

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
 Florida Health Political Action Committee

ADDRESS (number and street) **Check if different than previously reported. (ACC)**
 P.O. Box 6538
 Jacksonville FL 32236-6538

2. **FEC IDENTIFICATION NUMBER** C00161141
CITY **STATE** **ZIP CODE**
 3. **IS THIS REPORT** **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT (Choose One)**
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
 January 31 Quarterly Report(YE) Election on 09 10 2002 in the State of FL
 (c) 12-Day **PRE**Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
 July 31 Mid-Year Report(Non-election Year Only) (MY) (d) 30-Day **Post**-Election Report for the: General (30G) Runoff (30R) Special (30S)
 Termination Report (TER) Election on in the State of

5. Covering Period 07 01 2002 through 08 21 2002

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 Electronically Filed by James Mandeville Date 08 23 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
Florida Health Political Action Committee

Report Covering the Period: From: ^h07 ^D01 ^v2002 To: ^h08 ^D21 ^v2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2002		18681.11
(b) Cash on Hand at Beginning of Reporting Period	19759.79	
(c) Total Receipts (from Line 19)	6806.09	27384.77
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	26565.88	46065.88
7. Total Disbursements (from Line 30)	8025.00	27525.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18540.88	18540.88
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

Florida Health Political Action Committee

Report Covering the Period: From: ^W 07 ^D 01 ^Y 2002 To: ^W 08 ^D 21 ^Y 2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2190.20	
(ii) Unitemized	4612.22	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6802.42	27359.53
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	6802.42	27359.53
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	3.67	25.24
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	6806.09	27384.77
20. Total Federal Receipts (subtract Line 18 from Line 19)	6806.09	27384.77

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	3500.00	10500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	17000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	25.00	25.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	25.00	25.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	8025.00	27525.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	8025.00	27525.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	6802.42	27359.53
33. Total Contribution Refunds (from Line 28(d)).....	25.00	25.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	6777.42	27334.53
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 15	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 (Last, First, Middle Initial)
A. Reed Asser

Mailing Address
1757 Oak Grove Dr S
City State Zip Code
Green Cove Springs FL 32043

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2002

Amount of Each Receipt this Period
45.00

FEC ID number of contributing federal political committee.

Name of Employer
Blue Cross and Blue Shield of Florida

Occupation
Medical Director

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 240.00

Transaction ID: SA11A1.6018

Full Name (Last, First, Middle Initial)
B. Ms Barbara Benevento

Mailing Address
4472 Bay Harbour Drive
City State Zip Code
Jacksonville FL 32225

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer
Blue Cross and Blue Shield of Florida

Occupation
Senior Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 400.00

Transaction ID: SA11A1.6026

Full Name (Last, First, Middle Initial)
C. Mr. Michael Broome

Mailing Address
10550 Baymeadows Road, Unit 110
City State Zip Code
Jacksonville FL 32256

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2002

Amount of Each Receipt this Period
75.00

FEC ID number of contributing federal political committee.

Name of Employer
Blue Cross and Blue Shield of Florida

Occupation
Director

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 400.00

Transaction ID: SA11A1.6027

SUBTOTAL of Receipts This Page (optional) ▶ **220.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 15

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Florida Health Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms Anna Christensen

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 8 / 2 1 / 2 0 0 2

2 Sandhill Crane

City

State

Zip Code

Amelia Island

FL

32034

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

80.00

Name of Employer
Blue Cross and Blue Shield of Florida

Occupation

Director

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

300.00

Transaction ID: SA11A1.6023

Full Name (Last, First, Middle Initial)

B. Mr. Everett M. Devaney

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 8 / 2 1 / 2 0 0 2

1551 First Street, South

City

State

Zip Code

Jacksonville Beach

FL

32250

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

80.00

Name of Employer
Blue Cross and Blue Shield of Florida

Occupation

Senior Director

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

340.00

Transaction ID: SA11A1.6025

Full Name (Last, First, Middle Initial)

C. David Dingfield

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 7 / 2 6 / 2 0 0 2

7867 Timertin Park Blvd

City

State

Zip Code

Jacksonville

FL

32256

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

200.00

Name of Employer
Blue Cross and Blue Shield of Florida

Occupation

VP

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

200.00

Transaction ID: SA11A1.6033

SUBTOTAL of Receipts This Page (optional) ▶ **320.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 15	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Florida Health Political Action Committee

