

**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
 3. **IS THIS REPORT** X **NEW (N) OR AMENDED (A)**

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)
X October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
January 31 Quarterly Report(YE)		Election on			in the State of
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 08 22 2002 through 09 30 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 10 11 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: 08 22 2002 To: 09 30 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		18691.11
(b) Cash on Hand at Beginning of Reporting Period	18540.88	
(c) Total Receipts (from Line 19)	4128.95	31513.72
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22669.83	50194.83
7. Total Disbursements (from Line 30)	11000.00	38525.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11669.83	11669.83
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: ^{MM}08 ^{DD}22 ^{YYYY}2002 To: ^{MM}09 ^{DD}30 ^{YYYY}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)	1049.95	
(ii) Unitemized	3072.24	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	4122.19	31481.72
(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)	4122.19	31481.72
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.)	6.76	32.00
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)	4128.95	31513.72
20. Total Federal Receipts (subtract Line 18 from Line 19)	4128.95	31513.72

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	14000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	24000.00
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.....	0.00	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))..... ▶	0.00	25.00
29. Other Disbursements.....	500.00	500.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	11000.00	38525.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	11000.00	38525.00
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	4122.19	31481.72
33. Total Contribution Refunds (from Line 28(d)).....	0.00	25.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	4122.19	31456.72
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 / 17	
	<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

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2002

Mailing Address
1757 Oak Grove Dr S

City State Zip Code
Green Cove Springs FL 32043

Amount of Each Receipt this Period
45.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 285.00

Transaction ID: SA11A1.6110

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2002

Mailing Address
4472 Bay Harbour Drive

City State Zip Code
Jacksonville FL 32225

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 450.00

Transaction ID: SA11A1.6118

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2002

Mailing Address
10550 Baymeadows Road, Unit 110

City State Zip Code
Jacksonville FL 32256

Amount of Each Receipt this Period
75.00

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) ▼ 475.00

Transaction ID: SA11A1.6123

SUBTOTAL of Receipts This Page (optional) ▶ **170.00**

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 / 17

(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
09 / 30 / 2002

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) ▼

380.00

Transaction ID: SA11A1.6116

Full Name (Last, First, Middle Initial)

B. Michael Davis

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
09 / 30 / 2002

1888 Woodleigh Dr West

City

State

Zip Code

Jacksonville

FL

32211

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

45.00

Name of Employer
FCSO

Occupation
VP

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

215.00

Transaction ID: SA11A1.6104

Full Name (Last, First, Middle Initial)

C. Mr. Everett M. Dewaney

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
09 / 30 / 2002

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.

60.00

Name of Employer
Blue Cross and Blue Shield of Florida

Occupation
Senior Director

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

400.00

Transaction ID: SA11A1.6117

SUBTOTAL of Receipts This Page (optional) ► **165.00**

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 / 17	
	<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
09 / 30 / 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: Senior Vice President

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Transaction ID: SA11A1.6119

Full Name (Last, First, Middle Initial)
B. Mr. Barney Dreisdadt

Mailing Address
11438 Portside Drive
City: Jacksonville State: FL Zip Code: 32256

Date of Receipt
M / D / Y
09 / 30 / 2002

Amount of Each Receipt this Period
36.00

FEC ID number of contributing federal political committee.

Name of Employer: Blue Cross Blue Shield of Florida Occupation: GBU Integrator

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00

Transaction ID: SA11A1.6108

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

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

Date of Receipt
M / D / Y
09 / 30 / 2002

Amount of Each Receipt this Period
25.00

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 ▼ 225.00

Transaction ID: SA11A1.6100

SUBTOTAL of Receipts This Page (optional) ▶ **111.00**

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 / 17	
	<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. Michael Johnson

Mailing Address
3713 Wicklow Manor Court

City State Zip Code
Jacksonville FL 32224

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 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) ▼ 450.00

Transaction ID: SA11A1.6120

Full Name (Last, First, Middle Initial)
B. 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
09 / 30 / 2002

Amount of Each Receipt this Period
35.00

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) ▼ 315.00

Transaction ID: SA11A1.6114

Full Name (Last, First, Middle Initial)
C. 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
09 / 30 / 2002

Amount of Each Receipt this Period
48.20

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) ▼ 292.60

Transaction ID: SA11A1.6112

SUBTOTAL of Receipts This Page (optional) ▶ **131.20**

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 / 17

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. Dr. Daniel Lestage

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
09 / 30 / 2002

1782 Long Slough Walk

City State Zip Code

Orange Park FL 32073

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

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

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 450.00

Transaction ID: SA11A1.6121

Full Name (Last, First, Middle Initial)

B. Mr. Walter Liptak

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
09 / 30 / 2002

3205 Old Barn Court

City State Zip Code

Ponte Vedra Beach FL 32082

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 50.00

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

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 450.00

Transaction ID: SA11A1.6122

Full Name (Last, First, Middle Initial)

C. David McMillen

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
09 / 30 / 2002

1703 Secluded Woods Way

City State Zip Code

Orange Park FL 32005

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 38.00

Name of Employer Occupation
BCBSF Director

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 228.00

Transaction ID: SA11A1.6107

SUBTOTAL of Receipts This Page (optional) ► **136.00**

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 / 17	
	<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. John Oetjen

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
09 / 30 / 2002

Amount of Each Receipt this Period
25.00

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: SA11A1.6101

Full Name (Last, First, Middle Initial)
B. 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
09 / 30 / 2002

Amount of Each Receipt this Period
25.00

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: SA11A1.6102

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
09 / 30 / 2002

Amount of Each Receipt this Period
42.00

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) ▼ 378.00

Transaction ID: SA11A1.6115

SUBTOTAL of Receipts This Page (optional) ▶ **92.00**

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 / 17	
	<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. 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
09 / 30 / 2002

Amount of Each Receipt this Period
25.00

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) ▼ 250.00

Transaction ID: SA11A1.6109

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
09 / 30 / 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) ▼ 630.00

Transaction ID: SA11A1.6124

Full Name (Last, First, Middle Initial)
C. Mr. Steven Smith

Mailing Address
12928 Jupiter Hills Circle, N.

