



P. O. Box 6936
Jacksonville, Florida 32238-6936
(904) 791-6288

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 3 11 32 AM '98

January 29, 1998

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 July 1, 1997 through December 31, 1997, representing the January 31 Year End 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/lds
Enclosure

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

Tommie 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
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COMMISSION MAIL ROOM

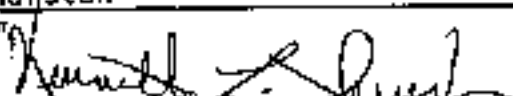
FEB 3 11 32 AM '98

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 32236-6936		
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:
 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>7/1/97</u> through <u>12/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 17,669.62
(b) Cash on Hand at Beginning of Reporting Period	\$18,939.50	
(c) Total Receipts (from Line 10)	\$23,193.02	\$ 43,468.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$42,132.52	\$ 61,138.52
7. Total Disbursements (from Line 9)	\$23,000.00	\$ 42,006.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 19,132.52	\$ 19,132.52
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 Toll Free 800-424-9530 Local 202-219-5420
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. Thunston		Date
Signature of Treasurer 		1/29/98

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

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FEC FORM 3X
(revised 9/93)

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

CD0161141

(revised 1/1/91)

NAME OF COMMITTEE Florida Health Political Action Committee		REPORT COVERING PERIOD FROM: 7/1/97 TO: 12/31/97	
		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)	\$ 8,900.80	\$11,825.00	11a
ii. Unitemized	\$14,197.84	\$31,450.26	11b
iii. Total (add i and ii) >	\$23,098.64	\$43,275.26	11c
b. Political Party Committees	-0-	-0-	11d
c. Other Political Committees (such as PACs)	-0-	-0-	11e
d. Total Contributions (add a iii, b and c) >	\$23,098.64	\$43,275.26	11f
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.)	\$ 94.38	\$ 193.64	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) >	\$23,193.02	\$43,468.90	19
20. Total Federal Receipts (subtract line 18 from line 19) >	\$23,193.02	\$43,468.90	20
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule HA)			
i. Federal Share	-0-	-0-	21a
ii. Non-Federal Share	-0-	-0-	21b
b. Other Federal Operating Expenditures	-0-	\$ 6.00	21c
c. Total Operating Expenditures (add a ii, b and c) >	-0-	\$ 6.00	21d
22. Transfers to Affiliated/Other Party Committees	\$ 9,000.00	\$12,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$10,000.00	\$24,500.00	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. Individual/Persons Other Than Political Committees	-0-	-0-	28a
b. Political Party Committees	-0-	-0-	28b
c. Other Political Committees (such as PACs)	-0-	-0-	28c
d. Total Contribution Refunds (add a, b and c) >	-0-	-0-	28d
29. Other Disbursements	\$ 4,000.00	\$ 5,500.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	\$23,000.00	\$42,006.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	\$23,000.00	\$42,006.00	31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11f)	\$23,098.64	\$43,275.26	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	\$23,098.64	\$43,275.26	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	\$ 6.00	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	-0-	\$ 6.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6

FOR LINE NUMBER 11(a)(i)

CONTRIBUTIONS FROM INDIVIDUALS ITEMIZED

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
Thomas E. Albright 8132 Wekiwa Way Jacksonville, FL 32256	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$ 120.00 (\$20 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Sr. Vice President	Aggregate Year-to-Date > \$ 240.00	
Ernest N. Brodsky 8052 Hunters Grove Road Jacksonville, FL 32256	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$ 240.00 (\$40 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Sr. Vice President	Aggregate Year-to-Date > \$ 480.00	
Bruce A. Davidson 1946 River Road Jacksonville, FL 32207	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$1,068.00 (\$167 for 4 mos & \$200 for 2 mos) per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Sr. Vice President	Aggregate Year-to-Date > \$ 2,070.00	
Carl J. Demery 8251 Bateau Road, South Jacksonville, FL 32216	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$ 120.00 (\$20 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Vice President	Aggregate Year-to-Date > \$ 240.00	
R. Chris Doerr 8031 Acorn Ridge Road Jacksonville, FL 32256	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$ 300.00 (\$50 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: CFO & Sr. Vice President	Aggregate Year-to-Date > \$ 600.00	
William E. Flaherty 12316 Mandarin Road Jacksonville, FL 32223	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$ 300.00 (\$100 for 5 mos & \$300 for 1 mo) per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Chairman of Bd. & CEO	Aggregate Year-to-Date > \$ 1,400.00	
Michael R. Hightower 1840 Donald Street Jacksonville, FL 32205	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$ 150.00 (\$25 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Vice President	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional)

