



Florida Health PAC

P. O. Box 6836
Jacksonville, Florida 32239-6836
(904) 791-6268

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 4 11 42 AM '97

July 30, 1997

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

RE: Florida Health Political Action Committee - FEC ID #C00161141

On behalf of Florida Health Political Action Committee, I have enclosed our report of Receipts and Disbursements covering the period of January 1, 1997 through June 30, 1997, representing the July 31 Mid Year Report.

Should you have any questions regarding this report, please contact me at (904) 905-4561.

Very truly yours,

Kenneth L. Thurston
Treasurer, FHPAC

JM/lde
Enclosure

cc: David A. Rancourt, Director
Florida Division of Elections
The Capitol, Room 1802
Tallahassee, FL 32399-0250

Tomnie Bell
Supervisor of Elections of Duval County
105 E. Monroe Street
Jacksonville, FL 32202

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 4 11 42 AM '97

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		
CITY, STATE and ZIP CODE Jacksonville, FL 32235-6936		
3. <input checked="" 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	COLUMN B
5. Covering Period 1-1-97 through 6-30-97		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 97		\$ 17,669.62
(b)	Cash on Hand at Beginning of Reporting Period	\$ 17,669.62	
(c)	Total Receipts (from Line 19)	\$ 20,275.88	\$ 20,275.88
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 37,945.50	\$ 37,945.50
7.	Total Disbursements (from Line 30)	\$ 19,006.00	\$ 19,006.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 18,939.50	\$ 18,939.50
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 20469 Toll Free 800-424-9530 Local 202-219-3420
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
Kenneth L. Thurston

Date
7/30/97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

--	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE

Florida Health Political Action Committee

REPORT COVERING PERIOD
 FROM 01-01-97 TO 06-30-97

		COLUMN A Total This Period	COLUMN B Calendar Year	
I Receipts				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	\$17,252.42	\$17,252.42	11(a)
ii.	Unitemized	2,924.20	2,924.20	11(b)
iii.	Total (add i and ii) >	20,176.62	20,176.62	11(c)
b.	Political Party Committees	-0-	-0-	11(d)
c.	Other Political Committees (such as PACs)	-0-	-0-	11(e)
d.	Total Contributions (add a iii, b and c) >	20,176.62	20,176.62	11(f)
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.)	99.26	99.26	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) >	20,275.88	20,275.88	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	20,275.88	20,275.88	20
II Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	-0-	-0-	21(a)
ii.	Non-Federal Share	-0-	-0-	21(b)
b.	Other Federal Operating Expenditures	6.00	6.00	21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >	6.00	6.00	21(d)
22.	Transfers to Affiliated/Other Party Committee	3,000.00	3,000.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	14,500.00	14,500.00	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) >	-0-	-0-	28(d)
29.	Other Disbursements	1,500.00	1,500.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	19,006.00	19,006.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	19,006.00	19,006.00	31
III Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	20,176.62	20,176.62	32
33.	Total Contribution Refunds (from line 28d)	-0-	-0-	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	20,176.62	20,176.62	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	6.00	6.00	35
36.	Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37.	Net Operating Expenditures (subtract line 35 from 36) >	6.00	6.00	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)

CONTRIBUTIONS FROM INDIVIDUALS

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 1946 River Road Jacksonville, FL 32207	Blue Cross and Blue Shield of Florida	Monthly Payroll Deduction	\$1,002.00 (\$167 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 > \$ 1,002.00	
R. Chris Doerr 8031 Acorn Ridge Road Jacksonville, FL 32256	Blue Cross and Blue Shield of Florida	Monthly Payroll Deduction	\$300.00 (\$50 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: CFO & Sr. Vice President	Aggregate Year-to-Date > \$ 300.00	
William E. Flaherty 12316 Mandarin Road Jacksonville, FL 32205	Blue Cross and Blue Shield of Florida	Monthly Payroll Deduction	\$600.00 (\$100 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Chairman of Bd. & CEO	Aggregate Year-to-Date > \$ 600.00	
Paul C. Jennings 1253 Fish Hook Way Ponte Vedra Beach, FL 32082	Blue Cross and Blue Shield of Florida	Monthly Payroll Deduction	\$252.00 (\$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 > \$ 252.00	
Walter T. Liptak 3205 Old Bard Court Ponte Vedra Beach, FL 32082	Blue Cross and Blue Shield of Florida	Monthly Payroll Deduction	\$300.00 (\$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 > \$ 300.00	
Charles R. Richards 44 Village Walk Drive Ponte Vedra Beach, FL 32082	Blue Cross and Blue Shield of Florida	Monthly Payroll Deduction	\$270.00 (\$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 > \$ 270.00	
Varnum S. Kenyon 8918 Easton River Drive Jacksonville, FL 32257	Blue Cross and Blue Shield of Florida	Bi-weekly Payroll Deduction	\$200.20 (\$15.40 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Director	Aggregate Year-to-Date > \$ 200.20	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	\$2,924.20

SCHEDULE A

ITEMIZED RECEIPTS

OTHER FEDERAL RECEIPTS (INTEREST)

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

PAGE 1 OF 1
FOR LINE NUMBER 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

C00161141

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barnett Bank P.O. Box 45144 Jacksonville, FL 32232	Interest Earned	1/1/97 thru 6/30/97	\$99.26
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation	Aggregate Year-to-Date	\$ 99.26
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$99.26

SCHEDULE B **ITEMIZED DISBURSEMENTS**
OTHER FEDERAL OPERATING EXPENDITURES (TAXES)

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

PAGE 1 OF 1
 FOR LINE NUMBER
 21b

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

COD161141

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Atlanta, GA 39901	Income tax on interest income for 1996 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) N/A	3/12/97	\$6.00
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)

