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FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB -5 A 8 22

Florida Health PAC
P. O. Box 6888
Jacksonville, Florida 32236-6888
(904) 791-6268

January 31, 2000

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

RE: FLORIDA HEALTH PAC YEAR-END REPORT 07/01/99-12/31/99

On behalf of Florida Health Political Action Committee, I have enclosed our report of Receipts and Disbursements covering the period of July 1, 1999 through December 31, 1999 representing the year-end Report.

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

Very truly yours,

Kenneth L. Thurston
Treasurer

KLT:lrw

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, Florida 32202

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2008 FEB -5 A 8 22

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 Florida 32236-6936

2. FEC IDENTIFICATION NUMBER
C00161141

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

4. TYPE OF REPORT

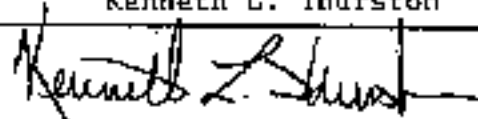
- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

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

- 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	July 1, 1999 through December 31, 1999		
6. (a) Cash on Hand January 1, 19 ⁹⁹			\$20,650.57
(b) Cash on Hand at Beginning of Reporting Period		\$16,740.71	
(c) Total Receipts (from Line 1B)		\$21,455.65	\$48,629.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$38,196.36	\$69,280.04
7. Total Disbursements (from Line 3C)		\$18,850.00	\$49,933.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$19,346.36	\$19,346.36
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 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)		\$ -0-	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of Treasurer Kenneth L. Thurston			
Signature of Treasurer 			Date 1/31/2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3X
(revised 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Florida Health Political Action Committee		FROM 07/01/99	TO 12/31/99
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	12,051.07	16,311.07	11(a)(9)
ii. Unitemized	9,164.95	26,617.97	11(a)(8)
iii. Total (add i and ii) >	21,216.02	42,929.04	11(a)(10)
b. Political Party Committees	-0-		11(b)
c. Other Political Committees (such as PACs)	-0-		11(c)
d. Total Contributions (add a ii, b and c) >	21,216.02	42,929.04	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-		12
13. All Loans Received	-0-		13
14. Loan Repayments Received	-0-		14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-		15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	201.00	5,201.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	38.63	499.43	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 16, 17, and 18) >	21,455.65	48,629.47	19
20. Total Federal Receipts (subtract line 18 from line 19) >	21,455.65	48,629.47	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	-0-	-0-	21(a)(1)
i. Federal Share	-0-	-0-	21(a)(1)(i)
ii. Non-Federal Share	-0-	34.00	21(b)
b. Other Federal Operating Expenditures	-0-	34.00	21(c)
c. Total Operating Expenditures (add a ii, b and c) >	-0-	34.00	21(d)
22. Transfers to Affiliated/Other Party Committees	6,750.00	12,750.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	11,000.00	34,500.00	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	-0-	1,049.68	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) >	-0-	1,049.68	28(d)
29. Other Disbursements	1,100.00	1,600.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	18,850.00	49,933.68	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	18,850.00	49,933.68	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	21,216.02	42,929.04	32
33. Total Contribution Refunds (from line 28d)	-0-	1,049.68	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	21,216.02	41,879.36	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	34.00	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	34.00	34.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7

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 Tom Albright 8132 Wekiva Way Jacksonville Florida 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 (20.00 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 > \$240.00	
B. Full Name, Mailing Address and ZIP Code Barbara Benevento 4472 Bay Harbour Drive Jacksonville, Florida 32225		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Monthly Payroll Deduction	Amount of Each Receipt this Period \$300.00 (\$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 > \$600.00	
C. Full Name, Mailing Address and ZIP Code Ernest Brodsky 8052 Hunters Grove Road Jacksonville, Florida 32256		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Monthly Payroll Deduction	Amount of Each Receipt this Period \$240.00 (\$40.00 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 > \$480.00	
D. Full Name, Mailing Address and ZIP Code George Cassidy 3880 Cypress Bend Lane Middleburg Florida 32068		Name of Employer Blue Cross Blue Shield Florida	Date (month, day, year) Monthly payroll Deduction	Amount of Each Receipt this Period \$120.00 (\$20.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Vice President	Aggregate Year-to-Date > \$240.00	
E. Full Name, Mailing Address and ZIP Code Bruce Davidson 111 E. Dillido Drive Miami Beach Florida 33139		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Monthly Payroll Deduction	Amount of Each Receipt this Period \$1,200.00 (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 > \$2,400.00	
F. Full Name, Mailing Address and ZIP Code Steven Davis 2929 Cadiz Ave Jacksonville Florida 32217		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Monthly Payroll Deduction	Amount of Each Receipt this Period \$120.00 (\$20.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Vice President	Aggregate Year-to-Date > \$240.00	
G. Full Name, Mailing Address and ZIP Code Chris Doerr 8031 Acorn Ridge Road Jacksonville Florida 32256		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Monthly Payroll Deduction	Amount of Each Receipt this Period \$300.00 (\$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 > \$600.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 7
FOR LINE NUMBER 11(a) (1)

