



Positive Politics. Positive Results. All.

P. O. Box 6936  
Jacksonville, Florida 32236-6936  
(904) 781-6268

RECEIVED  
FEC MAIL ROOM  
2000 JUL 18 A 9 57

July 13, 2000

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

RE: FLORIDA HEALTH PAC SECOND QUARTER REPORT (4/1/00 - 6/30/00)

On behalf of Florida Health Political Action Committee, I have enclosed our report of Receipts and Disbursements covering the period of April 1, 2000 through June 30, 2000, representing the July 15 Quarterly Report.

Should you have any questions regarding this report, please contact me at (904) 905-8447.

Very truly yours,

Kenneth L. Thurston  
Treasurer

KLT: abc

Attachment

cc: Ethel Baxter, Director  
Florida Division of Elections  
The Capitol, Room 1802  
Tallahassee, FL 32399-0250

John Stafford  
Supervisor of Elections  
for Duval County  
105 East Monroe Street  
Jacksonville, FL 32202

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 JUL 18 A 9 58

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Florida Health Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 6936	2. FEC IDENTIFICATION NUMBER C00161141
CITY, STATE and ZIP CODE Jacksonville, FL 32236-6936	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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

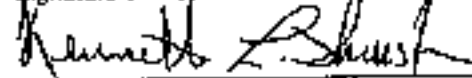
SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>April 1, 2000</u> through <u>June 30, 2000</u>		
6. (a) Cash on Hand January 1, <del>19</del> <u>2000</u>		\$ 19,346.36
(b) Cash on Hand at Beginning of Reporting Period	\$ 16,907.03	
(c) Total Receipts (from Line 19)	\$ 14,068.54	\$ 23,629.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 30,975.57	\$ 59,882.60
7. Total Disbursements (from Line 30)	\$ 12,600.00	\$ 24,600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 18,375.57	\$ 18,375.57
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ ---	For further information contact: Federal Election Commission 505 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ ---	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ken Thurston

Signature of Treasurer



Date

7/14/2000

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)

COMMITTEE Florida Health Political Action Committee		REPORT COVERING PERIOD FROM 4-1-00 TO 6-30-00	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		3,680.00	4,790.00
i. Itemized (use Schedule A)			
ii. Unitemized		8,871.01	17,301.84
iii. Total (add i and ii) >		12,551.01	22,091.84
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions (add a ii, b and c) >		12,551.01	22,091.84
12. Transfers From Affiliated/Other Party Committees		-0-	-0-
13. All Loans Received		-0-	-0-
14. Loan Repayments Received		-0-	-0-
15. Credits To Operating Expenditures (Refunds, Rebates, etc.)		-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		1,500.00	1,500.00
17. Other Federal Receipts (Dividends, Interest, etc.)		17.53	37.37
18. Transfers from Nonfederal Account for Joint Activity		0	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		14,068.54	23,629.21
20. Total Federal Receipts (subtract line 18 from line 19) >		14,068.54	23,629.21
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)		-0-	-0-
i. Federal Share			
ii. Non-Federal Share		-0-	-0-
b. Other Federal Operating Expenditures		-0-	-0-
c. Total Operating Expenditures (add a i, a ii, and b) >		-0-	-0-
22. Transfers to Affiliated/Other Party Committees		5,750.00	8,750.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		6,250.00	14,750.00
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:		-0-	-0-
a. Individual/Persons Other Than Political Committees			
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		600.00	1,100.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		12,600.00	24,600.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		12,600.00	24,600.00
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		12,551.01	22,091.84
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)		12,551.01	22,091.84
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		-0-	-0-
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) >		-0-	-0-

