

# 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**  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

ADDRESS (number and street) **P.O. Box 2291**  
 Check if different than previously reported. (ACC) **Durham NC 27702**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00312223** 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  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2016 through  /  /  2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Millican, Kathryn, , ,  
Type or Print Name of Treasurer

Signature of Treasurer Millican, Kathryn, , , [Electronically Filed] Date  /  /  2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

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"/>		163821.49
(b) Cash on Hand at Beginning of Reporting Period.....	128740.65	
(c) Total Receipts (from Line 19) .....	39085.84	110955.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	167826.49	274776.49
7. Total Disbursements (from Line 31).....	86759.49	193709.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	81067.00	81067.00
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	36607.40	92665.08
(ii) Unitemized .....	2478.44	18289.92
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	39085.84	110955.00
(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) .....	39085.84	110955.00
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)).....▶	39085.84	110955.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	39085.84	110955.00

**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.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	8000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	86759.49	185709.49
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	86759.49	193709.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86759.49	193709.49

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	39085.84	110955.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39085.84	110955.00
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 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Abernathy, Jorgenia, , H,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 Hoteling Ct

City Chapel Hill	State NC	Zip Code 27514
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1938.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

**Transaction ID : SA11Al.116743**

Amount of Each Receipt this Period  
138.47

Memo Item

**B. Abernathy, Jorgenia, , H,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 Hoteling Ct

City Chapel Hill	State NC	Zip Code 27514
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2077.05

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

**Transaction ID : SA11Al.116846**

Amount of Each Receipt this Period  
138.47

Memo Item

**C. Abernathy, Jorgenia, , H,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 Hoteling Ct

City Chapel Hill	State NC	Zip Code 27514
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2215.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

**Transaction ID : SA11Al.116949**

Amount of Each Receipt this Period  
138.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	415.41
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 7 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Abernathy, Jorgenia, , H,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 Hoteling Ct

City Chapel Hill	State NC	Zip Code 27514
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2353.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

**Transaction ID : SA11AI.117055**

Amount of Each Receipt this Period  
138.47

Memo Item

**B. Abernathy, Jorgenia, , H,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 Hoteling Ct

City Chapel Hill	State NC	Zip Code 27514
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2492.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117160**

Amount of Each Receipt this Period  
138.47

Memo Item

**C. Abernathy, Jorgenia, , H,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 Hoteling Ct

City Chapel Hill	State NC	Zip Code 27514
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2630.93

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117268**

Amount of Each Receipt this Period  
138.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	415.41
<b>TOTAL</b> This Period (last page this line number only).....	

**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 8 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Abernathy, Jorgenia, , H,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 Hoteling Ct

City Chapel Hill	State NC	Zip Code 27514
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2769.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : SA11AI.117375**

Amount of Each Receipt this Period  
138.47

Memo Item

**B. Atherton, Daniel, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8800 Hatton Court

City Charlotte	State NC	Zip Code 28277
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Regional Sales Director
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1281.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2016

**Transaction ID : SA11AI.116747**

Amount of Each Receipt this Period  
92.76

Memo Item

**C. Atherton, Daniel, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8800 Hatton Court

City Charlotte	State NC	Zip Code 28277
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Regional Sales Director
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1374.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2016

**Transaction ID : SA11AI.116850**

Amount of Each Receipt this Period  
92.76

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	323.99
<b>TOTAL</b> This Period (last page this line number only).....	



**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 9 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Atherton, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8800 Hatton Court  
 City Charlotte State NC Zip Code 28277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Regional Sales Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1466.86

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : SA11AI.116953**  
 Amount of Each Receipt this Period 92.76  
 Memo Item

**B. Atherton, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8800 Hatton Court  
 City Charlotte State NC Zip Code 28277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Regional Sales Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1559.62

Date of Receipt **08 / 19 / 2016**  
**Transaction ID : SA11AI.117059**  
 Amount of Each Receipt this Period 92.76  
 Memo Item

**C. Atherton, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8800 Hatton Court  
 City Charlotte State NC Zip Code 28277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Regional Sales Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1652.38

Date of Receipt **09 / 02 / 2016**  
**Transaction ID : SA11AI.117164**  
 Amount of Each Receipt this Period 92.76  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	278.28
<b>TOTAL</b> This Period (last page this line number only).....	

