P. O. Box 6936
Jacksonville, Florida 32236-6936
(904) 791-6268

RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATION DIVISION

Jul 18 2 11 PM '94

July 15, 1994

Federal Election Commission
Attn: Reports Analysis Division
999 E Street, NW
Washington, DC 20463

RE: Florida Health Political Action Committee - FEC ID #C00161141

On behalf of Florida Health Political Action Committee, I have enclosed our report of Receipts and Disbursements covering the period of April 1, 1994 through June 30, 1994, representing the July 15, 1994 Quarterly Report.

Should you have any questions regarding this report, please contact me at (904) 363-4019.

Very truly yours,

James Mandeville
Treasurer, FHPAC

JM/lds
Enclosure

cc: Florida Division of Elections
The Capitol, Room 1801
Tallahassee, FL 32301
Attn: Dorothy Joyce, Director

Supervisor of Elections of Duval County
105 E. Monroe Street
Jacksonville, FL 32202
Attn: Tommie Bell

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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)
Florida Health Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
P.O. Box 6936

CITY, STATE and ZIP CODE
Jacksonville, FL 32236-6936

RECEIVED FEDERAL ELECTION COMMISSION ADMIN. JUL 18 2 11 PM '94

2. FEC IDENTIFICATION NUMBER C00161141

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

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day 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 4/1/94 through 6/30/94		
6. (a) Cash on Hand January 1, 19 94		$ 5,496.64
(b) Cash on Hand at Beginning of Reporting Period	$ 12,609.24	
(c) Total Receipts (from Line 19)	$ 9,944.93	$ 18,826.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 22,554.17	$ 24,323.17
7. Total Disbursements (from Line 30)	$ 15,800.00	$ 17,569.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 6,754.17	$ 6,754.17
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY 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 202-219-3420

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
James Mandeville

Signature of Treasurer
James Mandeville

Date 7/15/94

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

FEC FORM 3X
(revised 9/93)

9 4 0 3 9 1 1 2 7 0 6

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

(revised 1/1/91)

NAME OF COMMITTEE: Florida Health Political Action Committee

REPORT COVERING PERIOD FROM 4/1/94 TO 6/30/94

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees	$ 717.00	$ 717.00
i. Itemized (use Schedule A)	8,850.56	17,695.77
ii. Unitemized	9,567.56	18,412.77
iii. Total (add i and ii) ➤	-0-	-0-
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	9,567.56	18,412.77
d. Total Contributions (add a iii, b and c) ➤	-0-	-0-
12. Transfers From Affiliated/Other Party Committees	-0-	-0-
13. All Loans Received	-0-	-0-
14. Loan Repayments Received	-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	377.37	413.76
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-
18. Transfers from Nonfederal Account for Joint Activity	9,944.93	18,826.53
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	9,944.93	18,826.53
20. Total Federal Receipts (subtract line 18 from line 19) ➤		
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)	-0-	-0-
i. Federal Share	-0-	-0-
ii. Non-Federal Share	-0-	19.00
b. Other Federal Operating Expenditures	-0-	19.00
c. Total Operating Expenditures (add a i, a ii, and b) ➤	6,500.00	6,500.00
22. Transfers to Affiliated/Other Party Committees	2,500.00	3,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-
24. Independent Expenditures (use Schedule E)	-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-
26. Loan Repayments Made	-0-	-0-
27. Loans Made		
28. Refunds of Contributions To:	-0-	-0-
a. Individuals/Persons Other Than Political Committees	-0-	-0-
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contribution Refunds (add a, b and c) ➤	6,800.00	8,050.00
29. Other Disbursements	15,800.00	17,569.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	15,800.00	17,569.00
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	9,567.56	18,412.77
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	9,567.56	18,412.77
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-0-	19.00
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-0-	19.00

9 4 0 3 9 1 1 2 7 0 7

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11(a)(i)

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)

Florida Health Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Janet Rogers 51 Vanderford Road E. Orange Park, FL 32073 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Blue Cross Blue Shield of Florida Occupation: Administrative Asst. Aggregate Year-to-Date > $300.00	5-24-94	300.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Bruce A. Davidson 505 Lancaster St., 12C Jacksonville, FL 32204 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Blue Cross Blue Shield of Florida Occupation: Sr. Vice President Aggregate Year-to-Date > $220.00	Monthly payroll deduction	132.00 ($44 per pay period)
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Walter T. Liptak 3205 Old Barn Ct. Ponte Vedra Beach, FL 32082 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Blue Cross Blue Shield of Florida Occupation: Vice President Aggregate Year-to-Date > $250.00	Monthly payroll deduction	150.00 ($50 per pay period)
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Charles R. Richards 44 Village Walk Dr. Ponte Vedra Beach, FL 32082 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Blue Cross Blue Shield of Florida Occupation: Vice President Aggregate Year-to-Date > $225.00	Monthly payroll deduction	135.00 ($45 per pay
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) 717.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Florida Health Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Barnett Bank P.O. Box 45144 Jacksonville, FL 32232 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Interest earned Aggregate Year-to-Date > $ 81.45	4/1/94-6/30/94	$ 45.06
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ed Austin Campaign P.O. Box 52502 Jacksonville, FL 32201 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Pro-rated campaign contribution returned. Will not seek re-election. Aggregate Year-to-Date > $	5/10/94	332.31
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) $377.37