City State Zip Code
Jacksonville FL 32225

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2002

Amount of Each Receipt this Period
32.25

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) ▼ 204.25

Transaction ID: SA11A1.6097

SUBTOTAL of Receipts This Page (optional) ▶ **127.25**

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 / 17	
	<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. Carl Stone

Mailing Address
4548 Long Bow Road

City State Zip Code
Jacksonville FL 32210

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2002

Amount of Each Receipt this Period
32.50

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) ▼ 292.50

Transaction ID: SA11A1.6111

Full Name (Last, First, Middle Initial)
B. 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
09 / 30 / 2002

Amount of Each Receipt this Period
25.00

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: SA11A1.6103

Full Name (Last, First, Middle Initial)
C. Mr. Jeffrey Woltz

Mailing Address
2901 Sanctuary Boulevard

City State Zip Code
Jacksonville Beach FL 32250

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2002

Amount of Each Receipt this Period
60.00

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) ▼ 300.00

Transaction ID: SA11A1.6113

SUBTOTAL of Receipts This Page (optional)	▶	117.50
TOTAL This Period (last page this line number only)	▶	1049.95

**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)

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<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

Contribution to affiliated PAC

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

State:

District:

Disbursement For:

Primary

General

Other (specify) ▼

Date of Disbursement

09 / 04 / 2002

Amount of Each Disbursement this Period

3500.00

Transaction ID: SB22.8208

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)

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<input type="checkbox"/> 21b 26	<input type="checkbox"/> 22 27	<input checked="" type="checkbox"/> 23 28a	<input type="checkbox"/> 24 28b	<input type="checkbox"/> 25 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. MICHAEL BILIRAKIS		Date of Disbursement 08 / 28 / 2002
Mailing Address PO BOX 697 City: TARPON SPRINGS State: FL Zip Code: 34688		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: FL District: 09		Transaction ID: SB23.8183

Full Name (Last, First, Middle Initial) B. CORRINE BROWN		Date of Disbursement 09 / 10 / 2002
Mailing Address 611 APPIAN WAY City: JACKSONVILLE State: FL Zip Code: 32208		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Campaign contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: FL District: 03		Transaction ID: SB23.8183

Full Name (Last, First, Middle Initial) C. JIM DAVIS		Date of Disbursement 09 / 26 / 2002
Mailing Address PO BOX 18143 City: TAMPA State: FL Zip Code: 33679		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Campaign contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: FL District: 11		Transaction ID: SB23.6200

SUBTOTAL of Disbursements This Page (optional)	2500.00
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)

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<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. KATHERINE HARRIS		Date of Disbursement 09 / 26 / 2002	
Mailing Address PO BOX 25187 City SARASOTA State FL Zip Code 34277		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: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.8197	
State: FL District: 13			

Full Name (Last, First, Middle Initial) B. JOHN L REP. MICA		Date of Disbursement 09 / 05 / 2002	
Mailing Address PO BOX 181546 City CASSELBERRY State FL Zip Code 32718		Amount of Each Disbursement this Period 2500.00	
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: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.8191	
State: FL District: 07			

Full Name (Last, First, Middle Initial) C. E CLAY JR SHAW		Date of Disbursement 08 / 28 / 2002	
Mailing Address 2800 NE 14TH STREET CAUSEWAY City POMPANO BEACH State FL Zip Code 33062		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: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.6187	
State: FL District: 22			

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)

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<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. C W BILL YOUNG		Date of Disbursement 08 / 28 / 2002	
Mailing Address 2407 RAYBURN BUILDING City State Zip Code WASHINGTON DC 20515		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.8185	
State: FL District: 10			

Full Name (Last, First, Middle Initial) B. C W BILL YOUNG		Date of Disbursement 08 / 10 / 2002	
Mailing Address 2407 RAYBURN BUILDING City State Zip Code WASHINGTON DC 20515		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Campaign contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.8185	
State: FL District: 10			

C.

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	7000.00

**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)

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<input type="checkbox"/> 21b	<input 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 checked="" type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial)

A. Jeb Bush

Mailing Address

PO Box 889

City

Tallahassee

State

FL

Zip Code

32302

Purpose of Disbursement

Campaign contribution

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

State: FL

District:

Disbursement For:

2002

Primary

X General

Other (specify) ▼

Date of Disbursement

09 / 10 / 2002

Amount of Each Disbursement this Period

500.00

Transaction ID: SB29.8211

B.

C.

SUBTOTAL of Disbursements This Page (optional) ▶ **500.00**

TOTAL This Period (last page this line number only) ▶ **500.00**