TOTAL This Period (last page this line number only)

\$6.00

SCHEDULE B ITEMIZED DISBURSEMENTS
TRANSFERS TO AFFILIATED COMMITTEE

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

PAGE 1 OF 1
 FOR LINE NUMBER
 22

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BluePAC (formerly CarePAC) BCBSA 1310 G Street, N.W., 12th Floor Washington, DC 20005	Contribution to an affiliated political action committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	3/19/97	\$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)

TOTAL This Period (last page this line number only)

\$3,000.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**
CONTRIBUTIONS TO FEDERAL CANDIDATES

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

PAGE 1 OF 2
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

C00161141

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Davis for Congress 209 Blanca Avenue Tampa, FL 33606	Camp. Cont. to assist in debt retirement-U.S. House of Rep.	Dist 11, FL 2/25/97	\$ 500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996		
Karen Thurman Campaign 440 Cannon House Office Bldg. Washington, DC 20515	Camp. contribution for U.S. House of Rep., Dist. 5, FL	2/25/97	\$ 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Friends of Bob Graham 5842 S. W. 88th Terrace Cooper City, FL 33328	Camp. contribution for U.S. Senate, FL	2/25/97	\$3,500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Friends of Bob Graham 5842 S. W. 88th Terrace Cooper City, FL 33328	Camp. contribution for U.S. Senate, FL	2/25/97	\$1,500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Peter Deutsch Campaign P.O. Box 817689 Hollywood, FL 33081	Camp. contribution for U.S. House of Rep., Dist. 20, FL	3/12/97	\$ 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Life PAC American Council of Life Insurance 1001 Pennsylvania Ave., N.W. Washington, DC 20004-2999	Contribution/membership in a fed. political action committee	3/19/97	\$ 500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) N/A		
Clay Shaw Campaign 2276 Rayburn House Office Bldg. Washington, DC 20515	never received by candidate U.S. H. of Rep., Dist. 22, FL	5/28/97 void date 3/20/97	(\$ 500.00) check lost
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Friends of Clay Shaw P.O. Box 2199 Ft. Lauderdale, FL 33303	Camp. contribution for U.S. House of Rep., Dist. 22, FL	3/20/97	\$ 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Friends of Cliff Stearns 4451 Brookfield Corporate Drive, Suite 200 Chantilly, VA 20151-1652	Camp. contribution for U.S. House of Rep., Dist. 6, FL	3/27/97	\$ 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

\$7,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B **ITEMIZED DISBURSEMENTS**
CONTRIBUTIONS TO FEDERAL CANDIDATES

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 Diaz-Balart for Congress Committee 4451 Brookfield Corporate Drive, Suite 200 Chantilly, VA 20151-1652	Purpose of Disbursement Camp. con- tribution for U.S. House of Rep., Dist. 21, FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/27/97	Amount of Each Disbursement This Period \$ 500.00
B. Full Name, Mailing Address and ZIP Code Allen Boyd for Congress P.O. Box 15703 Tallahassee, FL 32317	Purpose of Disbursement Debt retirement for U.S. House of Rep., Dist. 2, FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996	Date (month, day, year) 4/3/97	Amount of Each Disbursement This Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Committee to Re-elect Robert Wexler 2500 N. Military Trail, Ste. 288 Washington, DC 20013	Purpose of Disbursement Camp. con- tribution for U.S. House of Rep., Dist. 19, FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/28/97	Amount of Each Disbursement This Period \$ 500.00
D. Full Name, Mailing Address and ZIP Code Jim Davis for Congress P.O. Box 2884 Washington, DC 20013	Purpose of Disbursement Camp. con- tribution for U.S. House of Rep., Dist. 11, FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/9/97	Amount of Each Disbursement This Period \$ 500.00
E. Full Name, Mailing Address and ZIP Code The Adam Smith PAC P.O. Box 2392 Tampa, FL 33601-2392	Purpose of Disbursement Contribu- tion to a political action committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) N/A	Date (month, day, year) 5/19/97	Amount of Each Disbursement This Period \$2,500.00
F. Full Name, Mailing Address and ZIP Code Friends of Fowler P.O. Box 380087 Jacksonville, FL 32205	Purpose of Disbursement Camp. con- tribution for U.S. House of Rep., Dist. 4, FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/19/97	Amount of Each Disbursement This Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Mike Bilirakis Campaign Tucker & Associates, Suite 870 1350 I Street Washington, DC 20005	Purpose of Disbursement Camp. con- tribution for U.S. House of Rep., Dist. 9, FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/21/97	Amount of Each Disbursement This Period \$ 500.00
H. Full Name, Mailing Address and ZIP Code Peter Deutsch for Congress P.O. Box 817689 Hollywood, FL 33081	Purpose of Disbursement Camp. con- tribution for U.S. House of Rep., Dist. 20, FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/25/97	Amount of Each Disbursement This Period \$ 500.00
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)			\$7,000.00
TOTAL This Period (last page this line number only)			\$14,500.00

**SCHEDULE B
OTHER DISBURSEMENTS**

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER
29

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	Purpose of Disbursement Campaign contribution for Florida Senate, Dist. 3, FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Betty Holzendorf Campaign Senate Office Building, Room 242 Tallahassee, FL 32399	Campaign contribution for Florida Senate, Dist. 3, FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/13/97	\$500.00
B. Full Name, Mailing Address and ZIP Code Duval County Republican Party 217 University Blvd., S Jacksonville, FL 32216	Contribution to Duval County Republican Party, FL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) N/A	02/13/97	\$1,000.00
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)

\$1,500.00

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

Registered/Certified Mail

POSTMARKED

7/31/97

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

VPV

PREPARER

8/4/97

DATE PREPARED