	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City Lexington State NC Zip Code 27295	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Committee To Elect Hugh Holliman	Transaction ID: D252 Date of Disbursement
	Mailing Address 102 Warrior Way	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Lexington State NC Zip Code 27295	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Committee To Elect Thom Tillis	Transaction ID: D254 Date of Disbursement
	Mailing Address 16116 North Point Road	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Huntersville State NC Zip Code 28078	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Committee To Re-elect Margaret Dickson	Transaction ID: D260 Date of Disbursement
	Mailing Address 2510 Raeford Road	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Fayetteville State NC Zip Code 28305	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) North Carolina House Democratic Party	Transaction ID: D249 Date of Disbursement
	Mailing Address 220 Hillsborough Street	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Raleigh State NC Zip Code 27605	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) North Carolina Republican House Majority Fund	Transaction ID: D255 Date of Disbursement
	Mailing Address 1506 Hillsborough Street	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Raleigh State NC Zip Code 27605	Amount of Each Disbursement this Period
	Purpose of Disbursement Nonfederal Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

<p>A. Full Name (Last, First, Middle Initial) North Carolina Republican Senate Committee</p> <p>Mailing Address 214 North King Street</p> <p>City Hendersonville State NC Zip Code 28792</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D247 Date of Disbursement 04 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) North Carolina Senate Democratic Party</p> <p>Mailing Address 220 Hillsborough Street</p> <p>City Raleigh State NC Zip Code 27603</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D248 Date of Disbursement 04 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Peter Brunstetter Campaign</p> <p>Mailing Address P.O. Box 5401</p> <p>City Winston-Salem State NC Zip Code 27113</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D258 Date of Disbursement 04 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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)

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

A.	Full Name (Last, First, Middle Initial) Phillip Berger Committee Mailing Address 1506 Hillsborough Street City Raleigh State NC Zip Code 27605 Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D246 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Pryor Gibson Good Government Committee Mailing Address P.O. Box 1010 City Wadesboro State NC Zip Code 28170 Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D251 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Susan Fisher Campaign Mailing Address 7 Maple Ridge Lane City Asheville State NC Zip Code 28806 Purpose of Disbursement Nonfederal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D256 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)		2500.00	
TOTAL This Period (last page this line number only)			

**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)

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<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
JM Family Enterprises, Inc. PAC

A.

Full Name (Last, First, Middle Initial)
William Wainwright Campaign

Transaction ID: D259

Date of Disbursement

Mailing Address P.O. Box 941

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	0

City State Zip Code
Havelock NC 28532

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Nonfederal Contribution

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

1500.00
