



Political Action Committee

P. O. Box 6936
Jacksonville, Florida 32238-6936
(904) 791-6268

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 3 9 36 AM '99

July 28, 1999

Federal Election Commission
Attn: Reports Analysis Division
999 E Street, NW
Washington, DC 20543

RE: FLORIDA HEALTH PAC MID-YEAR REPORT 1/1/99-6/30/99

On behalf of Florida Health Political Action Committee, I have enclosed our report of Receipts and Disbursements covering the period of January 1, 1999 through June 30, 1999 representing the mid-year Report.

Should you have any questions regarding this report, please contact me at (904) 605-8447.

Very truly yours,

Kenneth L. Thurston
Treasurer

KLT:imw

Attachment

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

Tommy Bell
Supervisor of Elections
for Duval County
105 East Monroe Street
Jacksonville, Florida 32202

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

U.S. GOVERNMENT
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Florida Health Political Action Committee		2. FEC IDENTIFICATION NUMBER COD161141
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)		

AUG 3 9 36 AM '99

4. TYPE OF REPORT

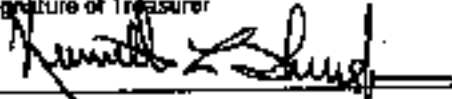
- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1-1-99</u> through <u>6-30-99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 20,650.57
(b) Cash on Hand at Beginning of Reporting Period	\$ 20,650.57	
(c) Total Receipts (from Line 19)	\$ 27,173.82	\$ 27,173.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 47,824.39	\$ 47,824.39
7. Total Disbursements (from Line 20)	\$ 31,083.68	\$ 31,083.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 16,740.71	\$ 16,740.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ _____	For further information contact: Federal Election Commission 660 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ _____	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Kenneth L. Thurston

Signature of Treasurer



Date

7/30/99

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

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

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	REPORT COVERING PERIOD		
Florida Health/Political Action Committee	FROM 01/01/99	TO 06/30/99	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	4,260.00	4,260.00	11(a)(i)
ii. Unitemized	17,453.02	17,453.02	11(a)(ii)
iii. Total (add i and ii) >	21,713.02	21,713.02	11(a)(iii)
b. Political Party Committees	--	--	11(b)
c. Other Political Committees (such as PACs)	--	--	11(c)
d. Total Contributions (add a iii, b and c) >	21,713.02	21,713.02	11(d)
12. Transfers From Affiliated/Other Party Committees	--	--	12
13. All Loans Received	--	--	13
14. Loan Repayments Received	--	--	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	--	--	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	5,000.00	5,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.) <i>DeLaney/Interest</i>	460.80	460.80	17
18. Transfers from Nonfederal Account for Joint Activity	--	--	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	27,173.82	27,173.82	19
20. Total Federal Receipts (subtract line 18 from line 19) >	27,173.82	27,173.82	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	--	--	21(a)(i)
i. Federal Share	--	--	21(a)(ii)
ii. Non-Federal Share	34.00	34.00	21(b)
b. Other Federal Operating Expenditures <i>I, R, N, S.</i>	34.00	34.00	21(c)
c. Total Operating Expenditures (add a ii, b ii, and b) >	6,000.00	6,000.00	22
22. Transfers to Affiliated/Other Party Committees	--	--	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	23,500.00	23,500.00	23
24. Independent Expenditures (see Schedule E)	--	--	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see Schedule F)	--	--	25
26. Loan Repayments Made	--	--	26
27. Loans Made	--	--	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	1,049.68	1,049.68	28(a)
b. Political Party Committees	--	--	28(b)
c. Other Political Committees (such as PACs)	1,049.68	1,049.68	28(c)
d. Total Contribution Refunds (add a, b and c) >	2,099.36	2,099.36	28(d)
29. Other Disbursements	500.00	500.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	31,083.68	31,083.68	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	31,083.68	31,083.68	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	21,713.02	21,713.02	32
33. Total Contribution Refunds (from line 28d)	1,049.68	1,049.68	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	20,663.34	20,663.34	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	34.00	34.00	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	34.00	34.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11(a)(1)

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

NAME OF COMMITTEE (In Full)

Florida Health Political Action Committee

000161141

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Barbara Benevento 4472 Bay Harbour Drive Jacksonville, FL 32225	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$300.00 (\$50.00 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 > \$ 300.00		
Ernest Brodsky 8052 Hunters Grove Road Jacksonville, FL 32256	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$240.00 (\$40.00 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 > \$ 240.00		
Bruce Davidson 111 E. Dillido Drive Miami Beach, FL 33139	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$1,200.00 (\$ 200.00 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 > \$ 1,200.00		
Judith Discenza 1232 Journey's End Lane Jacksonville, FL 32223	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$300.00 (\$100.00 per pay period until retirement)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Aggregate Year-to-Date > \$ 300.00		
Chris Doerr 8031 Acorn Ridge Road Jacksonville, FL 32256	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$300.00 (\$50.00 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 > \$ 300.00		
Michael Johnson 3713 Wicklow Manner Court Jacksonville, FL 32224	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$300.00 (\$50.00 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		
Daniel Lestage, MD 1782 Long Slough Walk Orange Park, FL 32073	Blue Cross and Blue Shield of Florida, Inc.	Monthly Payroll Deduction	\$300.00 (\$50.00 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		

