

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 2 9 51 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) The 20th District Florida Federal PAC		2. FEC IDENTIFICATION NUMBER 0033179
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 816621		
CITY, STATE and ZIP CODE Hollywood FL 33081		
3. <input 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 _____ 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>July 1, 1997</u> through <u>Dec 31, 1997</u>		
6. (a) Cash on Hand January 1, 19 _____		
(b) Cash on Hand at Beginning of Reporting Period _____	\$ 0	
(c) Total Receipts (from Line 19) _____	\$ 140,500	\$ 140,500
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) _____	\$	\$
7. Total Disbursements (from Line 30) _____	\$ 18,721.14	\$ 18,721.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) _____	\$ 126,778.86	\$ 126,778.86
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) _____	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) _____	\$ 0	

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

Arthur Deutsch

Signature of Treasurer

Arthur Deutsch

Date

1/28/98

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 The 20th District Florida Federal PAC		REPORT COVERING PERIOD FROM July 1 1993 TO: Dec 31 1993	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		134,500	134,500
ii. Unitemized			
iii. Total (add i and ii) >		134,500	134,500
b. Political Party Committees		6,000	6,000
c. Other Political Committees (such as PACs)		140,500	140,500
d. Total Contributions (add a ii, b and c) >			
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		140,500	140,500
20. Total Federal Receipts (subtract line 18 from line 19) >			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share		3721.14	3721.14
b. Other Federal Operating Expenditures		3721.14	3721.14
c. Total Operating Expenditures (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		10,000	10,000
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		13721.14	13721.14
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		13721.14	13721.14
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		140,500	140,500
33. Total Contribution Refunds (from line 28d)		10,000	10,000
34. Net Contributions (other than loans)(subtract line 33 from 32)		130,500	130,500
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		3721.14	3721.14
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >		3721.14	3721.14

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FOR LINE NUMBER

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)
The 20th District Florida Federal PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Neal Palmer Brooks P.O. Box 400160 Homestead, FL 33090	Self	11.20.97	2500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: farmer Aggregate Year-to-Date: 1 2500		
B. Full Name, Mailing Address and ZIP Code Steven C. Wheeling 5889 S.W. 85 th St. Miami, FL 33143	Brooks Tropicals	11.21.97	2500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO Aggregate Year-to-Date: \$ 2500		
C. Full Name, Mailing Address and ZIP Code Dr. Robert Ross 300 East 75 th St. New York, NY 10021	Self	11.20.97	5000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: University Administrator Aggregate Year-to-Date: \$ 5000		
D. Full Name, Mailing Address and ZIP Code Daniel D. Cantor 8411 Lagos De Campo Blvd. Tamarac, FL 33321		11.21.97	5000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date: \$ 5000		
E. Full Name, Mailing Address and ZIP Code Charles R. Modica 454 S. Beach Rd. Hobe Sound, FL 33455	St. George's University	11.21.97	5000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chancellor Aggregate Year-to-Date: \$ 5000		
F. Full Name, Mailing Address and ZIP Code Lisa A. Modica 454 S. Beach Rd. Hobe Sound, FL 33455		11.21.97	5000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Home maker Aggregate Year-to-Date: \$ 5000		
G. Full Name, Mailing Address and ZIP Code Thea J. Lorber 1050 Seawane Dr. New York Harbor, NY 11537		11.21.97	5000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Home maker Aggregate Year-to-Date: \$ 5000		

SUBTOTAL of Receipts This Page (optional) 30,000

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 2 OF 15
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

The 20th District Florida Federal PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruby S. Swazy 168 Hialeah Drive Hialeah, FL 33010 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: Realtor Aggregate Year-to-Date \$ 5000	11.19.97	5000
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip S. Morse 20225 NE 34 th Court #2711 Miami, FL 33180 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Aggregate Year-to-Date \$ 5000	11.19.97	5000
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howard M. Lorber 70 E. Sunrise HWY., Ste 411 Valley Stream, NY 11581 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hallman & Lorber Occupation: Accountant Aggregate Year-to-Date \$ 5000	11.21.97	5000
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arthur Keiser 1500 NW 49 th St. Fort Lauderdale, FL 33309 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Keiser College Occupation: President Aggregate Year-to-Date \$ 5000	11.21.97	5000
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arthur Deutsch 343 East 66 th St New York, NY 10021 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Allied Mechanical Trade Occupation: Salesman Aggregate Year-to-Date \$ 5000	11.27.97	5000
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald M. Bergeron Sr. 19612 SW 69 th Place Fort Lauderdale, FL 3332 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: Real Estate Developer Aggregate Year-to-Date \$ 5000	11.24.97	5000
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia Frost 8800 NW 36 th St. Miami, FL 33178 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Home maker Aggregate Year-to-Date \$ 5000	12.05.97	5000

SUBTOTAL of Receipts This Page (optional)