**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 10 OF 163
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Atherton, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8800 Hatton Court  
 City Charlotte State NC Zip Code 28277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Regional Sales Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1745.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2016  
**Transaction ID : SA11AI.117274**  
 Amount of Each Receipt this Period  
 92.76  
 Memo Item

**B. Atherton, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8800 Hatton Court  
 City Charlotte State NC Zip Code 28277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Regional Sales Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1837.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : SA11AI.117380**  
 Amount of Each Receipt this Period  
 92.76  
 Memo Item

**C. Bales, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6408 Landover Ct  
 City Raleigh State NC Zip Code 27612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2016  
**Transaction ID : SA11AI.117061**  
 Amount of Each Receipt this Period  
 375.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	560.52
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 11 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Bales, Matthew, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6408 Landover Ct

City Raleigh	State NC	Zip Code 27612
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Manager
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117166**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Bales, Matthew, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6408 Landover Ct

City Raleigh	State NC	Zip Code 27612
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Manager
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117276**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Bales, Matthew, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6408 Landover Ct

City Raleigh	State NC	Zip Code 27612
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Manager
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : SA11AI.117382**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 12 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Barber, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 605 Chalfant Court  
 City Raleigh State NC Zip Code 27607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1166.69

Date of Receipt **07 / 13 / 2016**  
**Transaction ID : SA11AI.117500**  
 Amount of Each Receipt this Period 166.67  
 Memo Item contribution

**B. Barber, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 605 Chalfant Court  
 City Raleigh State NC Zip Code 27607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1333.36

Date of Receipt **08 / 10 / 2016**  
**Transaction ID : SA11AI.117501**  
 Amount of Each Receipt this Period 166.67  
 Memo Item contribution

**C. Barber, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 605 Chalfant Court  
 City Raleigh State NC Zip Code 27607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.03

Date of Receipt **09 / 13 / 2016**  
**Transaction ID : SA11AI.117502**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 13 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Bastante, Joe, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 508 Rose Point Dr  
 City Cary State NC Zip Code 27518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1120.00

Date of Receipt 07 / 06 / 2016  
**Transaction ID : SA11AI.116749**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**B. Bastante, Joe, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 508 Rose Point Dr  
 City Cary State NC Zip Code 27518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 07 / 22 / 2016  
**Transaction ID : SA11AI.116852**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**C. Bastante, Joe, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 508 Rose Point Dr  
 City Cary State NC Zip Code 27518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1280.00

Date of Receipt 08 / 05 / 2016  
**Transaction ID : SA11AI.116955**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 14 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Bastante, Joe, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 508 Rose Point Dr

City Cary	State NC	Zip Code 27518
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

**Transaction ID : SA11AI.117062**

Amount of Each Receipt this Period  
80.00

Memo Item

**B. Bastante, Joe, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 508 Rose Point Dr

City Cary	State NC	Zip Code 27518
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1440.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117167**

Amount of Each Receipt this Period  
80.00

Memo Item

**C. Bastante, Joe, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 508 Rose Point Dr

City Cary	State NC	Zip Code 27518
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117277**

Amount of Each Receipt this Period  
80.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 15 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Bastante, Joe, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 508 Rose Point Dr  
 City Cary State NC Zip Code 27518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : SA11AI.117383**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item

**B. Blair, Kimberly, , H,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Crooked Creek Lane  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2016  
**Transaction ID : SA11AI.116750**  
 Amount of Each Receipt this Period  
 34.59  
 Memo Item

**C. Blair, Kimberly, , H,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Crooked Creek Lane  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 514.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2016  
**Transaction ID : SA11AI.116853**  
 Amount of Each Receipt this Period  
 34.59  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	149.18
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 16 OF 163
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Blair, Kimberly, , H,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 Crooked Creek Lane

City Durham	State NC	Zip Code 27713
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
549.24