SUBTOTAL of Receipts This Page (optional)

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 2 OF 2
FOR LINE NUMBER 11(a)(1)

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

NAME OF COMMITTEE (In Full)

Florida Health Political Action Committee

000161141

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Walter Liptak 3205 Old Bard Court Ponte Vedra Beach, FL 32082 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Blue Cross and Blue Shield of Florida, Inc. Occupation: Vice President Aggregate Year-to-Date: \$300.00	Monthly Payroll Deduction	\$ 300.00 (\$50.00 per pay period)
Janet Rogers 51 Vanderford Rd., E. Orange Park, FL 32073 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Blue Cross and Blue Shield of Florida, Inc. Occupation: Aggregate Year-to-Date: \$600.00	Monthly Payroll Deduction	\$600.00 (\$100.00 per pay period)
Darnell Smith 3439 Drexel Street Jacksonville Florida 32207 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Blue Cross and Blue Shield of Florida, Inc. Occupation: Aggregate Year-to-Date: \$420.00	Monthly Payroll Deduction	\$420.00 (\$70.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Name of Employer: Occupation: Aggregate Year-to-Date: \$	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): N/A	Name of Employer: Occupation: Aggregate Year-to-Date: \$	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): N/A	Name of Employer: Occupation: Aggregate Year-to-Date: \$	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): N/A	Name of Employer: Occupation: Aggregate Year-to-Date: \$	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): N/A	Name of Employer: Occupation: Aggregate Year-to-Date: \$	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): N/A	Name of Employer: Occupation: Aggregate Year-to-Date: \$	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): N/A	Name of Employer: Occupation: Aggregate Year-to-Date: \$	Date (month, day, year): Amount of Each Receipt this Period:	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$4,260.00

2025 RELEASE UNDER E.O. 14176

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 16

Refunds of Contributions made 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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Connie Mack Campaign P.O. Box 1835 Tampa Florida 33601-1835	Refund from candidate, Mack due to his decision not to seek re-election to FL US Sen. seat	04/13/99	\$5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$5,000.00
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)

\$5,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

Other Federal Receipts

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

NAME OF COMMITTEE (in Full)

Florida Health Political Action Committee

A. Full Name, Mailing Address and ZIP Code Nations Bank 9000 Southside Blvd. Jacksonville, FL 32256-0790	Name of Employer Interest earned on interest bearing account Occupation	Date (month, day, year) 1/1/99 thur 6/30/99	Amount of Each Receipt this Period \$60.80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date		\$60.80	
B. Full Name, Mailing Address and ZIP Code John Delaney Campaign Mayoral Candidate for the city of Jacksonville 1725 Memorial Pk. Dr. Jax. Fl.	Name of Employer Pro-rata refund from Mayoral Candidate for the city of Jacksonville Fl. Occupation	Date (month, day, year) 06/18/99	Amount of Each Receipt this Period \$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date		\$400.00	
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):			
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):			
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):			
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):			
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):			
Aggregate Year-to-Date		\$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this one number only)

\$460.80

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 22

Transferred to Affiliated PAC

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

NAME OF COMMITTEE (In Full)

Florida Health Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution to affiliated PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) n/a	Date (month, day, year)	Amount of Each Disbursement This Period
Blue PAC Blue Cross Blue Shield Association 1310 G Street, 12th Floor Washington, DC 20005	Contribution to affiliated PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) n/a	02/16/99	\$3,000.00
Blue PAC Blue Cross Blue Shield Association 1310 G Street, 12th Floor, Wash. DC 20005	Contribution to affiliated PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) n/a	05/28/99	\$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)

\$6,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 23

Federal Contributions

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

NAME OF COMMITTEE (In Full)