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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	Date (month, day, year)	Amount of Each Receipt this Period
Michael Hightower 1840 Donald Street Jacksonville Florida 32205	Blue Cross Blue Shield of Florida	Monthly Payroll Deduction	\$150.00 (\$25.00 per pay period)
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. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Johnson 3719 Wicklow Manner Court Jacksonville Florida 32224	Blue Cross Blue Shield of Florida	Monthly Payroll Deduction	\$300.00 (\$50.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date: \$ 600.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randy Kanner 3382 Bowers Lane Jacksonville Florida 32257	Blue Cross Blue Shield of Florida	Monthly Payroll Deduction	\$150.00 (\$25.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date: \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Lestage, MD 1782 Long Slough Walk Orange Park, Florida 32073	Blue Cross Blue Shield of Florida	Monthly Payroll Deduction	\$300.00 (\$50.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date: \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Walter Liptak 3205 Old Bard Court Ponte Vedra Beach Florida 32082	Blue Cross Blue Shield of Florida	Monthly Payroll Deduction	\$300.00 (\$50.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date: \$ 600.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dudley Mendheim 10125 Vineyard Lake Rd, E. Jacksonville Florida 32256	Blue Cross Blue Shield of Florida	Monthly Payroll Deduction	\$150.00 (\$25.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Detjen 2817 Anastasia Drive Jacksonville Florida 32217	Blue Cross Blue Shield of Florida	Monthly Payroll Deduction	\$150.00 (\$25.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date: \$ 300.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 7
FOR LINE NUMBER 11 (a) (i)

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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	Date (month, day, year)	Amount of Each Receipt this Period
Kachy Orr 133 Retreat Place Ponte Vedra Beach Florida 32082	Blue Cross Blue Shield of Florida	Monthly Payroll Deduction	\$150.00 (\$25.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 300.00	
David Pizzo 709 Mill Trail Court Ponte Vedra Beach Florida 32082	Blue Cross Blue Shield of Florida	Monthly Payroll Deduction	\$120.00 (\$20.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$240.00	
Janet Rogers 51 Vanderford Rd., E. Orange Park Florida 32073	Blue Cross Blue Shield of Florida	Monthly payroll Deductions	\$600.00 (\$100.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 1200.00	
Willie C. Scott 24464 Harbour View Drive Ponte Vedra Beach Florida 32082	Blue Cross Blue Shield of Florida	Monthly Payroll Deductions	\$150.00 (\$25.00 per pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 300.00	
Kenneth Sellers 1701 The Greensway #1924 Jacksonville Beach Florida 32205	Blue Cross Blue Shield of Florida	Monthly Payroll Deductions	\$150.00 (\$25.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 300.00	
Darnell Smith 3439 Drexel Street Jacksonville Florida 32207	Blue Cross Blue Shield of Florida	Monthly Payroll Deductions	\$420.00 (\$70.00 Per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$840.00	
Nick Stam 24800 Deer Traco Dr. Ponte Vedra Beach Florida 32082	Blue Cross Blue Shield of Florida	Monthly Payroll Deductions	\$120.00 (\$20.00 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 > \$ 240.00	

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 7
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Florida Health Political Action Committee

A. Full Name, Mailing Address and ZIP Code Carl Stone 4546 Long Bow Road Jacksonville Florida 32210		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Monthly Payroll Deductions	Amount of Each Receipt this Period \$195.00 (\$32.50 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Vice President	Aggregate Year-to-Date > \$ 390.00	
B. Full Name, Mailing Address and ZIP Code Thomas Gausser 13001 Lohloily Land Jacksonville Florida 32216		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Bi-weekly payroll Deductions	Amount of Each Receipt this Period \$130.00 (\$10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Director	Aggregate Year-to-Date > \$ 260.00	
C. Full Name, Mailing Address and ZIP Code Lynda Deman 1515 Rebecca Drive Jacksonville, Florida 32200		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Bi-Weekly payroll Deductions	Amount of Each Receipt this Period \$130.00 (\$10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Manager	Aggregate Year-to-Date > \$ 260.00	
D. Full Name, Mailing Address and ZIP Code Barney Dreistadt 11436 Portside Drive Jacksonville Florida 32256		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Bi-Weekly payroll	Amount of Each Receipt this Period \$156.00 (\$12.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation GBV Integrator	Aggregate Year-to-Date > \$ 312.00	
E. Full Name, Mailing Address and ZIP Code Almeanor Glover 9801 Baymeadows Road #65 Jacksonville Florida		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Bi-weekly payroll deductions	Amount of Each Receipt this Period \$130.00 (\$10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Manager	Aggregate Year-to-Date > \$ 260.00	
F. Full Name, Mailing Address and ZIP Code Robert Grant 1319 River Court Green Cove Springs Florida 32043		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Bi-weekly payroll deductions	Amount of Each Receipt this Period \$130.00 (\$10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Director	Aggregate Year-to-Date > \$ 260.00	
G. Full Name, Mailing Address and ZIP Code Sara Hampton 1650 Euclid Street Jacksonville florida 32210		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Bi-weekly payroll deductions	Amount of Each Receipt this Period \$130.00 (\$10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Marketing Analyst	Aggregate Year-to-Date > \$ 260.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 7
FOR LINE NUMBER 11 (B) (1)