Full Name (Last, First, Middle Initial)
A. Mr. Chris Doerr

Mailing Address
8031 Acom Ridge Road
City: Jacksonville State: FL Zip Code: 32256

Date of Receipt
M / D / Y
08 / 21 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer: Blue Cross and Blue Shield of Florida Occupation: Senior Vice President

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Transaction ID: SA11A1.6026

Full Name (Last, First, Middle Initial)
B. Mr. Michael Hightower

Mailing Address
1830 Avondale Circle
City: Jacksonville State: FL Zip Code: 32205

Date of Receipt
M / D / Y
08 / 21 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer: Blue Cross and Blue Shield of Florida Occupation: Vice President

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00

Transaction ID: SA11A1.6014

Full Name (Last, First, Middle Initial)
C. Mr. Michael Johnson

Mailing Address
3713 Wicklow Manor Court
City: Jacksonville State: FL Zip Code: 32224

Date of Receipt
M / D / Y
08 / 21 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer: Blue Cross and Blue Shield of Florida Occupation: Vice President

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Transaction ID: SA11A1.6029

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 15	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
Florida Health Political Action Committee

Full Name (Last, First, Middle Initial)
A. Ms Randy Kammer

Mailing Address
3382 Bowers Lane

City State Zip Code
Jacksonville FL 32257

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2002

Amount of Each Receipt this Period
70.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Blue Cross and Blue Shield of Florida Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 280.00

Transaction ID: SA11A1.6022

Full Name (Last, First, Middle Initial)
B. Mr. Vanum Kanyon

Mailing Address
10442 Hunters Creek Ct.

City State Zip Code
Jacksonville FL 32256

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2002

Amount of Each Receipt this Period
46.20

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Blue Cross and Blue Shield of Florida Director

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 246.40

Transaction ID: SA11A1.6020

Full Name (Last, First, Middle Initial)
C. Dr. Daniel Leitage

Mailing Address
1782 Long Slough Walk

City State Zip Code
Orange Park FL 32075

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Blue Cross Blue Shield of Florida Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: SA11A1.6030

SUBTOTAL of Receipts This Page (optional) ▶ **216.20**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 15	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
Florida Health Political Action Committee

Full Name (Last, First, Middle Initial)
A. Mr. Walter Liptak

Mailing Address
3205 Old Barn Court

City State Zip Code
Ponte Vedra Beach FL 32082

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Blue Cross and Blue Shield of Florida Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: SA11A1.6031

Full Name (Last, First, Middle Initial)
B. Mr. John Oeljen

Mailing Address
6449 W Christopher Creek Rd

City State Zip Code
Jacksonville FL 32217

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Blue Cross and Blue Shield of Florida Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 200.00

Transaction ID: SA11A1.6015

Full Name (Last, First, Middle Initial)
C. Ms. Kathy Orr

Mailing Address
133 Retreat Place

City State Zip Code
Ponte Vedra Beach FL 32082

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Blue Cross and Blue Shield of Florida Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 200.00

Transaction ID: SA11A1.6016

SUBTOTAL of Receipts This Page (optional) ▶ **200.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 15	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
Florida Health Political Action Committee

Full Name (Last, First, Middle Initial)
A. Mr. Edgar Pruitt

Mailing Address
7701 Timberlin Park Blvd. Apt. 1023
City State Zip Code
Jacksonville FL 32256

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer
Blue Cross and Blue Shield of Florida

Occupation
Senior Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.6046

Full Name (Last, First, Middle Initial)
B. Mr. Fred V. Ryder, Jr.

Mailing Address
105 Dron Point Lane
City State Zip Code
Ponte Vedra Beach FL 32082

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Blue Cross and Blue Shield of Florida

Occupation
Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 750.00

Transaction ID: SA11A1.6035

Full Name (Last, First, Middle Initial)
C. Mr. Willie Scott

Mailing Address
24464 Harbour View Drive
City State Zip Code
Ponte Vedra Beach FL 32082

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2002

Amount of Each Receipt this Period
84.00

FEC ID number of contributing federal political committee.

