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

RECEIVED
FEDERAL ELECTION
COMMISSION

Aug 29 9 00 AM '94

August 24, 1994

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

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

94039194396

Dear Sir/Madam:

On behalf of Florida Health Political Action Committee, I have enclosed our report of Receipts and Disbursements covering the period of July 1, 1994 through August 19, 1994, representing the twelfth day report preceding Primary election on September 8, 1994 in the State of Florida.

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

Very truly yours,

James Mandeville /lds

James Mandeville
Treasurer, FHPAC

JM/lds
Enclosure

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

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

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

AUG 23 9 01 AM '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 Primary (Type of Election) election on 9/8/94 in the State of Florida

☐ 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 7/1/94 through 8/19/94		
6. (a) Cash on Hand January 1, 1994		$ 5,496.64
(b) Cash on Hand at Beginning of Reporting Period	$ 6,754.17	
(c) Total Receipts (from Line 19)	$ 4,346.35	$ 23,172.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 11,100.52	$ 28,669.52
7. Total Disbursements (from Line 30)	$ 10,250.00	$ 27,819.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 850.52	$ 850.52
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 8/23/94

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 1 9 4 3 9 7

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 7-1-94 TO: 8-19-94

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	523.00	1,240.00
ii. Unitemized	3,799.14	21,494.91
iii. Total (add i and ii) ➤	4,322.14	22,734.91
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a iii, b and c) ➤	4,322.14	22,734.91
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	-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)	24.21	437.97
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	4,346.35	23,172.88
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4,346.35	23,172.88
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	-0-	-0-
ii. Non-Federal Share	-0-	-0-
b. Other Federal Operating Expenditures	-0-	19.00
c. Total Operating Expenditures (add a i, a ii, and b) ➤	-0-	19.00
22. Transfers to Affiliated/Other Party Committees	3,250.00	9,250.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,750.00	6,750.00
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	-0-	-0-
28. Refunds of Contributions To:		
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) ➤	-0-	-0-
29. Other Disbursements	3,250.00	11,300.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	10,250.00	27,819.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	10,250.00	27,819.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	4,322.14	22,734.91
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,322.14	22,734.91
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

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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 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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Bruce A. Davidson 505 Lancaster Street, 12C Jacksonville, FL 32204 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Blue Cross and Blue Shield of Florida, Inc. Occupation: Sr. Vice President Aggregate Year-to-Date > $ 308.00	Monthly Payroll Deduction	$ 88.00 ($44 per pay period)
B. William E. Flaherty 12316 Mandarin Road Jacksonville, FL 32223 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Blue Cross and Blue Shield of Florida, Inc. Occupation: President & CEO Aggregate Year-to-Date > $ 245.00	Monthly Payroll Deduction	$ 70.00 ($35 per pay period)
C. Kermit E. Housh 3720 Ceylon Cove Gulf Breeze, FL 32561 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Blue Cross and Blue Shield of Florida, Inc. Occupation: Vice President Aggregate Year-to-Date > $ 210.00	Monthly Payroll Deduction	$ 60.00 ($30 per pay period)
D. Paul G. Jennings 1253 Fish Hook Way Ponte Vedra Beach, FL 32082 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Blue Cross and Blue Shield of Florida, Inc. Occupation: Vice President Aggregate Year-to-Date > $ 280.00	Monthly Payroll Deduction	$ 80.00 ($40 per pay period)
E. Walter T. Liptak 3205 Old Barn Ct. Ponte Vedra Beach, FL 32082 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Blue Cross and Blue Shield of Florida, Inc. Occupation: Vice President Aggregate Year-to-Date > $350.00	Monthly Payroll Deduction	$100.00 ($50 per pay period)
F. Charles R. Richards 44 Village Walk Drive Ponte Vedra Beach, FL 32082 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Blue Cross and Blue Shield of Florida, Inc. Occupation: Vice President Aggregate Year-to-Date > $315.00	Monthly Payroll Deduction	$ 80.00 ($45 per pay period)
G. Rita Malie 6631 Fairway Cove Orlando, FL 32835 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Blue Cross and Blue Shield of Florida, Inc. Occupation: Medical Director Aggregate Year-to-Date > $ 240.00	Bi-weekly Payroll Deduction	$ 45.00 ($15 per pay period)

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

TOTAL This Period (last page this line number only) $523.00

9 4 0 3 2 1 9 4 0 9 9

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 17

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 Barnett Bank P.O. Box 45144 Jacksonville, FL 32232 Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Name of Employer Interest Earned Occupation N/A Aggregate Year-to-Date $ 105.66	Date (month, day, year) 7/1/94-8/19/94	Amount of Each Receipt this Period $24.21
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$24.21

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 CarePAC 1310 G Street, NW Washington, DC 20005	Purpose of Disbursement Contribution to affiliated PAC Disbursement for: ☐ Primary ☐ General ☐ Other (specify) N/A	Date (month, day, year) 8/12/94	Amount of Each Disbursement This Period $3,250.00
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)	$3,250.00

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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

A. Full Name, Mailing Address and ZIP Code Countdown to Majority P.O. Box 533971 Orlando, FL 32853	Purpose of Disbursement Contribution to Florida based PAC to assist Rep. Cong. candidates Disbursement for: ☐ Primary ☐ General ☐ Other (specify) N/A	Date (month, day, year) 7/25/94	Amount of Each Disbursement This Period $ 750.00
B. Full Name, Mailing Address and ZIP Code Life PAC c/o American Council of Life Ins. 1001 Pennsylvania Ave., NW Washington, DC 20004-2599	Purpose of Disbursement Contribution to a federally registered PAC Disbursement for: ☐ Primary ☐ General ☐ Other (specify) N/A	Date (month, day, year) 8/12/94	Amount of Each Disbursement This Period $ 500.00
C. Full Name, Mailing Address and ZIP Code Countdown to Majority P.O. Box 533971 Orlando, FL 32853	Purpose of Disbursement Contribution to Florida based PAC to assist Rep. Cong. candidates Disbursement for: ☐ Primary ☐ General ☐ Other (specify) N/A	Date (month, day, year) 8/15/94	Amount of Each Disbursement This Period $2,500.00
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)	$3,750.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

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. 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)	8/12/94	$1,000.00
B. 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)	8/12/94	$1,000.00
C. 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)	8/12/94	$1,000.00
D. Friends of Jamie Wilson 2685 Cypress Bend Drive Clearwater, FL 34621	Campaign contribution for Florida State Senate Dist. 19 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	8/12/94	$ 250.00
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) .....

TOTAL This Period (last page this line number only) $3,250.00

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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 8-24-94
☐	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

Stu — PREPARER

8-30-94 — DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 2 1 9 4 7 0 4