\$2,798.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

CONTRIBUTIONS FROM INDIVIDUALS ITEMIZED

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

PAGE 2 OF 6

FOR LINE NUMBER 11(a)(i)

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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 G. Jennings 877B SW 62nd Court Miami, FL 33143	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$252.00 (\$42 for 11 mos & \$84 for 1 mo per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Sr. Vice President	Aggregate Year-to-Date > \$ 546.00	
Michael R. Johnson 3713 Wicklow Manor Court Jacksonville, FL 32224	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$ 125.00 (\$15 for 5 mos & \$50 for 1 mo per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Vice President	Aggregate Year-to-Date > \$ 215.00	
Randy M. Karmier 3382 Bowers Lane Jacksonville, FL 32257	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$ 125.00 (\$20 for 5 mos \$25 for 1 mo per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Vice President	Aggregate Year-to-Date > \$ 245.00	
Walter T. Liptak 3205 Old Bard Court Ponte Vedra Beach, FL 32082	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$ 300.00 (\$50 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Vice President	Aggregate Year-to-Date > \$ 600.00	
John H. Getjen 2817 Anastasia Drive Jacksonville, FL 32217	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$ 120.00 (\$20 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Vice President	Aggregate Year-to-Date > \$ 240.00	
Charles R. Richards 44 Village Walk Drive Ponte Vedra Beach, FL 32082	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$ 270.00 (\$45 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Vice President	Aggregate Year-to-Date > \$ 540.00	
Janet M. Rogers 51 Vanderford Road, E. Orange Park, FL 32073	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$ 400.00 (\$100 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Administrative Assistant	Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional)

\$1,592.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 6

FOR LINE NUMBER 11(a)(i)

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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
Willie C. Scott 24464 Harbour View Drive Ponte Vedra Beach, FL 32082	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$ 150.00 (\$25 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Vice President	Aggregate Year-to-Date > \$ 300.00	
Carl B. Stone 4656 Long Bow Road Jacksonville, FL 33310	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$ 195.00 (\$15 for 5 bi-weekly & \$32.50 for 7 mos per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Vice President	Aggregate Year-to-Date > \$ 377.50	
Dave Dingfield 7910 Abington Hills Lane Jacksonville, FL 32256	Blue Cross and Blue Shield of Florida, Inc.	11/11/97	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Vice President	Aggregate Year-to-Date > \$ 250.00	
Michael Cascone 8022 James Island Trail Jacksonville, FL 32256	Blue Cross and Blue Shield of Florida, Inc.	11/16/97	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: President & Chief Op. Officer	Aggregate Year-to-Date > \$ 1,000.00	
Melissa L. Rehfus 4219 Pine Needle Lane Jacksonville, FL 32207	Blue Cross and Blue Shield of Florida, Inc.	12/16/97	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Vice President	Aggregate Year-to-Date > \$ 250.00	
Thomas D. Causer 13001 Loblolly Land Jacksonville, FL 32216	Blue Cross and Blue Shield of Florida, Inc.	Bi-weekly Payroll Deduction	\$ 120.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Director	Aggregate Year-to-Date > \$ 250.00	
Lynda A. Dedmon 1515 Rebecca Drive Jacksonville, FL 32200	Blue Cross and Blue Shield of Florida, Inc.	Bi-weekly Payroll Deduction	\$ 120.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Manager	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

\$2,085.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 4 OF 6

FOR LINE NUMBER 11(a)(i)

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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
Barney R. Dreistadt 3835 Hidden Oak Drive Pensacola, FL 32504	Blue Cross and Blue Shield of Florida, Inc.	Bi-weekly Payroll Deduction	\$ 144.00 (\$12 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: HMO Exec. Director	Aggregate Year-to-Date > \$ 300.00	
Almeanor Glover 9801 Baymeadows Road, #65 Jacksonville, FL	Blue Cross and Blue Shield of Florida, Inc.	Bi-weekly Payroll Deduction	\$ 120.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Manager	Aggregate Year-to-Date > \$ 250.00	
Robert Grant 1319 River Court Green Cove Springs, FL 32043	Blue Cross and Blue Shield of Florida, Inc.	Bi-weekly Payroll Deduction	\$ 120.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Champous Team Leader	Aggregate Year-to-Date > \$ 250.00	
Sara A. Hampton 1650 Euclid Street Jacksonville, FL 32210	Blue Cross and Blue Shield of Florida, Inc.	Bi-weekly Payroll Deduction	\$ 120.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Marketing Analyst	Aggregate Year-to-Date > \$ 250.00	
Varnum S. Kenyon 8918 Easton River Drive Jacksonville, FL 32257	Blue Cross and Blue Shield of Florida, Inc.	Bi-weekly Payroll Deduction	\$ 184.80 (\$15.40 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Director	Aggregate Year-to-Date > \$ 385.00	
Thomas R. Lee 1204 Mapleton Road Jacksonville, FL 32207	Blue Cross and Blue Shield of Florida, Inc.	Bi-weekly Payroll Deduction	\$ 120.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Manager	Aggregate Year-to-Date > \$ 250.00	
Billy J. Long 3403 Hidden Lake Drive, E Jacksonville, FL 32216	Blue Cross and Blue Shield of Florida, Inc.	Bi-weekly Payroll Deduction	\$ 108.00 (\$9 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Director	Aggregate Year-to-Date > \$ 225.00	