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		05		2016

**Transaction ID : SA11AI.116956**

Amount of Each Receipt this Period  
34.59

Memo Item

**B. Blair, Kimberly, , H,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 Crooked Creek Lane

City Durham	State NC	Zip Code 27713
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.83

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		19		2016

**Transaction ID : SA11AI.117063**

Amount of Each Receipt this Period  
34.59

Memo Item

**C. Blair, Kimberly, , H,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 Crooked Creek Lane

City Durham	State NC	Zip Code 27713
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
618.42

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117168**

Amount of Each Receipt this Period  
34.59

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	103.77
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 17 OF 163
<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Blair, Kimberly, , H,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 Crooked Creek Lane

City Durham	State NC	Zip Code 27713
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
653.01

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2016

**Transaction ID : SA11Al.117278**

Amount of Each Receipt this Period  
34.59

Memo Item

**B. Blair, Kimberly, , H,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 Crooked Creek Lane

City Durham	State NC	Zip Code 27713
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
687.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : SA11Al.117384**

Amount of Each Receipt this Period  
34.59

Memo Item

**C. Bolt, Gary, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4801 Highgate Drive

City Durham	State NC	Zip Code 27713
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1008.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2016

**Transaction ID : SA11Al.116752**

Amount of Each Receipt this Period  
72.03

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	141.21
<b>TOTAL</b> This Period (last page this line number only).....	

**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 18 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Bolt, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4801 Highgate Drive  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1080.45

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : SA11AI.116855**  
 Amount of Each Receipt this Period 72.03  
 Memo Item

**B. Bolt, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4801 Highgate Drive  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1152.48

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : SA11AI.116958**  
 Amount of Each Receipt this Period 72.03  
 Memo Item

**C. Bolt, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4801 Highgate Drive  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1224.51

Date of Receipt **08 / 19 / 2016**  
**Transaction ID : SA11AI.117065**  
 Amount of Each Receipt this Period 72.03  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	216.09
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 19 OF 163
<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Bolt, Gary, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4801 Highgate Drive

City Durham	State NC	Zip Code 27713
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1296.54

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117170**

Amount of Each Receipt this Period  
72.03

Memo Item

**B. Bolt, Gary, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4801 Highgate Drive

City Durham	State NC	Zip Code 27713
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1368.57

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117280**

Amount of Each Receipt this Period  
72.03

Memo Item

**C. Bolt, Gary, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4801 Highgate Drive

City Durham	State NC	Zip Code 27713
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1440.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : SA11AI.117386**

Amount of Each Receipt this Period  
72.03

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	216.09
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 20 OF 163
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Bowman, Roberta, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Stoney Park Lane  
 City Bluffton State SC Zip Code 29910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Senior Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 13 / 2016**  
**Transaction ID : SA11AI.117503**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**B. Bowman, Roberta, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Stoney Park Lane  
 City Bluffton State SC Zip Code 29910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Senior Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **08 / 10 / 2016**  
**Transaction ID : SA11AI.117504**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**C. Bowman, Roberta, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Stoney Park Lane  
 City Bluffton State SC Zip Code 29910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Senior Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **09 / 13 / 2016**  
**Transaction ID : SA11AI.117505**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 21 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. breslin, Danielle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7200 Waltridge Place  
 City Holly Springs State NC Zip Code 27540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **07 / 06 / 2016**  
**Transaction ID : SA11AI.116754**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. breslin, Danielle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7200 Waltridge Place  
 City Holly Springs State NC Zip Code 27540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : SA11AI.116856**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. breslin, Danielle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7200 Waltridge Place  
 City Holly Springs State NC Zip Code 27540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : SA11AI.116959**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 22 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. breslin, Danielle, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7200 Waltridge Place

City Holly Springs	State NC	Zip Code 27540
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

**Transaction ID : SA11AI.117066**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. breslin, Danielle, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7200 Waltridge Place

City Holly Springs	State NC	Zip Code 27540
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117173**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. breslin, Danielle, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7200 Waltridge Place

