

**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:  
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 X January 31 Quarterly Report(YE) Election on in the State of  
 July 31 Mid-Year Report(Non-election Year Only) (MY) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)  
 Termination Report (TER) Election on in the State of

5. Covering Period 07 01 2001 through 12 31 2001

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 Mr. Kenneth Thurston  
 Signature of Treasurer Electronically Filed by Mr. Kenneth Thurston Date 01 31 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: <sup>h</sup>07 <sup>D</sup>01 <sup>v</sup>2001 To: <sup>h</sup>12 <sup>D</sup>31 <sup>v</sup>2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>v</sup> 2001		16566.33
(b) Cash on Hand at Beginning of Reporting Period .....	16215.70	
(c) Total Receipts (from Line 19) .....	19465.41	38214.78
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	35681.11	54781.11
7. Total Disbursements (from Line 30) .....	17000.00	36100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	18681.11	18681.11
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**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

Florida Health Political Action Committee

Report Covering the Period: From: <sup>MM</sup>07 <sup>DD</sup>01 <sup>YYYY</sup>2001 To: <sup>MM</sup>12 <sup>DD</sup>31 <sup>YYYY</sup>2001

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) .....	6391.95	
(ii) Unitemized .....	13052.34	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	19444.29	38169.28
(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) .....	19444.29	38169.28
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.) .....	21.12	45.50
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) .....	19465.41	38214.78
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	19465.41	38214.78

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

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.....	7000.00	14000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	21000.00
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.....	500.00	1100.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	17000.00	36100.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	17000.00	36100.00
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	19444.29	38169.28
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	19444.29	38169.28
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: (check only one)		PAGE 5 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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. Reed Asser**

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2001

Mailing Address  
1757 Oak Grove Dr S

City State Zip Code  
Green Cove Springs FL 32043

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 105.00

Name of Employer Occupation  
Blue Cross and Blue Shield of Florida Medical Director

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 210.00

Transaction ID: SA11A1.5812

Full Name (Last, First, Middle Initial)  
**B. Ms Barbara Benevento**

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2001

Mailing Address  
4472 Bay Harbour Drive

City State Zip Code  
Jacksonville FL 32225

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 300.00

Name of Employer Occupation  
Blue Cross and Blue Shield of Florida Senior Vice President

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 600.00

Transaction ID: SA11A1.5813

Full Name (Last, First, Middle Initial)  
**C. Mr. Michael Broome**

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2001

Mailing Address  
10550 Baymeadows Road, Unit 110

City State Zip Code  
Jacksonville FL 32256

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 325.00

Name of Employer Occupation  
Blue Cross and Blue Shield of Florida Director

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 650.00

Transaction ID: SA11A1.5801

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **730.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Florida Health Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Mr. Thomas Causer**

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2001

Mailing Address  
13001 Lablolly Land

City State Zip Code  
Jacksonville FL 32216

Amount of Each Receipt this Period  
130.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Blue Cross Blue Shield of Florida Senior Vice President

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 130.00

Transaction ID: SA11A1.5824

Full Name (Last, First, Middle Initial)  
**B. Ms Anna Christensen**

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2001

Mailing Address  
2 Sandhill Crane

City State Zip Code  
Amelia Island FL 32034

Amount of Each Receipt this Period  
260.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Blue Cross and Blue Shield of Florida Director

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 520.00

Transaction ID: SA11A1.5807

Full Name (Last, First, Middle Initial)  
**C. Ms Lynda Dedmon**

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2001

Mailing Address  
1515 Rebecca Drive

City State Zip Code  
Jacksonville FL 32200

Amount of Each Receipt this Period  
130.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Blue Cross Blue Shield of Florida Business Consultant - Vo

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 260.00

Transaction ID: SA11A1.5825

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **520.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Florida Health Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Mr. Everett M. Devaney**

Mailing Address  
1551 First Street, South

City State Zip Code  
Jacksonville Beach FL 32250

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2001

Amount of Each Receipt this Period  
140.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Blue Cross and Blue Shield of Florida Senior Director

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 280.00

Transaction ID: SA11A1.5852

Full Name (Last, First, Middle Initial)  
**B. Mr. Chris Daerr**

Mailing Address  
8031 Acom Ridge Road

City State Zip Code  
Jacksonville FL 32256

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Blue Cross and Blue Shield of Florida Senior Vice President