SUBTOTAL of Receipts This Page (optional) \$ 916.80

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5

FOR LINE NUMBER 11(a)(i)

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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
Rita M. Malie 6631 Fairway Cove Orlando, FL 32835	Blue Cross and Blue Shield of Florida, Inc.	Bi-weekly Payroll Deduction	\$ 180.00 (\$15 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Medical Director	Aggregate Year-to-Date > \$ 375.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lawrence V. Mazzocchi 1041 Flora Parke Drive Jacksonville, FL 32259	Blue Cross and Blue Shield of Florida, Inc.	Bi-weekly Payroll Deduction	\$ 120.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Director	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
V. Paul Mitalas 5014 Harrow Road Jacksonville, FL 32217	Blue Cross and Blue Shield of Florida, Inc.	Bi-weekly Payroll Deduction	\$ 120.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Director	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Glenda E. Mixon 3406 DeBussy Road Jacksonville, FL 32277	Blue Cross and Blue Shield of Florida, Inc.	Bi-weekly Payroll Deduction	\$ 120.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Manager	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Samieh S. Norse 12334 Cobblestone Circle S. Jacksonville, FL 32225	Blue Cross and Blue Shield of Florida, Inc.	Bi-weekly Payroll Deduction	\$ 120.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Underwriter	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Laura M. Rountree 5544 Barner Drive, S. Jacksonville, FL 32210	Blue Cross and Blue Shield of Florida, Inc.	Bi-weekly Payroll Deduction	\$ 120.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Director	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dwight F. Scott 2572 Ridgecrest Avenue Orange Park, FL 32065	Blue Cross and Blue Shield of Florida, Inc.	Bi-weekly Payroll Deduction	\$ 120.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Manager	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

\$ 900.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

CONTRIBUTIONS FROM INDIVIDUALS ITEMIZED

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

PAGE 5 OF 6

FOR LINE NUMBER 11(a)(1)

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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
Diana L. Seymour 6680 N.W. 22nd Street Sunrise, FL 33313	Blue Cross and Blue Shield of Florida, Inc.	Bi-weekly Payroll Deduction	\$ 120.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Field Service Rep.	Aggregate Year-to-Date > \$ 250.00	
Steven D. Smith 12928 Jupiter Hills Circle North Jacksonville, FL 32225	Blue Cross and Blue Shield of Florida, Inc.	Bi-weekly Payroll Deduction	\$ 129.00 (\$10.75 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Director	Aggregate Year-to-Date > \$ 268.75	
Terry J. Tingley 1078 Birchwood Drive Orange Park, FL 32065	Blue Cross and Blue Shield of Florida, Inc.	Bi-weekly Payroll Deduction	\$ 120.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Supervisor	Aggregate Year-to-Date > \$ 250.00	
Todd O. Torgersen 4128 Sandy Bluff Drive Gulf Breeze, FL 32561	Blue Cross and Blue Shield of Florida, Inc.	Bi-weekly Payroll Deduction	\$ 120.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation: Marketing Director	Aggregate Year-to-Date > \$ 250.00	
Jeffrey R. Wollitz 2901 Sanctuary Blvd. Jacksonville Beach, FL 32250	Blue Cross and Blue Shield of Florida, Inc.	Bi-weekly Payroll Deduction	\$ 120.00 (\$10 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director	Aggregate Year-to-Date > \$ 250.00	
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)

\$ 509.00

TOTAL This Period (last page this line number only)

\$8,900.80

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

CD0161141

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	7/1/97 thru 12/31/97	\$94.38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): NA	Occupation	Aggregate Year-to-Date > \$ 193.64	
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)

\$94.38

SCHEDULE B ITEMIZED DISBURSEMENTS
TRANSFERS TO AFFILIATED /OTHER PARTY COMMITTEES

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) BlueCross & BlueShield Association 1310 G Street, NW, 12th Fl. Washington, DC 20005	Contribution to an affiliated pol. action committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) NA	7/21/97	\$6,000.00
BluePAC BlueCross & BlueShield Association 1310 G Street NW, 12th Fl. Washington, DC 20005	Contribution to an affiliated pol. action committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) NA	11/25/97	\$3,000.00
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)	\$9,000.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**
CONTRIBUTIONS TO FEDERAL CANDIDATES/COMMITTEES & OTHER POL. COMM.