9405911709

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 22

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)

Florida Health Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CarePac 1310 G Street, NW Washington, DC 20005	Contribution to an affiliated PAC Disbursement for: ☐ Primary ☐ General ☐ Other (specify) N/A	4-14-94	6,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) 6,500.00

94031210

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Florida Health Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Alvin Brown Campaign P.O. Box 43273 Jacksonville, FL 32202	Campaign contribution for Cong. Dist. 3-FL Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4-14-94	500.00
B. Lois Benson Campaign 103 W. Intendencia St. Pensacola, FL 32501	Campaign contribution for Cong. Dist. 1-FL Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5-12-94	500.00
C. Marc Little Campaign 2310 Ribault Scenic Dr. Jacksonville, FL 32208	Campaign contribution for Cong. Dist. 3-FL Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5-12-94	500.00
D. Gwen Chandler-Thompson Campaign 11827 High Plaines Dr., E. Jacksonville, FL 32226	Campaign contribution for Cong. Dist. 3-FL Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5-12-94	500.00
E. Marc Foley Campaign 2324 S. Congress Ave., Suite 2-A West Palm Beach, FL 33406	Campaign contribution for Cong. Dist. 16-FL Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6-7-94	500.00
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) 2,500.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 29

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)

Florida Health Political Action Committee

Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Matt Carlucci Campaign 3621 Hendricks Avenue Jacksonville, FL 32207	Campaign contribution for FL Senate, Dist. 6 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4-14-94	$ 500.00
B. Full Name, Mailing Address and ZIP Code Ginny Myrick Campaign 1718 Atlantic Blvd. Jacksonville, FL 32207	Campaign contribution for FL Senate, Dist. 6 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4-14-94	500.00
C. Full Name, Mailing Address and ZIP Code Florida Insurance Council PAC P.O. Box 1819 Tallahassee, FL 32302	Contribution/membership in insurance industry PAC Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5-12-94	500.00
D. Full Name, Mailing Address and ZIP Code Toni Jennings Campaign 1032 Wilfred Drive Orlando, FL 32803-2571	Campaign contribution for FL Senate, Dist. 9 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6-3-94	100.00
E. Full Name, Mailing Address and ZIP Code Republican Party of Florida P.O. Box 311 Tallahassee, FL 32303	Campaign contribution to State Political Party Fund Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6-7-94	1,000.00
F. Full Name, Mailing Address and ZIP Code Republican Party of Florida P.O. Box 311 Tallahassee, FL 32303	Campaign contribution to State Political Party Fund Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6-7-94	1,000.00
G. Full Name, Mailing Address and ZIP Code Republican Party of Florida P.O. Box 311 Tallahassee, FL 32303	Campaign contribution to State Political Party Fund Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6-7-94	1,000.00
H. Full Name, Mailing Address and ZIP Code Republican Party of Florida P.O. Box 311 Tallahassee, FL 32303	Campaign contribution to State Political Party Fund Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6-7-94	1,000.00
I. Full Name, Mailing Address and ZIP Code Republican Party of Florida P.O. Box 311 Tallahassee, FL 32303	Campaign contribution to State Political Party Fund Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6-7-94	1,000.00

SUBTOTAL of Disbursements This Page (optional) $6,600.00

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

94039112712

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 29

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)
Florida Health Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Tom Gallagher Campaign P.O. Box 823 Tallahassee, FL 32302	Campaign contribution for Governor, FL Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6-29-94	$ 100.00
B. Bill Nelson Campaign 1499 S. Harbor City Blvd. Melbourne, FL 32901	Campaign contribution for Insurance Commissioner, FL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6-29-94	100.00
C.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) ..... $ 200.00

TOTAL This Period (last page this line number only) ..... $ 6,800.00

9 4 0 5 7 1 2 7 1 3

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.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 7-15-94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

JM H. — PREPARER

7-18-94 — DATE PREPARED

FEC FORM 70-2 (12/92)

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