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 600.00

Transaction ID: SA11A1.5815

Full Name (Last, First, Middle Initial)  
**C. Mr. Barney Dreledadt**

Mailing Address  
11438 Portside Drive

City State Zip Code  
Jacksonville FL 32256

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2001

Amount of Each Receipt this Period  
158.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Blue Cross Blue Shield of Florida GBU Integrator

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 312.00

Transaction ID: SA11A1.5854

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **596.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Florida Health Political Action Committee

**A. Ms Sara Hampton**      Date of Receipt  
Mailing Address      N M / D E / Y Y Y Y  
1650 Euclid Street      12 / 31 / 2001  
City      State      Zip Code  
Jacksonville      FL      32210  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee.      130.00

Name of Employer Blue Cross Blue Shield of Florida	Occupation State Employee Mktg Coord
---	---

Receipt For:      Aggregate Year-to-Date ▼  
Primary      General  
Other (specify) ▼      260.00

Transaction ID: SA11A1.5855

**B. Roger Holon**      Date of Receipt  
Mailing Address      N M / D E / Y Y Y Y  
City      State      Zip Code  
FL  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee.      104.00

Name of Employer Blue Cross Blue Shield of Florida	Occupation
---	------------

Receipt For:      Aggregate Year-to-Date ▼  
Primary      General  
Other (specify) ▼      208.00

Transaction ID: SA11A1.5856

**C. Mr. Michael Johnson**      Date of Receipt  
Mailing Address      N M / D E / Y Y Y Y  
3713 Wicklow Manor Court      12 / 31 / 2001  
City      State      Zip Code  
Jacksonville      FL      32224  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee.      300.00

Name of Employer Blue Cross and Blue Shield of Florida	Occupation Vice President
---	------------------------------

Receipt For:      Aggregate Year-to-Date ▼  
Primary      General  
Other (specify) ▼      600.00

Transaction ID: SA11A1.5820

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>534.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Florida Health Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Ms Randy Kammer**

Mailing Address  
3382 Bowers Lane

City State Zip Code  
Jacksonville FL 32257

Date of Receipt  
N M / D E / Y Y Y Y  
12 31 2001

Amount of Each Receipt this Period  
210.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Blue Cross and Blue Shield of Florida Vice President

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 420.00

Transaction ID: SA11A1.5621

Full Name (Last, First, Middle Initial)  
**B. Mr. Vanum Kanyon**

Mailing Address  
10442 Hunters Creek Ct.

City State Zip Code  
Jacksonville FL 32256

Date of Receipt  
N M / D E / Y Y Y Y  
12 31 2001

Amount of Each Receipt this Period  
200.20

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Blue Cross and Blue Shield of Florida Director

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 400.40

Transaction ID: SA11A1.5810

Full Name (Last, First, Middle Initial)  
**C. Joseph Lee**

Mailing Address

City State Zip Code

Date of Receipt  
N M / D E / Y Y Y Y  
12 31 2001

Amount of Each Receipt this Period  
104.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 208.00

Transaction ID: SA11A1.5857

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **514.20**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Florida Health Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Ms Thomas Lee**

Mailing Address  
1204 Mapleton Road

City State Zip Code  
Jacksonville FL 32207

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Blue Cross Blue Shield of Florida Director

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼

Amount of Each Receipt this Period  
130.00

Transaction ID: SA11A1.5858

Full Name (Last, First, Middle Initial)  
**B. Ms Ronda Leitenberger**

Mailing Address  
4822 35th Court East

City State Zip Code  
Bradenton FL 34203

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Blue Cross Blue Shield of Florida Geriatric Care Coordinator

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼

Amount of Each Receipt this Period  
130.00

Transaction ID: SA11A1.5859

Full Name (Last, First, Middle Initial)  
**C. Dr. Daniel Leitage**

Mailing Address  
1782 Long Slough Walk

City State Zip Code  
Orange Park FL 32073

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Blue Cross Blue Shield of Florida Vice President

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼

Amount of Each Receipt this Period  
300.00

Transaction ID: SA11A1.5823

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **560.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Florida Health Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Mr. Walter Liptak**

Mailing Address  
3205 Old Barn Court  
City State Zip Code  
Ponte Vedra Beach FL 32082

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer  
Blue Cross and Blue Shield of Florida  
Occupation  
Vice President

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 800.00

Transaction ID: SA11A1.5611

Full Name (Last, First, Middle Initial)  
**B. Bill Long**

Mailing Address  
3403 Hidden Lake Drive East  
City State Zip Code  
Jacksonville FL 32216

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2001

Amount of Each Receipt this Period  
117.00

FEC ID number of contributing federal political committee.