Florida Health Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution to candidate for US House District 23 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Year 2000	Date (month, day, year)	Amount of Each Disbursement This Period
Alcee Hastings Campaign 2701 W. Oakland Park Blvd. Ft. Lauderdale Florida 33311	Contribution to candidate for US House District 16 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Year 2000	02/16/99	\$500.00
Mark Foley Campaign 4440 FGA Blvd. Palm Beach Gardens Florida 33410	Contribution to Political action committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) see above	02/17/99	\$1,500.00
Michael Billrakis Campaign P.O. Box 1077 Tarpon Springs Florida 34688	Contribution to Candidate for US House Fl District 9 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Year 2000	04/13/99	\$500.00
Lincoln Diaz-Balart 9737 NW 41st Street Suite 131 Miami Florida 33178	Contribution to Candidate for US House Fl District 21 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Year 2000	04/13/99	\$500.00
Ileana Ros-Lehtinen 9210 Sunset Drive Suite 100 Miami Florida 33173	Contribution to Candidate for US House Fl District 18 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Year 2000	04/13/99	\$500.00
Bill C.W. Young Campaign P.O. Box 103 Arlington VA 22210	Purpose of Disbursement Contr. to Candidate for US House Fl District 10 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Year 2000	04/13/99	\$1,000.00
Robert Wexler Campaign 2500 N. Military Trail Suite 282 Boca Raton Florida 33431	Purpose of Disbursement Contr. to candidate for US House Fl District 19 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Year 2000	04/13/99	\$500.00
Republican Senate/House Dinner PO Box 1721 Washington DC 20013	Purpose of Disbursement Joint Fund raising Comm. of the Natl Rep. Senate/House members Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) See above	04/16/99	\$1,500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 23

Federal Contribution

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Allen F. Boyd Jr. Campaign P.O. Box 15703 Tallahassee Florida 32317	Contr. to Candidate for US House Fl District 2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Year 2000	04/16/99	\$500.00
Clay Shaw Jr. Campaign P.O. Box 2188 Ft. Lauderdale Florida 3321-2188	Contr. to Candidate for US House District 22 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) year 2000	04/16/99	\$1,000.00
Joe Scarborough Campaign P.O. Box 13012 Pensacola Florida 32591	Contr. to Candidate for US House Fl District 1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Year 2000	04/16/99	\$1,000.00
Bill Nelson Campaign P.O. Box 10962 Tallahassee Florida 32302	Contr. to Candidate for US Senate Fl. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Year 2000	05/05/99	\$2,500.00
Bill McGillum Campaign 600 Thistlewood Court Longwood Florida 32779	Contr. to Candidate for US Senate FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Year 2000	05/07/99	\$2,500.00
John Mica Campaign P.O. Box 181546 Casselberry Florida 32718	Contr. to Candidate for US House District 7 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Year 2000	06/17/99	\$500.00
Peter Deutsch Campaign P.O. Box 817689 Hollywood Florida 33021	Contr. to Candidate for US House Fl District 20 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Year 2000	06/17/99	\$1,000.00
Karen Thurman Campaign P.O. Box 5058 Inverness Florida 34450	Concr. to Candidate for US House Fl District 3 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Year 2000	06/17/99	\$1,000.00
George W. Bush Presidential Exploratory Committee 301 Congress Suite 200 Austin, Texas 78701	Purpose of Disbursement: Presidential Exploratory Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Explor. Comm for Presidency	06/23/99	\$40,000.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3

FOR LINE NUMBER 23

Federal Contributions

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

NAME OF COMMITTEE (In Full)

Florida Health Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Willie F. Logan Campaign 490 Opa Loca Blvd. Suite 13 Opa Loca Florida 33054	Contr. to Candidate for US Senate FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Year 2000	06/23/99	\$2,500.00
Tom Gallagher Campaign P.O. Box 10550 Tallahassee Florida 32302	Purpose of Disbursement Contr. to Candidate for US Senate FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Year 2000	06/23/99	\$2,500.00
C. Full Name, Mailing Address and ZIP Code Bill Nelson Campaign P.O. Box 10962 Tallahassee, FL 32302	Purpose of Disbursement US Sen. (FL) candidate returned RHPAC cont. Check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/31/99	(\$2,500.00) (check return)
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)

\$23,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 28a

Refund of Contribution to Individual/Person

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

NAME OF COMMITTEE (in Full)

Florida Health Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Payroll Dept. of Blue Cross and Blue Shield of Florida 4800 Deerwood Campus Pkwy Jacksonville Florida 32246	Refund of Payroll deduction direct deposit error Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/99	\$1,049.68
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)

\$1,049.68

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 Contributions

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

NAME OF COMMITTEE (In Full)

Florida Health Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim King Campaign 10769 Beach Blvd. Suite 108 Jacksonville Florida 32246	Power. for FL state Senate District 8 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Electi	01/15/99	\$500.00
Roberto Casas Campaign 4821 W. 4th Ave Hialeah FL 33012	Contr. to Candidate for Miami Dade Cont. Comm D. 13 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/26/99	\$500.00
Tom Gallagher Campaign P.O. Box 10550 Tallahassee Florida 32302	Cancelled (check for (7/27/98) contr. for State cabinet race. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) See above	02/01/99	(\$500.00) (check canceled)
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)

\$500.00

10-20-98

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7/30/99
<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	
 SD PREPARER	 08/03/99 DATE PREPARED

2025 RELEASE UNDER E.O. 14176