



JM FAMILY
ENTERPRISES, INC.

RECEIVED
FEC MAIL ROOM

2000 SEP 26 A 9 22

100 N.W. 12th Avenue
Deerfield Beach, Florida 33442
(954) 429-2000

September 19, 2000

Ms. Antoinette Kitchen
Federal Election Commission
Reports Analysis Division
999 E Street, N.W.
Washington, D.C. 20463

Identification Number: C00240911

Reference: Year End (7/1/99-12/31/99), April Quarterly (1/1/00-3/31/00) and July
Quarterly (4/1/00-6/30/00) Reports

Dear Ms. Kitchen:

I have enclosed revisions for the above-mentioned reports, amending Schedule B, Line
23 for each report.

If you have any questions, please contact me or call John Whelan at 954-429-2010.

Very truly yours,

Paul Anderson
Treasurer

PA:rm
Enc.





FEDERAL ELECTION COMMISSION
WASHINGTON, D. C. 20463

RQ-5

Paul Anderson, Treasurer
JM Family Enterprises Inc. Political
Action Committee
100 NW 12 Avenue
Deerfield Beach, FL 33443

Identification Number: C00240911

SEP 1 2000

Reference: Year End (7/1/99-12/31/99), April Quarterly (1/1/00-3/31/00) and July
Quarterly (4/1/00-6/30/00) Reports

Dear Mr. Anderson:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Please amend Schedule B supporting Line 23 by providing the office sought (House or Senate) for each contribution made. 11 CFR §104.3(b)(3)(ii) and (v)

Contributions to Federal Candidates Committees

Any amendment or clarification should be filed with the Federal Election Commission. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,

Antoinette Kitchen
Reports Analyst
Reports Analysis Division

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 SEP 26 A 9:22

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (If full)
CG0240911 121499
P 281 PAUL ANDERSON
JM FAMILY ENTERPRISES INC POLI
TICAL ACTION COMMITTEE
100 NW 12 AVENUE
PO BOX 1160
DEERFIELD BEACH FL 33443

2. FEC IDENTIFICATION NUMBER
CG0240911

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 (REVISED)

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

12-Day Pre-Election Report for the _____
(Type of Election)

election on _____ in the State of _____

30-Day Post-Election 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>7/1/99</u> through <u>12/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 21,122.73
(b) Cash on Hand at Beginning of Reporting Period	\$ 7,422.73	
(c) Total Receipts (from Line 18)	\$ 20,000.00	\$ 22,050.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 27,422.73	\$ 43,172.73
7. Total Disbursements (from Line 30)	\$ 9,500.00	\$ 25,250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 17,922.73	\$ 17,922.73
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 202-894-1100
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

Paul Anderson

Signature of Treasurer

Paul Anderson

Date

11/20/2000

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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FEC FORM 3X

(revised 8/93)

SCHEDULE B

ITEMIZED DISBURSEMENTS

7/1/99 - 12/31/99 - REVISED

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)

JM Family Enterprises, Inc. PAC GD0240911

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Nelson for U.S. Senate Committee P. O. Box 10962 Tallahassee, FL 32302	US Senate - FL Fundraising Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/7/99	5,000
B. Full Name, Mailing Address and ZIP Code Friends of Clay Shaw P. O. Box 2188 Ft. Lauderdale, FL 33308-2188	Purpose of Disbursement FL. House, R-22, Con- gressional Golf Classic Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/00	500
C. Full Name, Mailing Address and ZIP Code Robert Wexler Campaign 2500 N. Military Trail, Suite 288 Boca Raton, FL 33431	Purpose of Disbursement FL. House - D-19, Re- Election Camp. Reception Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/3/99	1,000
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)

6,500

TOTAL This Period (last page this line number only)

