



# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

OCT 19 11 46 AM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  Florida Health Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported  P.O. Box 6936	2. FEC IDENTIFICATION NUMBER CD161141
CITY, STATE and ZIP CODE  Jacksonville, FL 32236-6936	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- 12-Day Pre-Election Report for the \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_
- (b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>July 1, 1998</u> through <u>Sept. 30, 1998</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 19,132.52
(b) Cash on Hand at Beginning of Reporting Period	\$ 25,696.71	
(c) Total Receipts (from Line 19)	\$ 11,298.67	\$ 38,895.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 36,995.38	\$ 58,028.38
7. Total Disbursements (from Line 30)	\$ 15,500.00	\$ 36,533.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 21,495.38	\$ 21,495.38
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 800 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -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 10/15/98

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

**FEC FORM 3X**  
(revised 8/93)

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

(revised 1/1/91)

COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
Florida Health Political Action Committee	7-1-98	9-30-98	
	<b>COLUMN A</b>	<b>COLUMN B</b>	
	<b>Total This Period</b>	<b>Calendar Year</b>	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(a)(i)
i. Itemized (use Schedule A)	3,451.55	11,652.55	11(e)(iii)
ii. Unitemized	7,790.46	27,089.57	11(a)(iii)
iii. Total (add i and ii) >	11,242.01	38,742.12	11(b)
b. Political Party Committees	-0-	-0-	13(c)
c. Other Political Committees (such as PACs)	-0-	-0-	11(d)
d. Total Contributions (add a iii, b and c) >	11,242.01	38,742.12	12
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	13
13. All Loans Received	-0-	-0-	14
14. Loan Repayments Received	-0-	-0-	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	17
17. Other Federal Receipts (Dividends, Interest, etc.)	56.66	153.74	18
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	11,298.67	38,895.86	20
20. Total Federal Receipts (subtract line 18 from line 19) >	11,298.67	38,895.86	
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share	-0-	-0-	21(a)(ii)
ii. Non-Federal Share	-0-	33.00	21(b)
b. Other Federal Operating Expenditures (add a i, a ii, and b) >	-0-	33.00	21(c)
c. Total Operating Expenditures	11,000.00	17,000.00	22
22. Transfers to Affiliated/Other Party Committees	4,000.00	16,000.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-	24
24. Independent Expenditures (use Schedule E)	-0-	-0-	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	26
26. Loan Repayments Made	-0-	-0-	27
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	-0-	-0-	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-	-0-	28(d)
29. Other Disbursements	500.00	3,500.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	15,500.00	36,533.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	15,500.00	36,533.00	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	11,242.01	38,742.12	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	11,242.01	38,742.12	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	33.00	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	-0-	33.00	37

93-0330-2374-25015

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 11(a)(1)

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 C00161141

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bruce A. Davidson 111 E. DiLido Drive Miami, Beach, FL	Blue Cross Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$600.00 (\$200 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Sr. Vice President	Aggregate Year-to-Date > \$ 1,800.00	
Judith A. Discenza 1232 Journey's End Lane Jacksonville, FL 32223	Blue Cross Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$300.00 (\$100 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Vice President & Actuary	Aggregate Year-to-Date > \$ 900.00	
Janet M. Rogers 51 Vanderford Rd., E. Orange Park, FL 32073	Blue Cross Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$300.00 (\$100 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Administrative Assistant	Aggregate Year-to-Date > \$ 900.00	
Darnell Smith 3439 Drexel Street Jacksonville, FL 32207	Blue Cross Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$210.00 (\$70 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Vice President	Aggregate Year-to-Date > \$ 630.00	
Barbara Benevento 4472 Bay Harbour Drive Jacksonville, FL 32225	Blue Cross Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$150.00 (\$50 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Sr. Vice President	Aggregate Year-to-Date > \$ 450.00	
Ernest Brodsky 8052 Hunters Grove Road Jacksonville, FL 32256	Blue Cross Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$120.00 (\$40 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Sr. Vice President	Aggregate Year-to-Date > \$ 450.00	
R. Chris Doerr 8031 Acorn Ridge Road Jacksonville, FL 32256	Blue Cross Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$150.00 (\$50 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Sr. Vice President	Aggregate Year-to-Date > \$ 450.00	

**SUBTOTAL of Receipts This Page (optional)** ..... \$1,830.00

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

2025 RELEASE UNDER E.O. 14176

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full) Florida Health Political Action Committee C00161141

