

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) JM Family Enterprises, Inc.	RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM Nov 20 12 20 PM '98
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 100 NW 12 Avenue P.O. Box 1160	2. FEC IDENTIFICATION NUMBER C00240911
CITY, STATE and ZIP CODE Deerfield Beach, Fl. 33442	3. <input checked="" 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
- 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 11/3/98 in the State of Florida

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>10/1/98</u> through <u>11/23/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$19,467.73
(b) Cash on Hand at Beginning of Reporting Period	\$ 4,217.73	
(c) Total Receipts (from Line 19)	\$ 22,785.00	\$22,785.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Line 6(a) and 6(c) for Column B)	\$ 27,002.73	\$42,252.73
7. Total Disbursements (from Line 20)	\$ 7,000.00	\$22,250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 20,002.73	\$20,002.73
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 20469 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 		Date <u>11/23/98</u>

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 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE

JM Family Enterprises, Inc. Pac C00240911

REPORT COVERING PERIOD

FROM 10/1/98

TO: 11/23/98

		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees	18,850	18,850	11(a)
i.	Itemized (use Schedule A)	3,935	3,935	11(a)
ii.	Unitemized			
iii.	Total (add i and ii) >	22,785	22,785	11(a)
b.	Political Party Committees	0	0	11(b)
c.	Other Political Committees (such as PACs)	0	0	11(c)
d.	Total Contributions (add a iii, b and c) >	22,785	22,785	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	0	0	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18.	Transfers from Non-Federal Account for Joint Activity	0	0	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	22,785	22,785	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	22,785	22,785	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	0	0	21(a)
ii.	Non-Federal Share	0	0	21(b)
b.	Other Federal Operating Expenditures	0	0	21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >	0	0	22
22.	Transfers to Affiliated/Other Party Committees	6,000	14,300	23
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0	0	24
24.	Independent Expenditures (use Schedule E)	0	0	25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	26
26.	Loan Repayments Made	0	0	27
27.	Loans Made			
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	1,000	7,950	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	7,000	22,250	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	7,000	22,250	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

10/1/98 - 11/23/98

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

PAGE 1 OF 6
FOR LINE NUMBER 11 a 11

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
Dominic Geroni 12325 NW 2nd Pl Coral Springs, FL 33071	Jim Moran & Associates, Inc.	10/17/98	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mgr. Nat'l Sales Recruit.		
	Aggregate Year-to-Date > \$200		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald M. Florence 5188 Deerhurst Crescent Circle Boca Raton, FL 33486	JM Family Enterprises, Inc.	10/17/98	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. Risk Mgmt.		
	Aggregate Year-to-Date > \$200		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward F. Harmann 7136 Via Marbella Boca Raton, FL 33433	JM Family Enterprises, Inc.	10/14/98	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mgr. Aircraft Mtce.		
	Aggregate Year-to-Date > \$200		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Adam S. Arens 9671 NW 67 Place Parkland, FL 33076	Jim Moran & Associates, Inc.	10/14/98	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mgr. Regional Sales		
	Aggregate Year-to-Date > \$200		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph P. Moore 155 NW 12 Avenue Deerfield Beach, FL 33442	JM Family Enterprises, Inc.	10/14/98	300
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Marine Oper.		
	Aggregate Year-to-Date > \$300		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joyce L. Perry 2200 Bescon Lane Naples, FL 34103	JM Family Enterprises, Inc.	10/14/98	300
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Audit		
	Aggregate Year-to-Date > \$300		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert R. Barnes 812 NE 21st Drive Wilton Manors, FL 33305	JM Family Enterprises, Inc.	10/14/98	300
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager, Chief Pilot		
	Aggregate Year-to-Date > \$300		

