



Florida Health PAC

P. O. Box 6936
Jacksonville, Florida 32236-6936
(904) 791-6288

April 13, 2000

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 13 P 2 07

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

RE: FLORIDA HEALTH PAC FIRST QUARTER REPORT (1/1/00 - 3/31/00)

On behalf of Florida Health Political Action Committee, I have enclosed our report of Receipts and Disbursements covering the period of January 1, 2000 through March 31, 2000, representing the April 15 Quarterly Report.

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

Very truly yours,

Kenneth L. Thurston
Treasurer

KLT: abc

Attachment

cc: Ethel Baxter, Director
Florida Division of Elections
The Capitol, Room 1802
Tallahassee, FL 32399-0250

John Stafford
Supervisor of Elections
for Duval County
105 East Monroe Street
Jacksonville, FL 32202

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 14 P 2:07

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Florida Health Political Action Committee		2. FEC IDENTIFICATION NUMBER C00161141
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 6936	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	
CITY, STATE and ZIP CODE Jacksonville, FL 32236-6936		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1/1/2000</u> through <u>3/31/2000</u>		
6 (a) Cash on Hand January 1, 2000 2000		\$ 19,346.36
(b) Cash on Hand at Beginning of Reporting Period	\$ 19,346.36	
(c) Total Receipts (from Line 12)	\$ 9,560.67	\$ 9560.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 28,907.03	\$ 28,907.03
7. Total Disbursements (from Line 30)	\$ 12,000.00	\$ 12,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 16,907.03	\$ 16,907.03
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Tel Free 800-424-9530 Local 202-684-1100
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

4/14/2000

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

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FEC FORM 3X
(revised 9/93)

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

(revised 11/1991)

NAME OF COMMITTEE **Florida Health Political Action Committee**

REPORT COVERING PERIOD
 FROM **1/1/2000** TO **3/31/2000**

		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	1,110.00	1,110.00	11(a)(i)
ii.	Unitemized	8,430.83	8,430.83	11(a)(ii)
iii.	Total (add i and ii) >	9,540.83	9,540.83	11(a)(iii)
b.	Political Party Committees	-0-	-0-	11(b)
c.	Other Political Committees (such as PACs)	-0-	-0-	11(c)
d.	Total Contributions (add a ii, b and c) >	9,540.83	9,540.83	11(d)
12.	Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13.	All Loans Received	-0-	-0-	13
14.	Loan Repayments Received	-0-	-0-	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	19.84	19.84	17
18.	Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	9,560.67	9,560.67	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	9,560.67	9,560.67	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	-0-	-0-	21(a)(i)
ii.	Non-Federal Share	-0-	-0-	21(a)(ii)
b.	Other Federal Operating Expenditures	-0-	-0-	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	3,000.00	3,000.00	21(c)
22.	Transfers to Affiliated/Other Party Committees	8,500.00	8,500.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-	23
24.	Independent Expenditures (use Schedule E)	-0-	-0-	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26.	Loan Repayments Made	-0-	-0-	26
27.	Loans Made	-0-	-0-	27
28.	Refunds of Contributions To:			
a.	Individuals/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) >	500.00	500.00	28(d)
29.	Other Disbursements	12,000.00	12,000.00	29
30.	Total Disbursements (add 21 c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	12,000.00	12,000.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	12,000.00	12,000.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	9,540.83	9,540.83	32
33.	Total Contribution Refunds (from line 28d)	-0-	-0-	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	9,540.83	9,540.83	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	-0-	35
36.	Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	-0-	-0-	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
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

A. Full Name, Mailing Address and ZIP Code Bruce A. Davidson 111 E. Dillido Drive Miami Beach, FL 33139	Name of Employer Blue Cross and Blue Shield of Florida, Inc.	Date (month, day, year) Monthly Payroll Deduction	Amount of Each Receipt this Period \$600.00 (\$200. per pay period)
	Occupation Sr. Vice President Aggregate Year-to-Date > \$ 600.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	
B. Full Name, Mailing Address and ZIP Code Janet M. Rogers 51 Vanderford Road East Orange Park, FL 32073	Name of Employer Blue Cross and Blue Shield of Florida, Inc.	Date (month, day, year) Monthly Payroll Deduction	Amount of Each Receipt this Period \$300.00 (\$100 per pay period)
	Occupation Corporate Secretary Aggregate Year-to-Date > \$ 300.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	
C. Full Name, Mailing Address and ZIP Code Darnell Smith 3439 Drexel Street Jacksonville, FL 32207	Name of Employer Blue Cross and Blue Shield of Florida, Inc.	Date (month, day, year) Monthly Payroll Deduction	Amount of Each Receipt this Period \$210.00 (\$70 per pay period)
	Occupation Vice President Aggregate Year-to-Date > \$ 210.00	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	

SUBTOTAL of Receipts This Page (optional) \$1,110.00

TOTAL This Period (last page this line number only) \$1,110.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Florida Health Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Honorable Willie Logan c/o Logan 2000 Campaign 490 Opa-Locka Blvd. Suite 13 Opa-Locka, FL 33054	Contribution to Cand. for U.S. Senate Florida Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/7/00	\$2,500.00
Mark Foley Campaign c/o Friends of Mark Foley for Congress P.O. Box 30505 Palm Beach Gardens, FL 33420	Contribution to Cand. U.S. House FL Dist. 16 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/18/00	\$1,000.00
Bill Sublette 25 South Magnolia Street Orlando, FL 32801	Contribution to Cand. U.S. House FL Dist. 8 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/22/00	\$ 500.00
Adam Pughan Campaign 1015 East George Street Bartow, FL 33830	Contribution to Cand. U.S. House FL Dist. 12 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/23/00	\$1,000.00
Elaine Bloom Campaign, 5255 Collins Avenue Miami Beach, FL 33140	Contribution to Cand. U.S. House FL Dist. 22 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/23/00	\$ 500.00
Jennifer Carroll Campaign 7163 Augusta Drive Green Cove Springs, FL 32043	Contribution to Cand. U.S. House FL Dist. 3 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/23/00	\$1,000.00
Karen Thurman Campaign 9067 SW 19th Avenue Dunnellon, FL 34432	Contribution to Cand. U.S. House FL Dist. 5 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/00	\$1,000.00
Ander Crenshaw Campaign 4314 Oretaga Forest Drive Jacksonville, FL 32210	Contribution to Cand. U.S. House FL Dist. 4 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/00	\$1,000.00
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) \$8,500.00

TOTAL This Period (last page this line number only) \$8,500.00

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mayor Alex Penelas 200 S. Biscayne Suite 1700 Miami, FL 33131	Contribution to Candidate for Mayor of Dade Cnty. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/29/00	\$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$500.00

TOTAL This Period (last page this line number only)

\$500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 22

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NAME OF COMMITTEE (In Full)

Florida Health Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution to affiliated PAC	Date (month, day, year)	Amount of Each Disbursement This Period
Blue PAC The Blue Cross & Blue Shield Assoc. PAC. 1310 G. Street, N.W. Washington, D.C. 20005	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/23/00	\$3,000.00
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) \$3,000.00

TOTAL This Period (last page this line number only) \$3,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

First Class Mail POSTMARKED

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4-14-00

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Other (Specify): Postmarked

and/or Date of Receipt

Electronic Filing

LEG
PREPARER

4-18-00
DATE PREPARED