

**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) P.O. Box 6538
 Check if different than previously reported. (ACC) 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)**
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 X July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
 (b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
 (c) 12-Day **PRE**Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
 Election on in the State of
 (d) 30-Day **Post**-Election Report for the: General (30G) Runoff (30R) Special (30S)
 Election on in the State of

5. Covering Period 04 01 2002 through 06 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 07 15 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: ^h04 ^d01 ^y2002 To: ^h06 ^d30 ^y2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2002		18691.11
(b) Cash on Hand at Beginning of Reporting Period	19714.73	
(c) Total Receipts (from Line 19)	11545.06	20578.68
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	31259.79	39259.79
7. Total Disbursements (from Line 30)	11500.00	19500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19759.79	19759.79
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}04 ^{DD}01 ^{YYYY}2002 To: ^{MM}06 ^{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)	4291.00	
(ii) Unitemized	7243.13	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11534.13	20557.11
(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)	11534.13	20557.11
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.)	10.93	21.57
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)	11545.06	20578.68
20. Total Federal Receipts (subtract Line 18 from Line 19)	11545.06	20578.68

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	7000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	12500.00
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	0.00
(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	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	11500.00	19500.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	11500.00	19500.00
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	11534.13	20557.11
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	11534.13	20557.11
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 / 14	
	<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. Ms Barbara Benevento

Mailing Address
4472 Bay Harbour Drive

City State Zip Code
Jacksonville FL 32226

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2002

Amount of Each Receipt this Period
150.00

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) ▼ 300.00

Transaction ID: SA11A1.5990

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

Mailing Address
10550 Baymeadows Road, Unit 110

City State Zip Code
Jacksonville FL 32256

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2002

Amount of Each Receipt this Period
150.00

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) ▼ 300.00

Transaction ID: SA11A1.5998

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

Mailing Address
4800 Deerwood Campus Parkway

City State Zip Code
Jacksonville FL 32246

Date of Receipt
M M / D D / Y Y Y Y
04 / 12 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Blue Cross and Blue Shield of Florida President, & CEO

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.5951

SUBTOTAL of Receipts This Page (optional) ▶ **1300.00**

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 6 / 14

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

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

A. Full Name (Last, First, Middle Initial)
Ms Anna Christensen

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 2

Mailing Address
2 Sandhill Crane

City State Zip Code
Amelia Island FL 32034

Amount of Each Receipt this Period
120.00

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) ▼ 240.00

Transaction ID: SA11A1.5957

B. Full Name (Last, First, Middle Initial)
Mr. Everett M. Devaney

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 2

Mailing Address
1551 First Street, South

City State Zip Code
Jacksonville Beach FL 32250

Amount of Each Receipt this Period
130.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.5999

C. Full Name (Last, First, Middle Initial)
Mr. Chris Doert

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 2

Mailing Address
8031 Acom Ridge Road

City State Zip Code
Jacksonville FL 32256

Amount of Each Receipt this Period
150.00

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) ▼ 300.00

Transaction ID: SA11A1.5992

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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 / 14	
	<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. Joe Grantham

Mailing Address
6497 River Point Drive

City State Zip Code
Green Cove Springs FL 32043

Date of Receipt
M M / D D / Y Y Y Y
04 / 20 / 2002

Amount of Each Receipt this Period
300.00

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) ▼ 300.00

Transaction ID: SA11A1.5905

Full Name (Last, First, Middle Initial)
B. 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
06 / 30 / 2002

Amount of Each Receipt this Period
150.00

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) ▼ 300.00

Transaction ID: SA11A1.5993

Full Name (Last, First, Middle Initial)
C. Cyrus Jolhette

Mailing Address
12204 Reedpond Drive West

City State Zip Code
Jacksonville FL 32225

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.5907

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 / 14	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
3382 Bowers Lane

City State Zip Code
Jacksonville FL 32257

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2002

Amount of Each Receipt this Period
105.00

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) ▼ 210.00

Transaction ID: SA11A1.5994

Full Name (Last, First, Middle Initial)
B. Dr. Daniel Lesage

Mailing Address
1782 Long Slough Walk

City State Zip Code
Orange Park FL 32073

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: SA11A1.5995

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

Mailing Address
3205 Old Barn Court

City State Zip Code
Ponte Vedra Beach FL 32082

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2002

Amount of Each Receipt this Period
150.00

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) ▼ 300.00

Transaction ID: SA11A1.5997

SUBTOTAL of Receipts This Page (optional) ▶ **405.00**

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 9 / 14	
	<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. Jan Rogers

Mailing Address
P.O. Box 2857
City: Jacksonville State: FL Zip Code: 32067

Date of Receipt
M / D / Y
05 / 16 / 2002

Amount of Each Receipt this Period
800.00

FEC ID number of contributing federal political committee.