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
Friends of Fowler P.O. Box 380087 Jacksonville, FL 32205	Check #461 voided & reissued - candidate never rec'd check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/97	(\$1,000.00)
Friends of Fowler P.O. Box 380087 Jacksonville, FL 32205	Campaign contribution 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)	7/21/97	\$1,000.00
Peter Deutsch for Congress P.O. Box 817689 Hollywood, FL 33081	Campaign contribution for U.S. House of Rep., Dist. 23, FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/97	\$ 500.00
Mica for Congress P.O. Box 181546 Casselberry, FL 32718-1546	Campaign contribution for U.S. House of Rep., Dist 7, FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/97	\$ 500.00
Joe Scarborough for Congress P.O. Box 13012 Pensacola, FL 32591	Campaign contribution for U.S. House of Rep., Dist. 1, FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/97	\$ 500.00
Boyd for Congress 301 S. Monroe Street, Suite 108 Tallahassee, FL 32301	Campaign contribution for U.S. House of Rep., Dist. 2, FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/26/97	\$ 500.00
Robert Wexler Campaign 1609 Longworth HOB Washington, DC 20515	Campaign contribution 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)	10/07/97	\$ 500.00
Cliff Stearns, Campaign 2352 Rayburn HOB Washington, DC 20515	Campaign contribution for U.S. House of Rep., Dist. 6, FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/97	\$ 500.00
Jim Davis Campaign P.O. Box 2884 Washington, DC 20013	Campaign contribution 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)	10/07/97	\$ 500.00

SUBTOTAL of Disbursements This Page (optional)	\$3,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B ITEMIZED DISBURSEMENTS
CONTRIBUTIONS TO FEDERAL CANDIDATES/COMMITTEES & OTHER POL. COMM.

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

PAGE 2 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

000161141

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution to a political action committee	Date (month, day, year)	Amount of Each Disbursement This Period
Adam Smith PAC P.O. Box 2392 Tampa, FL 33601	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) NA	10/23/97	\$2,500.00
B. Full Name, Mailing Address and ZIP Code Friends of Connie Mack P.O. Box 2392 Tampa, FL 33601	Purpose of Disbursement Campaign contribution for U.S. Senate, FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/97	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Corrine Brown Campaign 3109 River Bend Court, D102 Laurel, MD 20724	Purpose of Disbursement Campaign contribution for U.S. House of Rep., Dist. 3, FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/97	\$ 500.00
D. Full Name, Mailing Address and ZIP Code Mark Foley Campaign 3517 S Street NW Washington, DC 20007	Purpose of Disbursement Campaign contribution for U.S. House of Rep., Dist. 16, FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/97	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Bob Graham Campaign P.O. Box 391 Tallahassee, FL 32302	Purpose of Disbursement Campaign contribution for U.S. Senate, FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/16/97	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Ileana Ros-Lehtinen Campaign P.O. Box 52-2784 Miami, FL 33152-2784	Purpose of Disbursement Campaign contribution for U.S. House of Rep. Dist. 18, FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/18/97	\$ 500.00
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)

\$ 6,500.00

TOTAL This Period (last page this line number only)

\$10,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

OTHER DISBURSEMENTS

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NAME OF COMMITTEE (in Full) Florida Health Political Action Committee C00151141

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bankhead Campaign '98 3035 Cypress Creek Drive Ponte Vedra Beach, FL 32082	Campaign contribution for FL Senate, Dist. B, FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/25/97	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Duval County Republican Party 2117 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) NA	10/23/97	\$1,000.00
C. Full Name, Mailing Address and ZIP Code John Delaney Campaign City Hall 117 W. Duval Street, Ste. 400 Jacksonville, FL 32202	Campaign contribution for Mayor, Jacksonville, FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/97	\$500.00
D. Full Name, Mailing Address and ZIP Code Jeb Bush for Governor 9200 S. Dadeland Blvd., Ste. 417 Miami, FL 33156	Campaign contribution for Governor of FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/97	\$ 500.00
E. Full Name, Mailing Address and ZIP Code Republican Party of Florida P.O. Box 311 Tallahassee, FL 32303	Contribution to the Republican Party of Florida Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) NA	11/25/97	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Buddy Mackay Campaign P.O. Box 3377 Winter Park, FL 32790	Campaign contribution for Governor of FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/16/97	\$ 500.00
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)	\$4,000.00

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/30/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	2/3/98 DATE PREPARED