SUBTOTAL of Receipts This Page (optional) 1,700

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

10/1/98 - 11/23/98

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

PAGE 2 OF 6
FOR LINE NUMBER 11.a.1

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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
Wayne D. Crater 416 Oak Pond Drive Jacksonville, FL 32259	Southeast Toyota Distributors, Inc. Occupation Director, Purchasing	10/15/98	300
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Steve J. May 250 So. Ocean Blvd. No. 263 Delray Beach, FL 33483	Southeast Toyota Distributors, Inc. Occupation Director, Distribution	10/16/98	300
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$300		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clark Ballard 22371 Martella Ave. Boca Raton, FL 33433	JM Family Enterprises, Inc. Occupation Director, Visual Comm.	10/13/98	300
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$300		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tucker Allen 11055 NW 29 Street Coral Springs, FL 33065-3564	JM Family Enterprises, Inc. Occupation V.P. Treasurer	10/14/98	400
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$400		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth F. McCoy 21119 Sweetwater Lane, N. Boca Raton, FL 33428	Southeast Toyota Distributors, Inc. Occupation V.P. Marketing & Sales	10/14/98	400
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$400		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce L. Davis 8925 SW 134 Court Miami, FL 33186	World Omni Financial Corp. Occupation Director, Human Relations	10/13/97	400
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$400		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael A. Johnson 7722 Schooner Court Parkland, FL 33067	Jim Moran & Associates, Inc. Occupation Director, Sales	10/13/98	500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500		

SUBTOTAL of Receipts This Page (optional)

2,600

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 6
FOR LINE NUMBER 11.a.1

10/1/-11/23/98

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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
James R. Foster 501 Spalding Lake Drive Greenville, SC 29615	JM Family Enterprises, Inc.	9/21/98	500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EVP & CFO, JMFE Aggregate Year-to-Date > \$500		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Williams, Jr. 3079 Northwest 30 Way Boca Raton, FL 33431	JM Family Enterprises, Inc.	9/21/98	1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EVP, JMFE & Gen'l Mgr Aggregate Year-to-Date > \$1,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary L. Thomas 6711 W. Cypresshead Dr. Parkland, FL 33067	JM Family Enterprises, Inc.	9/22/98	1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EVP., Human Resources Aggregate Year-to-Date > \$1,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia G. Moran P.O. Box 4007 Deerfield Beach, FL 33442-4007	JM Family Enterprises, Inc.	9/22/98	5,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President, JMFE Aggregate Year-to-Date > \$5,000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phyllis C. Smith 8224 NW 100th Way Tamarac, FL 33321	JM Family Enterprises, Inc.	10/19/98	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager, Aviation Aggregate Year-to-Date > \$200		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark A. Johnson 2419 NW 31st Street Boca Raton, FL 33431	Southeast Toyota Distributors, Inc.	10/19/98	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mer. District Sales Aggregate Year-to-Date > \$200		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew B. Schulz 4827 NW 22nd Street Coconut Creek, FL 33063-3869	World Omni Financial Corp.	10/5/98	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Fin'l Anal. & Bdgt Ctrl Aggregate Year-to-Date > \$200		

SUBTOTAL of Receipts This Page (optional) 8,100

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

10/1-11/23/98

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PAGE 4 OF 6
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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
James G. Kelleher 7728 Schooner Court Parkland, FL 33067	JM Family Enterprises, Inc.	10/22/98	300
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director, Security 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
Wendy S. Smith 20794 Raindance Ln. Boca Raton, FL 33428	Southeast Toyota Distributors, Inc.	10/20/98	300
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director, Franchise Aggregate Year-to-Date > \$ 300		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John J. Gabriel 6507 Timber Lane Boca Raton, FL 33433-5727	Jim Moran & Associates, Inc.	10/23/98	300
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mgr. Regional Sales Aggregate Year-to-Date > \$ 300		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ray M. Grillo 1710 Bayside Blvd. Jacksonville, FL 32259	Southeast Toyota Distributors, Inc.	10/19/98	300
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir. Gen'l. Marketing Aggregate Year-to-Date > \$ 300		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard A. Noland 2664 NW 23rd Way Boca Raton, FL 33431	JM Family Enterprises, Inc.	10/22/98	400
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P. Administrative Aggregate Year-to-Date > \$ 400		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard K. Champion 4861 Motor Yacht Dr. Jacksonville, FL 32225	World Omni Financial Corp.	10/23/98	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mgr. District Sales Aggregate Year-to-Date > \$ 200		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James E. Melchiorre 11931 Overlook Mountain Dr. Charlotte, NC 28216	Southeast Toyota Distributors, Inc.	10/21/98	250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Mgr. District Sales Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

2,050

TOTAL This Period (last page this fine number only)

