

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

ADDRESS (number and street) P.O. Box 6936
4800 Deerwood Campus Parkwy, DC3-4
Jacksonville FL 32246

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00161141

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2016 through [MM] / [DD] / [YYYY] 01 / 31 / 2016

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. Gary M. Healy

Signature of Treasurer Mr. Gary M. Healy [Electronically Filed] Date 02 / 09 / 2016

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

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="147059.96"/>	<input type="text" value="147059.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="147059.96"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8403.39"/>	<input type="text" value="8403.39"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="155463.35"/>	<input type="text" value="155463.35"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="37000.00"/>	<input type="text" value="37000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="118463.35"/>	<input type="text" value="118463.35"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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 (Rev. 06/2004)

Page 3

Write or Type Committee Name

FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2016 To: M M / D D / Y Y Y Y 01 / 31 / 2016

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).....	341.66	341.66
(ii) Unitemized	8061.73	8061.73
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8403.39	8403.39
(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 33, page 5)	8403.39	8403.39
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 37, page 5).....	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.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	8403.39	8403.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8403.39	8403.39

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	20000.00	20000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	17000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	37000.00	37000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37000.00	37000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8403.39	8403.39
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8403.39	8403.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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 (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Sandra L. Coston
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Pkwy
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diversified Service Options CEO & President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : 20160120104029-26
 Amount of Each Receipt this Period
 150.00

B. Patrick J. Geraghty
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blue Cross Blue Shield of Fla Chairman & CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 383.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : 2016011918756-273
 Amount of Each Receipt this Period
 191.66

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	341.66
TOTAL This Period (last page this line number only).....▶	341.66

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)

<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	<input type="checkbox"/> 30b

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 (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

Full Name (Last, First, Middle Initial)

A. BluePAC - Blue Cross Blue Shield Association PAC

Date of Disbursement

Mailing Address 1310 G Street NW

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2016

City Washington State DC Zip Code 20005

Transaction ID : CF9E844F0A33E235C78

Purpose of Disbursement
Transfer to affiliated committee

008
Category/ Type

Amount of Each Disbursement this Period

20000.00

Candidate Name

BluePAC - Blue Cross Blue Shield Association PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

20000.00

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

20000.00

**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)

<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	<input type="checkbox"/> 30b

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 (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

Full Name (Last, First, Middle Initial)

A. Crenshaw for Congress Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		12		2016

Mailing Address 7235 Bonneval Rd
Ste 228

Transaction ID : 1F83D62AB9BAAF088ED

City Jacksonville State FL Zip Code 32256-7506

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
2016 General

011
Category/ Type

Candidate Name

Ander M. Crenshaw

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 04

Full Name (Last, First, Middle Initial)

B. Crenshaw for Congress Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		12		2016

Mailing Address 7235 Bonneval Rd
Ste 228

Transaction ID : 2CB7789A5FA937274F8

City Jacksonville State FL Zip Code 32256-7506

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
2016 General

011
Category/ Type

Candidate Name

Ander M. Crenshaw

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 04

Full Name (Last, First, Middle Initial)

C. Friends of Patrick Murphy

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		14		2016

Mailing Address 4521 Pga Blvd #412

Transaction ID : 606FB1C4ED868151104

City Palm Beach Gardens State FL Zip Code 33418

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2016 General

011
Category/ Type

Candidate Name

Patrick E. Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

TOTAL 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)

<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	<input type="checkbox"/> 30b

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 (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

Full Name (Last, First, Middle Initial)

A. Martin Heinrich for Senate

Mailing Address PO Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
2018 Primary

011

Candidate Name

Martin Heinrich

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NM District:

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2016

Transaction ID : 9A8A638C6FADB4A9155

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Team Ryan

Mailing Address 320 1st St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Team Ryan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2016

Transaction ID : D8AE7388E1369C6A7B2

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. NRCC

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2016 Contribution - Allocation of contribution made to JFC

011

Candidate Name

NRCC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2016

Transaction ID : 26C89AD2BB8C4D9A90C

Amount of Each Disbursement this Period

10000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶

11000.00

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

17000.00