35,000

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 3 OF 15
FOR LINE NUMBER

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NAME OF COMMITTEE (in full)

The 20th District Florida Federal PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arthur H. Hertz 3195 Ponce De Leon Blvd. Coral Gables, FL 33134	Wometco Enterprises	11.35.97	5000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date \$ 5000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth Buntrock 521 B. Las Olas Blvd. Fort Lauderdale, FL 33301	Self	12.01.97	5000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Florist	Aggregate Year-to-Date \$ 5000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barton Weisman 17603 Lake Estates Dr. Boca Raton, FL 33496	Weisman & Associates	12.02.97	2500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date \$ 2500	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward A. Dauer, MD 4850 W. Oakland Park Blvd. #145 Fort Lauderdale, FL 33313	Self	12.03.97	2500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date \$ 2500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mante Friedkin P.O. Box 3051 Boca Raton, FL 33431	Friedkin Industries	12.04.97	5000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date \$ 5000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan B. Levan 1750 East Sunrise Blvd. Fort Lauderdale, FL 33304	Bank Atlantic	12.06.97	5000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date \$ 5000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rowland Schaefer P.O. Box 9312 Miami, FL 33014	Claire Stores	12.06.97	5000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sales Executive	Aggregate Year-to-Date \$ 5000	

SUBTOTAL of Receipts This Page (optional)

30,000

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 4 OF 5
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The 20th District Florida Federal PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lewis Swezy 1865 Brickell Ave. Miami, FL 33131 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Swezy Realty Occupation: Realtor Aggregate Year-to-Date: \$ 5000	12.08.97	5000
Stephen H. Bittel 1200 Brickell Ave. # 1500 Miami, FL 33131 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Terranova Corp. Occupation: President Aggregate Year-to-Date: \$ 2500	12.10.97	2500
Jacob Agai 1101 E. 80 St. Brooklyn, NY 11236 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Fieldway Industries Occupation: OWNER Aggregate Year-to-Date: \$ 2000	12.10.97	2000
Sigman Zilber 3500 Mystic Point Blvd. Adventura, FL 33180 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation: Retired Aggregate Year-to-Date: \$ 5000	12.15.97	5000
Alan S. Becker 13494 Stirling Rd. Fort Lauderdale, FL 33330 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Becker & Poliakoff Occupation: Attorney Aggregate Year-to-Date: \$ 2500	12.15.97	2500
Eric R. Sisser 2665 S. Bayshore Dr. Coconut Grove, FL 33133 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: Consultant Aggregate Year-to-Date: \$ 2500	12.17.97	2500
Paul T. Jones 25 Sherwood Ave. Greenwich, CT 06830 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tudor Investment Corp. Occupation: CEO Aggregate Year-to-Date: \$ 5000	12.22.97	5000

SUBTOTAL of Receipts This Page (optional)

24,500

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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ny 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)
The 20th District Florida Federal PAC

A. Full Name, Mailing Address and ZIP Code Leslie Alexander 1200 N. Federal Hwy Boca Raton FL 4880513	Name of Employer Self Occupation Investor	Date (month, day, year) 12.29.97	Amount of Each Receipt this Period 15000 10000 refund
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	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):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

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 1 OF 1
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NAME OF COMMITTEE (In Full)

The 20th District Florida Federal PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Excellence In Government Fund Of Stuzin And Camner P.A. 999 Brickell Ave., Suite 400 Miami, FL 33131		12.15.97	5000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 5000	
B. Full Name, Mailing Address and ZIP Code J.M. Family Enterprises, INC. PAC 190 N.W. 12 th Ave. Deerfield Beach, FL 33442		12.04.97	1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1000	
C. Full Name, Mailing Address and ZIP Code			
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			
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			
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			
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			
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)

6000

TOTAL This Period (last page this line number only)

6000

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

The 20th District Florida Federal PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
One Stop Print Shop 2500 N. Powerline Rd. Pompano Beach, FL 33069	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12.08.97	215.18
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Action Plants 460 SW 20 th Ave Fort Lauderdale, FL 33312	Plant rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12.08.97	240.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Peter Deutsch P.O. Box 817689 Hollywood, FL 33081	Reimburse for P.O. Box Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12.08.97	20.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Premier Crust Inc. 201 SW 5 th Ave. Fort Lauderdale 33312	Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12.16.97	2883.56
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Flowers and Found Objects 521 E. Las Olas Blvd. Fort Lauderdale, FL 33301	Floral decoration Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12.16.97	254.40
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citibank Advantage P.O. Box 8501 Hagarstown, MD 21748	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12.24.97	64.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Barnett Bank P.O. Box 179404 Hialeah FL 33017-9404	Check Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12.03.97	44.00
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) 3721.14

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
The 20th District Florida Federal PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Leslie Alexander 1200 N. Federal Hwy Boca Raton, FL 33432	Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12.31.97	10000
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)

10000

TOTAL This Period (last page this line number only)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
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