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 11a1

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

<b>A. Full Name, Mailing Address and ZIP Code</b> Bruce Bagni 2307 Greenside Court Pont Vedra Beach, FL 32082		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) 5/1/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Senior Vice President	Aggregate Year-to-Date > \$ 500.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Barbara Benvenuto 4472 Bay Harbour Drive Jacksonville, FL 32225		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Monthly Payroll Deduction	Amount of Each Receipt this Period \$150.00 (\$50 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Senior Vice President	Aggregate Year-to-Date > \$ 300.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Ernest Brodsky 8032 Hunters Grove Road Jacksonville, FL 32256		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Monthly Payroll Deduction	Amount of Each Receipt this Period \$120.00 (\$40 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Senior Vice President	Aggregate Year-to-Date > \$ 240.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Mike Cascone 8022 James Island Trail Jacksonville, FL 32256		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) 6/5/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President & CEO	Aggregate Year-to-Date > \$ 500.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Bruce Davidson 111 E. Dilido Drive Miami Beach, FL 33139		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Monthly Payroll Deduction	Amount of Each Receipt this Period \$600.00 (\$200.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Senior Vice President	Aggregate Year-to-Date > \$ 1,200.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Dave Dingfield 7910 Abington Hills Jacksonville, FL 32256		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) 5/8/00	Amount of Each Receipt this Period \$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Vice President	Aggregate Year-to-Date > \$ 300.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> Chris Doert 8031 Acorn Ridge Road Jacksonville, FL 32256		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Monthly Payroll Deduction	Amount of Each Receipt this Period \$150.00 (\$50.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Senior Vice President	Aggregate Year-to-Date > \$ 300.00	

**SUBTOTAL** of Receipts This Page (optional) ..... \$2,320.00

**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 2

FOR LINE NUMBER 11 of

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**NAME OF COMMITTEE (in Full)**  
Florida Health Political Action Committee

<b>A. Full Name, Mailing Address and ZIP Code</b> Joe Grantham 6497 River Point Drive Green Cove Springs, FL 32043	<b>Name of Employer</b> Blue Cross Blue Shield of Florida	<b>Date (month, day, year)</b> 5/17/00	<b>Amount of Each Receipt this Period</b> \$500.00
	<b>Occupation</b> Senior Vice President <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>B. Full Name, Mailing Address and ZIP Code</b> Michael Johnson 3713 Wicklow Manor Court Jacksonville, FL 32224	<b>Name of Employer</b> Blue Cross Blue Shield of Florida	<b>Date (month, day, year)</b> Monthly Payroll Deduction	<b>Amount of Each Receipt this Period</b> \$150.00 (\$50.00 per pay period)
	<b>Occupation</b> Vice President <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>C. Full Name, Mailing Address and ZIP Code</b> Dan Lestage, MD 1782 Long Slough Walk Orange Park, FL 32073	<b>Name of Employer</b> Blue Cross Blue Shield of Florida	<b>Date (month, day, year)</b> Monthly Payroll Deduction	<b>Amount of Each Receipt this Period</b> \$150.00 (\$50.00 per pay period)
	<b>Occupation</b> Vice President <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>D. Full Name, Mailing Address and ZIP Code</b> Walter Liptak 3205 Old Bard Court Ponte Vedra Beach, FL 32082	<b>Name of Employer</b> Blue Cross Blue Shield of Florida	<b>Date (month, day, year)</b> Monthly Payroll Deduction	<b>Amount of Each Receipt this Period</b> \$150.00 (\$50.00 per pay period)
	<b>Occupation</b> Vice President <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>E. Full Name, Mailing Address and ZIP Code</b> Darnell Smith 3439 Drexel Street Jacksonville, FL 32207	<b>Name of Employer</b> Blue Cross Blue Shield of Florida	<b>Date (month, day, year)</b> Monthly Payroll Deduction	<b>Amount of Each Receipt this Period</b> \$210.00 (\$70.00 per pay period)
	<b>Occupation</b> Vice President <b>Aggregate Year-to-Date</b> > \$ 420.00	<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>F. Full Name, Mailing Address and ZIP Code</b> Janet Rogers 51 Vanderford Road, E. Orange Park, FL 32073	<b>Name of Employer</b> Blue Cross Blue Shield of Florida	<b>Date (month, day, year)</b> Monthly Payroll Deduction	<b>Amount of Each Receipt this Period</b> \$200.00 (\$100.00 per pay period)
	<b>Occupation</b> <b>Aggregate Year-to-Date</b> > \$ 500.00 (1/00-5/00)	<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>G. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
	<b>Occupation</b> <b>Aggregate Year-to-Date</b> > \$	<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	