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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	Date (month, day, year)	Amount of Each Receipt This Period
Roger Holton 8311 Commonwealth Avenue Jacksonville Florida 32220	Blue Cross Blue Shield of Florida	Bi-weekly payroll deduction	\$104.00 (\$8.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
		\$ 208.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Varnum S Kenyon 8918 Easton River Drive Jacksonville Florida 32257	Blue Cross Blue Shield of Florida	Bi-weekly payroll deduction	\$200.20 (\$15.40 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	Director	\$ 400.40	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph Lee 11820 Cathlene Court Jacksonville Florida 32217	Blue Cross Blue Shield of Florida	Bi-weekly payroll deduction	\$104.00 (\$18.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
		\$ 208.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas Lee 1204 Mapleton Road Jacksonville Florida 32207	Blue Cross Blue Shield of Florida	Bi-weekly payroll deduction	\$130.00 (\$10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	Corporate Restructuring Consultant	\$ 260.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronda Leitenberger 4622 35th Court, East Bradenton Florida 34203	Blue Cross Blue Shield of Florida	Bi-weekly payroll deduction	\$130.00 (\$10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	Geriatric Care Coordinator	\$ 260.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Billy Long 3403 E. Hidden Lake Dr. Jacksonville Florida		Bi-weekly payroll deduction	\$117.00 (\$9.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
		\$ 234.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rita Malic 13719 Longs Landing Road, W. Jacksonville Florida 32225		Bi-weekly payroll deduction	\$195.00 (\$15.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
		\$ 390.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 7
FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (In Full)

Florida Health Political Action Committee

A. Full Name, Mailing Address and ZIP Code Lawrence Mazzocchi 1041 Flora Parke Drive Jacksonville Florida 32259		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Bi-Weekly payroll deduction	Amount of Each Receipt This Period \$130.00 (\$10.00 pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Director	Aggregate Year-to-Date > \$260.00	
B. Full Name, Mailing Address and ZIP Code Paul Mirales 5014 Harrow Road Jacksonville Florida 32217		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Bi-weekly payroll deduction	Amount of Each Receipt This Period \$130.00 (\$10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Director	Aggregate Year-to-Date > \$260.00	
C. Full Name, Mailing Address and ZIP Code Glenda Nixon 3406 DeBussy Road Jacksonville Florida 32277		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Bi-weekly payroll deduction	Amount of Each Receipt This Period \$130.00 (\$10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Manager	Aggregate Year-to-Date > \$260.00	
D. Full Name, Mailing Address and ZIP Code Samieh Norse 12334 Cobblestone Circle S. Jacksonville Florida 32225		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Bi-weekly payroll deduction	Amount of Each Receipt This Period \$130.00 (\$10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Underwriter	Aggregate Year-to-Date > \$260.00	
E. Full Name, Mailing Address and ZIP Code William Pruett 3900 Old Field Crossing Jacksonville Florida 32223		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Bi-weekly payroll deduction	Amount of Each Receipt This Period \$104.00 (\$8.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$208.00	
F. Full Name, Mailing Address and ZIP Code Laura Roundtree 6544 Barner Drive S. Jacksonville Florida 32110		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Bi-weekly payroll deduction	Amount of Each Receipt This Period \$130.00 (10000 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Director	Aggregate Year-to-Date > \$260.00	
G. Full Name, Mailing Address and ZIP Code Dwight Scott 2572 Ridgcrest Avenue Orange Park Florida 32065		Name of Employer Blue Cross Blue Shield of Florida	Date (month, day, year) Bi-weekly payroll deduction	Amount of Each Receipt This Period \$130.00 (\$10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Manager	Aggregate Year-to-Date > \$260.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 7

FOR LINE NUMBER

11 (a) (i)