SCHEDULE A

ITEMIZED RECEIPTS

10/1/98-11/23/98

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PAGE 5 OF 6
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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
David R. Allen 5010 NW 104th Ave. Coral Springs, FL 33071	Jim Moran & Associates, Inc. Occupation: Dir. Product Planning	10/30/98	300
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Eric J. Anderson 1682 Hawkcrest Dr. Jacksonville, FL 32259	Southeast Toyota Distributors, Inc. Occupation: Mgr. Research & Dev.	10/27/98	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Decker 621 Cypress Crossing Wellington, FL 33414	Southeast Toyota Distributors, Inc. Occupation: Dir. Product Planning	10/27/98	300
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$300		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary R. Galligar 2910 W. Beaver St. Jacksonville, FL 32205	Petro Chemical Products, Inc. Occupation: Dir. Marketing & Sales	10/26/98	300
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$300		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wayne K. Givens 611 Stratford Drive Southlake, TX 76092	JM Family Enterprises, Inc. Occupation: V.P. Division	10/27/98	400
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$400		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Majcher 6248 NW 32nd Terrace Boca Raton, FL 33495	Southeast Toyota Distributors, Inc. Occupation: V.P. Marketing & Sales	10/26/98	400
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$400		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald R. Moffett 8988 NW 52nd Court Coral Springs, FL 33067	Southeast Toyota Distributors, Inc. Occupation: Dir. Marketing & Sales	10/28/98	300
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$300		

SUBTOTAL of Receipts This Page (optional)

2,200

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

10/1 - 11/23/98

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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
Stephen Ozzello 874 Forest Glen Ln Wellington, FL 33414	Southeast Toyota Distributors, Inc. Occupation: Dir. Marketing & Sales	10/28/98	250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brian G. Pincket 8935 Indian River Run Boynton Beach, FL 33437	World Omni Financial Corp. Occupation: Mgr. General Attorney	10/29/98	250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George R. Shepard, Jr. 12835 Ft. Caroline Rd. Jacksonville, FL 32225	Southeast Toyota Distributors, Inc. Occupation: V.P. Division	10/30/98	500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Grant T. Wilson 6532 NW 99th Ave. Parkland, FL 33076	Southeast Toyota Distributors, Inc. Occupation: Mgr. National Accounts	10/27/98	250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gerald M. Florence 5188 Deerhurst Crescent Cir. Boca Raton, FL 33486	JM Family Enterprises, Inc. Occupation: V.P. Risk Management	11/15/98	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mindy Toback Seiden 4886 NW 67 Ave. Ft. Lauderdale, FL 33319	JM Family Enterprises, Inc. Occupation: V.P. Corporate Taxes	11/13/98	250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steven M. Shannon 6418 NW 99 Ave. Parkland, FL 33076	Southeast Toyota Distributors, Inc. Occupation: Mgr. District Sales	11/16/98	500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		

SUBTOTAL of Receipts This Page (optional) 2,200

TOTAL This Period (last page this line number only) 18,850

SCHEDULE B

ITEMIZED DISBURSEMENTS

Contributions to Federal Candidates 10/1/98-11/23/98

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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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
Adam Smith PAC PO Box 2392 Tampa, FL 33601	Sen. Connie Mack PAC State of FL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Political Cont	10/15/98	2,000
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)

2,000

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Contributions to Federal Candidates 10/1-11/23/98

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
Friends of Harry Rezd 245 2nd Street, NE Washington, DC 20002	US Senate - Democrat Nevada Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/98	1,000
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of JC Watts PO Box 720445 Norman, OK 73070	Oklahoma - Republican 4th District Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/98	2,000
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens Committee for Ernest Hollings PO Box 65271 Washington, DC 20035	S.C. Democratic Sen. Political Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/98	1,000
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	4,000
TOTAL This Period (last page this line number only)	6,000

SCHEDULE B

ITEMIZED DISBURSEMENTS

10/1/-11/23/98 - Other Disbursements

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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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
Fountain Odom Campaign 1100 S. Tyron Street Charlotte, NC 28203	N.C. Senate non-federal contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	500
Billy Creech Campaign 549 B- Norris Rd Clayton, NC 27520	N.C. House non-federal contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	500
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)	1,000
TOTAL This Period (last page this line number only)	1,000

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 11/23/98
<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	
 PREPARER	11/20/98 DATE PREPARED