**SUBTOTAL of Receipts This Page (optional)** ..... 1360.00

**TOTAL This Period (last page this line number only)** ..... \$3,680.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 16

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**NAME OF COMMITTEE (in Full)**  
Florida Health Political Action Committee

<p><b>A. Full Name, Mailing Address and ZIP Code</b> George W. Bush for President Camp. P.O. Box 1902 Austin, TX 78767</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Refund of inadvertent excessive portion of contribution made 6/30/99</p> <p><b>Occupation</b> in the amount of \$4,000.00</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 3,000.00</p>	<p><b>Date (month, day, year)</b> 6/27/00</p>	<p><b>Amount of Each Receipt this Period</b> \$1,000.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Bush for President Compliance Comm. P.O. Box 13366 Austin, TX 78711</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Refund of inadvertent excessive portion of contribution made 11/24/99</p> <p><b>Occupation</b> in the amount of \$5,000.00</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 4,500.00</p>	<p><b>Date (month, day, year)</b> 6/27/00</p>	<p><b>Amount of Each Receipt this Period</b> \$500.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></p>

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

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

\$1,500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 22

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NAME OF COMMITTEE (in full)

Florida Health Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Contribution Date (month, day, year)	Amount of Each Disbursement This Period
Blue PAC The Blue Cross Blue Shield Assoc. PAC 1310 G. Street, NW Washington, DC 20005	to affiliated Political Action Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	5/3/00	\$5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Contribution Date (month, day, year)	Amount of Each Disbursement This Period
Blue PAC The Blue Cross Blue Shield Assoc. Political Action Committee 1310 G. Street, NW Washington, DC 20005	to affiliated Political action committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	6/7/00	\$750.00
C. 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)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

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

\$5,750.00

**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	Purpose of Disbursement: Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
The Honorable Dan Miller Campaign US House of Representative 1111 Third Avenue, West Bradenton, FL 34205	to candidate for US House - FL District 13 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/00	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Ander Crenshaw Campaign One Independent Drive Suite 100-184 Jacksonville, FL 32202	to candidate for US House - FL District 4 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/7/00	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Bille Sublette for US Congressional Campaign P.O. Box 3547 Orlando, FL 32802-3547	to candidate for US House - FL District 8 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/8/00	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Adam Putnam Campaign 1015 East George Street Bartow, FL 33830	to candidate for US House - District 12 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	\$500.00
E. Full Name, Mailing Address and ZIP Code Jennifer Carroll Campaign c/o Eventide Investments 3683 Crown Point Road Jacksonville, FL 32257	to candidate for US House - District 3 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Jim Davis for Congress P.O. Box 18143 Tampa, FL 33679-8143	to candidate for US House - District 11 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	\$500.00
G. Full Name, Mailing Address and ZIP Code Adam Putnam Campaign 1015 East George Street Bartow, FL 33830	to candidate for US House - District 12 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	\$250.00
H. Full Name, Mailing Address and ZIP Code Life PAC 1001 Pennsylvania Avenue NW Washington, DC 20004-2599	to Political Action Committee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	\$1,000.00
I. Full Name, Mailing Address and ZIP Code	Disbursement for: <input checked="" 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) .....

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

\$6250.00



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**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
Connie Mack Campaign 610 South Boulevard Tampa, FL 33606	Contribution to candidate for House FL District 91 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/00	\$500.00
Tom Gallagher Campaign 225-A S. Adams Street Tallahassee, FL 32301	Contribution to candidate for FL - State Treasurer Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/19/00	\$100.00
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) .....

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

\$600.00

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.

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