

**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)**
 (a) Quarterly Reports:
 X April 15 Quarterly Report(Q1)
 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) Special (12S) Runoff (12R)
 Convention (12C)
 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 01 01 2002 through 03 31 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 04 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: ^h 0 1 ^D 0 1 ^v / ^v 2 0 0 2 To: ^h 0 3 ^D 3 1 ^v / ^v 2 0 0 2

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v / ^v 2 0 0 2		18681.11
(b) Cash on Hand at Beginning of Reporting Period	18681.11	
(c) Total Receipts (from Line 19)	9033.62	9033.62
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	27714.73	27714.73
7. Total Disbursements (from Line 30)	8000.00	8000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19714.73	19714.73
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**

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Page 3

Write or Type Committee Name

Florida Health Political Action Committee

Report Covering the Period: From: ^{MM}01 ^{DD}01 ^{YYYY}2002 To: ^{MM}03 ^{DD}31 ^{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)	210.00	
(ii) Unitemized	8812.98	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	9022.98	9022.98
(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)	9022.98	9022.98
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.)	10.64	10.64
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)	9033.62	9033.62
20. Total Federal Receipts (subtract Line 18 from Line 19)	9033.62	9033.62

DETAILED SUMMARY PAGE

of Disbursements

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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	3500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	4500.00
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)..... ▶	8000.00	8000.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	8000.00	8000.00
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	9022.98	9022.98
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	9022.98	9022.98
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:		PAGE 5 / 8	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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. 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
03 / 31 / 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) ▼ 210.00

Transaction ID: SA11A1.5887

B.

C.

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

**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 6 / 8

<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		Date of Disbursement 03 / 31 / 2002	
Mailing Address 1310 G STREET NW City State Zip Code WASHINGTON DC 20005		Amount of Each Disbursement this Period 3500.00	
Purpose of Disbursement Transfer to affiliated PAC		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.5892	
State:	District:		

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 7 / 8

<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. MICHAEL BILIRAKIS		Date of Disbursement 02 / 20 / 2002	
Mailing Address PO BOX 697 City: TARPON SPRINGS State: FL Zip Code: 34688		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	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.5898	
State: FL District: 09			

Full Name (Last, First, Middle Initial) B. F ALLEN JR BOYD		Date of Disbursement 02 / 12 / 2002	
Mailing Address RT 2 BOX 33 Suite 101 City: MONTICELLO State: FL Zip Code: 32344		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	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.5893	
State: FL District: 02			

Full Name (Last, First, Middle Initial) C. JIM DAVIS		Date of Disbursement 02 / 20 / 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 <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.5897	
State: FL District: 11			

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 6 / 8

<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 02 / 13 / 2002
Mailing Address PO BOX 25187 City: SARASOTA State: FL Zip Code: 34277		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Campaign Contribution		
Candidate Name		Transaction ID: SB23.5896
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: FL District: 13		

Full Name (Last, First, Middle Initial) B. KATHERINE HARRIS		Date of Disbursement 03 / 08 / 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		
Candidate Name		Transaction ID: SB23.5900
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: FL District: 13		

C.

SUBTOTAL of Disbursements This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	4500.00