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Jennings 8778 SW 62 Court Miami, FL 33143	Blue Cross Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$42.00 (\$42 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Sr. Vice President	Aggregate Year-to-Date: \$ 294.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Johnson 3713 Wicklow Manner Court Jacksonville, FL 32224	Blue Cross Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$150.00 (\$50 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Vice President	Aggregate Year-to-Date: \$ 450.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Lestage, M.D. 1782 Long Slough Walk Orange Park, FL 32073	Blue Cross Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$150.00 (\$50 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Vice President	Aggregate Year-to-Date: \$ 450.00	
D. 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, FL 32082	Blue Cross Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$150.00 (\$50 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Vice President	Aggregate Year-to-Date: \$ 450.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Richards 44 Village Walk Drive Ponte Vedra Beach, FL 32082	Blue Cross Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$135.00 (\$45 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Vice President	Aggregate Year-to-Date: \$ 405.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John A. Bradley 1567 Nottingham Knoll Jacksonville, FL 32225	Blue Cross Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$75.00 (\$25 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Vice President	Aggregate Year-to-Date: \$ 225.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael R. Hightower 1840 Donald Street Jacksonville, FL 32205	Blue Cross Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$75.00 (\$25 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Vice President	Aggregate Year-to-Date: \$ 225.00	

SUBTOTAL of Receipts This Page (optional) ..... \$777.00

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

2025 RELEASE UNDER E.O. 14176



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 4  
FOR LINE NUMBER 11(a)(1)

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**NAME OF COMMITTEE (in Full)**

Florida Health Political Action Committee

CD0161141

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Varnum Kenyon 8918 Easton River Drive Jacksonville, FL 32257</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A</p>	<p><b>Name of Employer</b> Blue Cross Blue Shield of Florida, Inc.</p> <p><b>Occupation</b> Director</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 308.00</p>	<p><b>Date (month, day, year)</b> Bi-weekly Payroll Deduction</p>	<p><b>Amount of Each Receipt this Period</b> \$107.80 (\$15.40 per pay period)</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Rita Malie 13719 Longs Landing Rd., W. Jacksonville, FL 32225</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A</p>	<p><b>Name of Employer</b> Blue Cross Blue Shield of Florida, Inc.</p> <p><b>Occupation</b> Director</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 300.00</p>	<p><b>Date (month, day, year)</b> Bi-weekly Payroll Deduction</p>	<p><b>Amount of Each Receipt this Period</b> \$105.00 (\$15 per pay period)</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Steven Smith 12928 Jupiter Hills Circle, N. Jacksonville, FL 32225</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A</p>	<p><b>Name of Employer</b> Blue Cross Blue Shield of Florida, Inc.</p> <p><b>Occupation</b> Director</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 215.00</p>	<p><b>Date (month, day, year)</b> Bi-weekly Payroll Deduction</p>	<p><b>Amount of Each Receipt this Period</b> \$75.25 (\$10.75 per pay period)</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$</p>	<p><b>Date (month, day, year)</b></p>	<p><b>Amount of Each Receipt this Period</b></p>

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

\$ 288.05

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

\$3,451.55

98-03-274-1000

**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

C00161141

A. Full Name, Mailing Address and ZIP Code Barnett Bank P.O. Box 45144 Jacksonville, FL 32232 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Interest earned Occupation Aggregate Year-to-Date > \$ 153.66	Date (month, day, year) 7-1-98 through 9-30-98	Amount of Each Receipt this Period \$ 56.66
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

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

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

\$ 56.66

985 0035 23797 1.15833



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full) Florida Health Political Action Committee C00161141

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Blue PAC 1310 G Street Washington, DC 20005	Replacement Contribution to affiliated political action committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) N/A	9/9/98	\$6,000.00
Blue PAC 1310 G Street Washington, DC 20005	Lost check Contribution to affiliated political action committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) N/A	7/22/98	(\$6,000.00) Memo entry ONLY.
Blue PAC 1310 G Street Washington, DC 20005	Contribution to affiliated political action committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/98	\$5,000.00

092-03-473-03

SUBTOTAL of Disbursements This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	\$11,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**

Florida Health Political Action Committee 000161141

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Davis Campaign P.O. Box 18143 Tampa, FL 33679-8143	Campaign contribution U.S. House, FL - Dist 11 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/12/98	\$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Bob Graham P.O. Box 13472 Tallahassee, FL 32317-3472	Campaign contribution for U.S. Senate, FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/98	\$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Bob Graham P.O. Box 13472 Tallahassee, FL 32317-3472	Campaign contribution for U.S. Senate, FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/98	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends for Cliff Stearns 2071 Southeast Terrace Ocala, FL 34471	Campaign contribution U.S. House, FL - Dist 6 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/98	\$ 500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cong. Tillie Fowler Campaign P.O. Box 380087 Jacksonville, FL 32205	Campaign contribution U.S. House, FL - Dist 4 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/98	\$ 500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

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

\$4,000.00

000161141

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 29

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**NAME OF COMMITTEE (In Full)**

Florida Health Political Action Committee C00161141

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution to campaign for FL Education Commissioner Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/18/98	Amount of Each Disbursement This Period \$500.00
B. 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
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

\$500.00

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Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
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