

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 22 11 36 AM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
JM Family Enterprises, Inc.

ADDRESS (number and street) Check if different than previously reported
100 NW 12 Avenue P.O. Box 1160

CITY, STATE and ZIP CODE
Deerfield Beach, FL 33442

2. FEC IDENTIFICATION NUMBER
C00240911

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:
 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>1/1/99</u> through <u>6/30/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 21,122.73
(b) Cash on Hand at Beginning of Reporting Period	\$ 21,122.73	
(c) Total Receipts (from Line 10)	\$ 2,050.00	\$ 2,050.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 23,172.73	\$ 23,172.73
7. Total Disbursements (from Line 30)	\$ 15,750.00	\$ 15,750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 7,422.73	\$ 7,422.73
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 Toll Free 800-424-9530 Local 202-694-1100
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: 7/19/99

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 9/83)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
JM Family Enterprises, Inc. PAC C00240911		FROM 1/1/99	TO: 6/30/99	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	300	300	11(a)(i)
ii.	Unitemized	250	250	11(a)(ii)
iii.	Total (add i and ii) >	550	550	11(a)(iii)
b.	Political Party Committees	0	0	11(b)
c.	Other Political Committees (such as PACs)	0	0	11(c)
d.	Total Contributions (add a ii, b and c) >	550	550	11(d)
12.	Transfers From Affiliated/Other Party Committees	0	0	12
13.	All Loans Received	0	0	13
14.	Loan Repayments Received	0	0	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	1,500	1,500	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18.	Transfers from Nonfederal Account for Joint Activity	0	0	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	2,050	2,050	19
20.	Total Federal Receipts (subtract line 16 from line 19) >	2,050	2,050	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	0	0	21(a)(i)
ii.	Non-Federal Share	0	0	21(a)(ii)
b.	Other Federal Operating Expenditures	0	0	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	0	0	21(c)
22.	Transfers to Affiliated/Other Party Committees	0	0	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	13,500	13,500	23
24.	Independent Expenditures (use Schedule E)	0	0	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26.	Loan Repayments Made	0	0	26
27.	Loans Made	0	0	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	0	0	28(a)
b.	Political Party Committees	0	0	28(b)
c.	Other Political Committees (such as PACs)	0	0	28(c)
d.	Total Contribution Refunds (add a, b and c) >	0	0	28(d)
29.	Other Disbursements Non-Federal Candidates	2,250	2,250	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	15,750	15,750	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	15,750	15,750	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	0	0	32
33.	Total Contribution Refunds (from line 28d)	0	0	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	0	0	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36.	Offsets to Operating Expenditures (from line 15)	0	0	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	0	0	37

SCHEDULE A

ITEMIZED RECEIPTS

1/1/99 - 6/30/99

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

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

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 C00240911

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick W. Ritenour 6528 NW 103rd Lane Parkland, FL 33076	Southeast Toyota Distributors, Inc.	1/4/99	300
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director, Sales 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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date: \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date: \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date: \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date: \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date: \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date: \$		

SUBTOTAL of Receipts This Page (optional)	300
TOTAL This Period (last page this line number only)	300

SCHEDULE A

ITEMIZED RECEIPTS

1/1/99 - 6/30/99

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

PAGE 1 OF 1
FOR LINE NUMBER 16

Contribution Refund

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NAME OF COMMITTEE (In Full)

JM Family Enterprises, Inc. PAC C00240911

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Friends of Connie Mack Post Office Box 1835 Tampa, FL 33601-1835 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/7/99	1,500
Aggregate Year-to-Date > \$ 1,500		contribution itemized on the 30-day report 10/1/98 - 11/23/98	
B. 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	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			
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	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			
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	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			
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	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			
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	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			
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	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional) 1,500

TOTAL This Period (last page this line number only) 1,500

SCHEDULE B

ITEMIZED DISBURSEMENTS

Contributions to Federal Candidates

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 C00240911

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gov. George W. Bush Presidential Exploratory Committee, Inc. P O Box 1902 Austin, TX 78767	R-Gov. Texas Political Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/99	5,000
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 Disbursements This Page (optional) 5,000

TOTAL This Period (last page this line number only) 5,000

1/1/99-6/30/99

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER 23

Contributions to Federal Candidates

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NAME OF COMMITTEE (in Full)

JM Family Enterprises, Inc. PAC C0D24D911

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Mark Foley P O Box 30505 Palm Beach Gardens, FL 33420	Reception for Congressman Foley, House R-16 FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/2/99	1,000
Hastings for Congress P O Box 9352 Ft. Lauderdale, FL 33310	House-FL Fundraising Brunch 23rd Congressional Dist. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/12/99	1,000
Wexler for Congress 2500 N. Military Trail, Ste 288 Boca Raton, FL 33431	Reception for re-election Campaign D-19 FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/99	1,000
Bill McCollum Committee 605 E. Robinson St., Ste. 305 Orlando, FL 32801	Re-election Campaign R-8th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/17/99	2,000
Peter Deutsch for Congress P O Box 817689 Hollywood, FL 33081	Birthday Celebration House, FL D-20 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/24/99	1,000
Friends of Clay Shaw P O Box 2188 Ft. Lauderdale, FL 33303-2188	Re-election Campaign R-22 FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/99	1,000
Gunzburger for Congress 803 N. Southlake Drive Hollywood, FL 33019-1628	Senate Candidate - FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/19/99	500
Mica for Congress P O Box 181546 Castleberry, FL 32718	Political Contribution House, FL R-7 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/99	1,000

SUBTOTAL of Disbursements This Page (optional)

8,500

TOTAL This Period (last page this line number only)

13,500

SCHEDULE B

ITEMIZED DISBURSEMENTS

Other Disbursements 1/1/99 - 6/30/99

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

PAGE	OF
1	1
FOR LINE NUMBER	
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NAME OF COMMITTEE (In Full)

JM Family Enterprises, Inc. PAC COD240911

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Black for N.C. House Committee 114 S. Tyron Street Charlotte, NC 28202	House - NC Reception/Hon. James Black - Democrat Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/20/99	1,000
B. Full Name, Mailing Address and ZIP Code The Cooper Committee P O Box 4538 Rocky Mount, NC 27803	Reception for Roy Cooper - Democrat, NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/20/99	500
C. Full Name, Mailing Address and ZIP Code NC Republican Legislative Trust P O Box 10674 Raleigh, NC 27605	Reception - Honor House Republican Caucus, NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/20/99	250
D. Full Name, Mailing Address and ZIP Code North Carolina Senate Committee 220 Hillsboro Street Raleigh, NC 27603	NC Reception - Honor New Democratic State Sen. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/20/99	500
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) 2,250

TOTAL This Period (last page this line number only) 2,250

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 7-19-97
<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
<input type="checkbox"/> Electronic Filing	
 <i>Jm D</i> PREPARER	 <i>7-22-97</i> DATE PREPARED