City Holly Springs	State NC	Zip Code 27540
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117282**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 23 OF 163
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. breslin, Danielle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7200 Waltridge Place  
 City Holly Springs State NC Zip Code 27540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : SA11AI.117388**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. Brown, Wade, , L,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 389 Highland Dr  
 City Lexington State NC Zip Code 27292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Producer Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2016  
**Transaction ID : SA11AI.116757**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Brown, Wade, , L,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 389 Highland Dr  
 City Lexington State NC Zip Code 27292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Producer Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2016  
**Transaction ID : SA11AI.116859**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 24 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Brown, Wade, , L,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 389 Highland Dr

City Lexington	State NC	Zip Code 27292
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Producer Manager
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		05		2016

**Transaction ID : SA11AI.116962**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Brown, Wade, , L,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 389 Highland Dr

City Lexington	State NC	Zip Code 27292
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Producer Manager
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		19		2016

**Transaction ID : SA11AI.117069**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Brown, Wade, , L,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 389 Highland Dr

City Lexington	State NC	Zip Code 27292
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Producer Manager
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117176**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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 25 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Brown, Wade, , L,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 389 Highland Dr

City Lexington	State NC	Zip Code 27292
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Producer Manager
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2016

**Transaction ID : SA11AI.117285**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Brown, Wade, , L,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 389 Highland Dr

City Lexington	State NC	Zip Code 27292
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Producer Manager
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : SA11AI.117391**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Bureau-Johnson, Samantha, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 Hillsboro St

City Pittsboro	State NC	Zip Code 27312
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2016

**Transaction ID : SA11AI.116758**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 26 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Bureau-Johnsonn, Samantha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Hillsboro St  
 City Pittsboro State NC Zip Code 27312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : SA11AI.116860**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Bureau-Johnsonn, Samantha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Hillsboro St  
 City Pittsboro State NC Zip Code 27312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : SA11AI.116963**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Bureau-Johnsonn, Samantha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Hillsboro St  
 City Pittsboro State NC Zip Code 27312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1275.00

Date of Receipt **08 / 19 / 2016**  
**Transaction ID : SA11AI.117070**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 27 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Bureau-Johnsonn, Samantha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Hillsboro St  
 City Pittsboro State NC Zip Code 27312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.117177**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Bureau-Johnsonn, Samantha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Hillsboro St  
 City Pittsboro State NC Zip Code 27312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 16 / 2016  
**Transaction ID : SA11AI.117286**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Bureau-Johnsonn, Samantha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 Hillsboro St  
 City Pittsboro State NC Zip Code 27312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.117392**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 28 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Cade, Lisa, , L,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 Ackworth Court

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1974.41

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

**Transaction ID : SA11AI.116761**

Amount of Each Receipt this Period  
143.09

Memo Item

**B. Cade, Lisa, , L,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 Ackworth Court

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2117.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

**Transaction ID : SA11AI.116863**

Amount of Each Receipt this Period  
143.09

Memo Item

**C. Cade, Lisa, , L,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 Ackworth Court

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2260.59

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

**Transaction ID : SA11AI.116966**

Amount of Each Receipt this Period  
143.09

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	429.27
<b>TOTAL</b> This Period (last page this line number only).....	

**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 29 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Cade, Lisa, , L,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 Ackworth Court

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2403.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

**Transaction ID : SA11AI.117073**

Amount of Each Receipt this Period  
143.09

Memo Item

**B. Cade, Lisa, , L,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 Ackworth Court

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2546.77

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117180**

Amount of Each Receipt this Period  
143.09

Memo Item

**C. Cade, Lisa, , L,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 Ackworth Court

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2689.86

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117289**

Amount of Each Receipt this Period  
143.09

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	429.27
<b>TOTAL</b> This Period (last page this line number only).....	

**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 30 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Cade, Lisa, , L,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 Ackworth Court

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2832.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : SA11AI.117395**

Amount of Each Receipt this Period  
143.09

Memo Item

**B. Campbell, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2910 Royla Forrest Drive

City Raleigh	State NC	Zip Code 27614
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Medical Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

**Transaction ID : SA11AI.116763**

Amount of Each Receipt this Period  
40.00

Memo Item

**C. Campbell, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2910 Royla Forrest Drive

City Raleigh	State NC	Zip Code 27614
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Medical Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

**Transaction ID : SA11AI.116865**

Amount of Each Receipt this Period  
40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	223.09
<b>TOTAL</b> This Period (last page this line number only).....	