Name of Employer  
Blue Cross Blue Shield of Florida  
Occupation  
Director

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 234.00

Transaction ID: SA11A1.5860

Full Name (Last, First, Middle Initial)  
**C. Mr. Lawrence Mazocchi**

Mailing Address  
1041 Flora Parke Drive  
City State Zip Code  
Jacksonville FL 32259

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2001

Amount of Each Receipt this Period  
130.00

FEC ID number of contributing federal political committee.

Name of Employer  
Blue Cross Blue Shield of Florida  
Occupation  
Product Champion

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 260.00

Transaction ID: SA11A1.5861

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **547.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Florida Health Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Mr. Paul Mitras**

Mailing Address  
5D14 Harrow Road

City State Zip Code  
Jacksonville FL 32217

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2001

Amount of Each Receipt this Period  
130.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Blue Cross Blue Shield of Florida Manager

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 260.00

Transaction ID: SA11A1.5862

Full Name (Last, First, Middle Initial)  
**B. Ms Glanda Nixon**

Mailing Address  
3406 DeBussy Road

City State Zip Code  
Jacksonville FL 32277

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2001

Amount of Each Receipt this Period  
130.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Blue Cross Blue Shield of Florida Manager

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 260.00

Transaction ID: SA11A1.5863

Full Name (Last, First, Middle Initial)  
**C. Gerteh Nora**

Mailing Address  
12334 Cobblestone Circle, S.

City State Zip Code  
Jacksonville FL 32225

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2001

Amount of Each Receipt this Period  
130.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Blue Cross Blue Shield of Florida Service Manager II

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 260.00

Transaction ID: SA11A1.5864

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **390.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Florida Health Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. William Pruet**

Mailing Address

City State Zip Code  
FL

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2001

Amount of Each Receipt this Period  
104.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Blue Cross Blue Shield of Florida

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 208.00

Transaction ID: SA11A1.5865

Full Name (Last, First, Middle Initial)  
**B. Mr. Dwight Scott**

Mailing Address  
2572 Ridgecrest Avenue

City State Zip Code  
Orange Park FL 32065

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2001

Amount of Each Receipt this Period  
130.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Blue Cross Blue Shield of Florida  
Director

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 260.00

Transaction ID: SA11A1.5866

Full Name (Last, First, Middle Initial)  
**C. Mr. Willie Scott**

Mailing Address  
24464 Harbour View Drive

City State Zip Code  
Ponte Vedra Beach FL 32082

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2001

Amount of Each Receipt this Period  
252.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Blue Cross and Blue Shield of Florida  
Vice President

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 504.00

Transaction ID: SA11A1.5828

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **486.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Florida Health Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Ms Diane Seymour**

Mailing Address  
6680 N.W. 22nd Street

City State Zip Code  
Sunrise FL 33313

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2001

Amount of Each Receipt this Period  
130.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Blue Cross Blue Shield of Florida Field Service Representative

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 260.00

Transaction ID: SA11A1.5867

Full Name (Last, First, Middle Initial)  
**B. Mr. Daniel Smith**

Mailing Address  
P.O. Box 43274

City State Zip Code  
Jacksonville FL 32203

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2001

Amount of Each Receipt this Period  
420.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Blue Cross and Blue Shield of Florida Vice President

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 840.00

Transaction ID: SA11A1.5831

Full Name (Last, First, Middle Initial)  
**C. Mr. Steven Smith**

Mailing Address  
12928 Jupiter Hills Circle, N.

City State Zip Code  
Jacksonville FL 32225

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2001

Amount of Each Receipt this Period  
139.75

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Blue Cross Blue Shield of Florida Director

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 279.50

Transaction ID: SA11A1.5868

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **689.75**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Florida Health Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Mark Swink**

Mailing Address  
466 Monterey Parkway  
City: Orange Park State: FL Zip Code: 32073

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer: Blue Cross Blue Shield of Florida Occupation: [Blank]

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Transaction ID: SA11A1.5871

Full Name (Last, First, Middle Initial)  
**B. Terry Tingle**

Mailing Address  
1078 Birchwood Drive  
City: Orange Park State: FL Zip Code: 32065

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2001

Amount of Each Receipt this Period  
130.00

FEC ID number of contributing federal political committee.