Name of Employer
Blue Cross and Blue Shield of Florida

Occupation
Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 336.00

Transaction ID: SA11A1.6051

SUBTOTAL of Receipts This Page (optional) ▶ **634.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 15		
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Florida Health Political Action Committee

Full Name (Last, First, Middle Initial)
A. Mr. Ken Sellers

Mailing Address
1701 The Greensway, #1924

City State Zip Code
Jacksonville FL 32205

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Blue Cross and Blue Shield of Florida Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 225.00

Transaction ID: SA11A1.6013

Full Name (Last, First, Middle Initial)
B. Mr. Daniel Smith

Mailing Address
11768 Cherry Bark Dr E

City State Zip Code
Jacksonville FL 32218

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2002

Amount of Each Receipt this Period
140.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Blue Cross and Blue Shield of Florida Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 560.00

Transaction ID: SA11A1.6049

Full Name (Last, First, Middle Initial)
C. Mr. Carl Stone

Mailing Address
4546 Long Bow Road

City State Zip Code
Jacksonville FL 32210

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2002

Amount of Each Receipt this Period
65.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Blue Cross and Blue Shield of Florida Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 260.00

Transaction ID: SA11A1.6053

SUBTOTAL of Receipts This Page (optional) ▶ **255.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 15	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Florida Health Political Action Committee

Full Name (Last, First, Middle Initial)
A. Mr. James R. Swenson

Mailing Address
1771 Eagle Watch Dr
City State Zip Code
Orange Park FL 32003

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Blue Cross and Blue Shield of Florida Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 200.00

Transaction ID: SA11A1.6017

Full Name (Last, First, Middle Initial)
B. Mr. Jeffrey Wolitz

Mailing Address
2901 Sanctuary Boulevard
City State Zip Code
Jacksonville Beach FL 32250

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2002

Amount of Each Receipt this Period
45.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Blue Cross Blue Shield of Florida Director

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 240.00

Transaction ID: SA11A1.6019

C.

SUBTOTAL of Receipts This Page (optional)	▶	95.00
TOTAL This Period (last page this line number only)	▶	2190.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 15

<input type="checkbox"/>	21b	<input checked="" type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26	<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29
--------------------------	-----	-------------------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----

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NAME OF COMMITTEE (In Full)
Florida Health Political Action Committee

Full Name (Last, First, Middle Initial)

A. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address

1310 G STREET NW

12th Floor

City

WASHINGTON

State

DC

Zip Code

20005

Purpose of Disbursement

Transfer to an affiliated PAC

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

State:

District:

Disbursement For:

Primary

General

Other (specify) ▼

Date of Disbursement

07th : 23rd : 2002

Amount of Each Disbursement this Period

3500.00

Transaction ID: SB22.0042

B.

C.

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)
Florida Health Political Action Committee

Full Name (Last, First, Middle Initial) A. Kindrick Meek		Date of Disbursement 07 ^N / 11 ^M / 2002 ^Y	
Mailing Address 18441 NW 2nd Avenue, Suite 320 City State Zip Code Miami FL 33169		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign Contribution		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 17	Transaction ID: SB23.6038		

Full Name (Last, First, Middle Initial) B. National Republican Congression Committee		Date of Disbursement 08 ^N / 07 ^M / 2002 ^Y	
Mailing Address 320 First Street SE City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Transaction ID: SB23.6078		

Full Name (Last, First, Middle Initial) C. Putnam For Congress Committee		Date of Disbursement 07 ^N / 17 ^M / 2002 ^Y	
Mailing Address Post Office Box 2426 City State Zip Code Bartow FL 33831		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Campaign Contribution		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 12	Transaction ID: SB23.6040		

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Florida Health Political Action Committee

Full Name (Last, First, Middle Initial)

A. E Clay Shaw, Jr.

Date of Disbursement

07^N / 11^M / 2002^Y

Mailing Address

2500 N. Federal Highway

Suite 303

City

Ft. Lauderdale

State

FL

Zip Code

33305

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Campaign Contribution

Candidate Name

Category/
Type

Office Sought: House
Senate
President

Disbursement For:

Primary General
Other (specify) ▼

State: FL District: 22

Transaction ID: SB23.0036

B.

C.

SUBTOTAL of Disbursements This Page (optional) ▶ **1000.00**

TOTAL This Period (last page this line number only) ▶ **4500.00**