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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	Date (month, day, year)	Amount of Each Receipt this Period
Diana Seymour 6680 N.W. 22nd Street Sunrise Florida 33313	Blue Cross Blue Shield of Florida	Bi-weekly payroll deduction	\$130.00 (\$10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Field Service Rep.	Aggregate Year-to-Date: \$260.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Smith 12928 Jupiter Hills Circle, N. Jacksonville Florida 32225	Blue Cross Blue Shield of Florida	Bi-Weekly payroll deduction	\$139.75 (\$10.75 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director	Aggregate Year-to-Date: \$279.50	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry Tingley 1078 Birchwood Drive Orange Park Florida 32065	Blue Cross Blue Shield of Florida	Bi-weekly payroll deduction	\$130.00 (\$10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Supervisor	Aggregate Year-to-Date: \$260.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Todd Torgersen 4128 Sandy Bluff Drive Gulf Breeze, FL 32561	Blue Cross Blue Shield of Florida	Bi-weekly payroll deduction	\$130.00 (\$10.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Marketing Director	Aggregate Year-to-Date: \$260.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeff Wollitz 2901 Sanctuary Boulevard Jacksonville Beach Florida	Blue Cross Blue Shield of Florida	Bi-weekly payroll deduction	\$160.00 (\$15.00 (increase from \$10) per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director	Aggregate Year-to-Date: \$280.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$9,164.95

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)
FLDRIDA HEALTH POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code Nat Glover, Jacksonville SHERIFF CAMPAIGN 1900 Independent Sq. Jacksonville, Fl 32202		Name of Employer Refund from local sheriff's campaign (pro-rata refund)	Date (month, day, year) 7-16-99	Amount of Each Receipt this Period \$201.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$201.00	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only) \$201.00

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

<p>A. Full Name, Mailing Address and ZIP Code Nations Bank 9000 Southside Blvd Jacksonville Florida 322560790</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Interest earned on interest bearing account</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$99,43</p>	<p>Date (month, day, year) 7/1/99 thru 12/31/99</p>	<p>Amount of Each Receipt this Period \$38.63</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF
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 Contribution to affiliated PAC	Date (month, day, year)	Amount of Each Disbursement This Period
Blue PAC 1310 G. Street N.W. Washington DC 20001-0001	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) See above	07/31/99	\$3,000.00
Blue PAC 1310 G. Street N.W. Washington DC 20001-0001	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) See above	09/09/99	\$3,000.00
Blue PAC 1310 G. Street N.W. Washington DC 20001-0001	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/09/99	\$750.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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)

6,750.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 23
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	Date (month, day, year)	Amount of Each Disbursement This Period
Tom Gallagher, US Senate Exploratory Committee P.O. Box 10550 Tallahassee Florida 32302	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/16/99	\$2,500.00
B. Full Name, Mailing Address and ZIP Code Jim Davis for Congress P.O. Box 2884 Washington DC 20013	Purpose of Disbursement: Contribution to candidate for US House District 11 FL. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/99	\$500.00
C. Full Name, Mailing Address and ZIP Code Friends of Cliff Stearns 4451 Brookfield Corporate Dr. Chantilly, Virginia 20151	Purpose of Disbursement: Contribution to candidate for US House District 6+FL. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/99	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Bill Sublette for Congress 25 South Magnolia St Orlando, Florida 32801	Purpose of Disbursement: CONTRIBUTION to candidate for US House District 8-FL. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/99	\$500.00
E. Full Name, Mailing Address and ZIP Code Peter Deutsch Campaign P.O. Box 817689 Hollywood, Florida 33081	Purpose of Disbursement: CONTRIBUTION to candidate for US House district 20-FL. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/99	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Governor George W. Bush for President Compliance Committee Inc. 301 Congress, Suite 200 Austin Texas 78701	Purpose of Disbursement: CONTRIBUTION to Presidential cand. gen. election legal & accounting compliance fund. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/99	\$5,000.00
G. Full Name, Mailing Address and ZIP Code Elaine Bloom for Congress 5255 Collins ave. Miami Beach Florida 33140-2509	Purpose of Disbursement: CONTRIBUTION to candidate for US House Dist. 22-FL. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/23/99	\$500.00
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)

11,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
Bruno Barreiro Campaign 1454 SW 1st Street Miami Florida 33135	Contribution to local candidate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) local.	08/11/99	\$500.00
B. Full Name, Mailing Address and ZIP Code Jimmy Morales Campaign 3250 Mary Street, Suite 103 Coconut Grove Florida 33133	Contribution to local candidate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) local.	08/11/99	\$500.00
C. Full Name, Mailing Address and ZIP Code Toni Jennings for Treasurer 1030 Wilfred Dr. Orlando Florida 32803	Contribution to State candidate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/99	\$100.00
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)

1,100.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/31/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 J.A.O.	 2/5/00
PREPARER	DATE PREPARED