Name of Employer: Blue Cross and Blue Shield of Florida Occupation: Assistant Corporate Secretary

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00

Transaction ID: SA11A1.5911

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

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

Date of Receipt
M / D / Y
05 / 20 / 2002

Amount of Each Receipt this Period
500.00

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 ▼ 500.00

Transaction ID: SA11A1.5913

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

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

Date of Receipt
M / D / Y
06 / 30 / 2002

Amount of Each Receipt this Period
128.00

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 ▼ 252.00

Transaction ID: SA11A1.5996

SUBTOTAL of Receipts This Page (optional) ▶ **1226.00**

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 10 / 14		
	(check only one)					
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 17
	<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. Demell Smith

Mailing Address
11788 Cherry Bark Dr E

City State Zip Code
Jacksonville FL 32218

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
210.00

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 420.00

Transaction ID: SA11A1.5915

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	210.00
TOTAL This Period (last page this line number only)	▶	4291.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 14

<input type="checkbox"/>	21b	<input checked="" type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26	<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29
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NAME OF COMMITTEE (In Full)
Florida Health Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address

1310 G STREET NW

12th Floor

City

WASHINGTON

State

DC

Zip Code

20005

Purpose of Disbursement

Transfer to Affiliated PAC

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

State:

District:

Disbursement For:

Primary

General

Other (specify) ▼

Date of Disbursement

05 / 09 / 2002

Amount of Each Disbursement this Period

3500.00

Transaction ID: SB22.591B

B.

C.

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 14

<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. PETER R DEUTSCH		Date of Disbursement 06 / 12 / 2002	
Mailing Address PO BOX 817689 City HOLLYWOOD State FL Zip Code 33081		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign Contribution		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL District: 20	Transaction ID: SB23.5936		

Full Name (Last, First, Middle Initial) B. ALGEE L HASTINGS		Date of Disbursement 04 / 22 / 2002	
Mailing Address PO BOX 9352 City FT LAUDERDALE State FL Zip Code 33310		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign Contribution		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL District: 23	Transaction ID: SB23.5924		

Full Name (Last, First, Middle Initial) C. CARRIE MEEK		Date of Disbursement 04 / 22 / 2002	
Mailing Address 6830 NW 28 Avenue City Miami State FL Zip Code 33147		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign Contribution		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL District: 17	Transaction ID: SB23.5926		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 14

<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. BILL NELSON		Date of Disbursement 05 / 28 / 2002	
Mailing Address 716 HART SENATE OFFICE BUILDING City: WASHINGTON State: DC Zip Code: 20510		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Campaign Contribution		Category/ Type	
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL District: 00	Transaction ID: SB23.5930		

Full Name (Last, First, Middle Initial) B. E CLAY JR SHAW		Date of Disbursement 04 / 01 / 2002	
Mailing Address 700 CORAL WAY City: FORT LAUDERDALE State: FL Zip Code: 33301		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign Contribution		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL District: 22	Transaction ID: SB23.5919		

Full Name (Last, First, Middle Initial) C. CLIFFORD B STEARNS		Date of Disbursement 04 / 01 / 2002	
Mailing Address 2071 SE 54TH TERRACE City: OCALA State: FL Zip Code: 32671		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL District: 08	Transaction ID: SB23.5922		

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)

PAGE 14 / 14

<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. KAREN L THURMAN		Date of Disbursement 05 / 03 / 2002
Mailing Address PO BOX 5058 City: INVERNESS State: FL Zip Code: 34450		Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
		Transaction ID: SB23.5928

Full Name (Last, First, Middle Initial) B. C W BILL YOUNG		Date of Disbursement 06 / 04 / 2002
Mailing Address 2407 RAYBURN BUILDING City: WASHINGTON State: DC Zip Code: 20515		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
		Transaction ID: SB23.5934

C.

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	8000.00