Name of Employer: Blue Cross Blue Shield of Florida Occupation: Senior Operations Analyst

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Transaction ID: SA11A1.5869

Full Name (Last, First, Middle Initial)  
**C. Mr. Jeffrey Woltz**

Mailing Address  
2901 Sanctuary Boulevard  
City: Jacksonville Beach State: FL Zip Code: 32250

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2001

Amount of Each Receipt this Period  
195.00

FEC ID number of contributing federal political committee.

Name of Employer: Blue Cross Blue Shield of Florida Occupation: Director

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Transaction ID: SA11A1.5870

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>825.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>6391.95</b>

**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 18 / 20

<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) <b>A. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Date of Disbursement 09 / 04 / 2001
Mailing Address 1310 G STREET NW 12th Floor City State Zip Code WASHINGTON DC 20005		Amount of Each Disbursement this Period 3500.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.5784
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Date of Disbursement 11 / 12 / 2001
Mailing Address 1310 G STREET NW 12th Floor City State Zip Code WASHINGTON DC 20005		Amount of Each Disbursement this Period 3500.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.5786
State: District:		

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7000.00</b>



**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 17 / 20

<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) <b>A. VIRGINIA 'GINNY' BROWN-WAITE</b>			Date of Disbursement 10 / 24 / 2001	
Mailing Address 2499 CULBREATH RD City: BROOKSVILLE State: FL Zip Code: 34802			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign Contribution			Category/ Type	
Candidate Name				
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: SB23.5773	
State: FL District: 05				

Full Name (Last, First, Middle Initial) <b>B. PETER R. DEUTSCH</b>			Date of Disbursement 11 / 16 / 2001	
Mailing Address PO BOX 817889 City: HOLLYWOOD State: FL Zip Code: 33081			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign Contribution			Category/ Type	
Candidate Name				
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: SB23.5752	
State: FL District: 20				

Full Name (Last, First, Middle Initial) <b>C. Feeney Congress. Exploratory Committee</b>			Date of Disbursement 10 / 31 / 2001	
Mailing Address P.O. Box 622345 City: Oviedo State: FL Zip Code: 32762			Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Campaign Contribution			Category/ Type	
Candidate Name				
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: SB23.5775	
State: FL District: 33				

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4000.00</b>
<b>TOTAL</b> 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 18 / 20

<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) <b>A. FRIENDS OF MARK FOLEY</b>		Date of Disbursement 09 / 04 / 2001
Mailing Address 3507 Village Blvd. Apt 304 City State Zip Code West Palm Beach FL 33409		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.5707
State: FL District: 16		

Full Name (Last, First, Middle Initial) <b>B. RICHARD ANTHONY KELLER</b>		Date of Disbursement 11 / 12 / 2001
Mailing Address P.O. Box 1453 City State Zip Code ORLANDO FL 32802-1453		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.5766
State: FL District: 08		

Full Name (Last, First, Middle Initial) <b>C. BILL NELSON</b>		Date of Disbursement 10 / 26 / 2001
Mailing Address 422 C Street, N.E. Lower Level City State Zip Code Washington DC 20002		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB23.5731
State: FL District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> 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 19 / 20

<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) <b>A. ILEANA ROS-LEHTINEN</b>		Date of Disbursement 09 / 19 / 2001	
Mailing Address POST OFFICE BOX 52-2784 City MIAMI State FL Zip Code 33152-2784		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement 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: SB23.5727	
State: FL      District: 16			

Full Name (Last, First, Middle Initial) <b>B. E CLAY JR SHAW</b>		Date of Disbursement 12 / 31 / 2001	
Mailing Address 2500 N. Federal Highway Suite 303 City FORT LAUDERDALE State FL Zip Code 33306		Amount of Each Disbursement this Period -500.00	
Purpose of Disbursement Lost/cancelled campaign contrib check 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: SB23.5756	
State: FL      District: 22			

Full Name (Last, First, Middle Initial) <b>C. KAREN L THURMAN</b>		Date of Disbursement 10 / 24 / 2001	
Mailing Address PO BOX 5058 City INVERNESS State FL Zip Code 34450		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: SB23.5729	
State: FL      District: 06			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>9500.00</b>

**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 20 / 20

<input type="checkbox"/> 21b	<input 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 checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Florida Health Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Bush-Bragan 2002</b>		Date of Disbursement 08 / 13 / 2001	
Mailing Address 9200 S. Dadeland Blvd., Suite 110 City Miami State FL Zip Code 33156		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Campaign Contribution		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 X Primary      General Other (specify) ▼	Transaction ID: 5B29.5708	
State: FL      District:			

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>500.00</b>