**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 31 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Campbell, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2910 Royla Forrest Drive  
 City Raleigh State NC Zip Code 27614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : SA11AI.116968**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Campbell, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2910 Royla Forrest Drive  
 City Raleigh State NC Zip Code 27614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt **08 / 19 / 2016**  
**Transaction ID : SA11AI.117075**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Campbell, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2910 Royla Forrest Drive  
 City Raleigh State NC Zip Code 27614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt **09 / 02 / 2016**  
**Transaction ID : SA11AI.117182**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 32 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Campbell, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2910 Royla Forrest Drive  
 City Raleigh State NC Zip Code 27614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 16 / 2016  
**Transaction ID : SA11AI.117291**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Campbell, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2910 Royla Forrest Drive  
 City Raleigh State NC Zip Code 27614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.117397**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Carey, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 Manning Drive Campus Box 7305  
 City Chapel Hill State NC Zip Code 27599  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 13 / 2016  
**Transaction ID : SA11AI.117506**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 180.00  
**TOTAL** This Period (last page this line number only).....▶



**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 33 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Carey, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 Manning Drive  
 Campus Box 7305  
 City Chapel Hill State NC Zip Code 27599  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **08 / 10 / 2016**  
**Transaction ID : SA11AI.117507**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**B. Carey, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 Manning Drive  
 Campus Box 7305  
 City Chapel Hill State NC Zip Code 27599  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **09 / 13 / 2016**  
**Transaction ID : SA11AI.117508**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**C. Caveney, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3138 Cornwall Rd  
 City Durham State NC Zip Code 27707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) BCBSNC Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1482.40

Date of Receipt **07 / 06 / 2016**  
**Transaction ID : SA11AI.116764**  
 Amount of Each Receipt this Period 144.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	344.24
<b>TOTAL</b> This Period (last page this line number only).....	

**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 34 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Caveney, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3138 Cornwall Rd  
 City Durham State NC Zip Code 27707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1626.64

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : SA11AI.116866**  
 Amount of Each Receipt this Period 144.24  
 Memo Item

**B. Caveney, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3138 Cornwall Rd  
 City Durham State NC Zip Code 27707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1770.88

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : SA11AI.116969**  
 Amount of Each Receipt this Period 144.24  
 Memo Item

**C. Caveney, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3138 Cornwall Rd  
 City Durham State NC Zip Code 27707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1915.12

Date of Receipt **08 / 19 / 2016**  
**Transaction ID : SA11AI.117076**  
 Amount of Each Receipt this Period 144.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	432.72
<b>TOTAL</b> This Period (last page this line number only).....	

**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 35 OF 163
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Caveney, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3138 Cornwall Rd  
 City Durham State NC Zip Code 27707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2059.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2016  
**Transaction ID : SA11AI.117183**  
 Amount of Each Receipt this Period  
 144.24  
 Memo Item

**B. Caveney, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3138 Cornwall Rd  
 City Durham State NC Zip Code 27707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2203.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2016  
**Transaction ID : SA11AI.117292**  
 Amount of Each Receipt this Period  
 144.24  
 Memo Item

**C. Caveney, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3138 Cornwall Rd  
 City Durham State NC Zip Code 27707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2347.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : SA11AI.117398**  
 Amount of Each Receipt this Period  
 144.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	432.72
<b>TOTAL</b> This Period (last page this line number only).....	

**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 36 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Chilton, Rick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 71 Browns Creek  
 City Manson State NC Zip Code 27553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 19 / 2016  
**Transaction ID : SA11AI.117077**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Chilton, Rick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 71 Browns Creek  
 City Manson State NC Zip Code 27553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.117184**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Chilton, Rick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 71 Browns Creek  
 City Manson State NC Zip Code 27553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) CIO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 16 / 2016  
**Transaction ID : SA11AI.117293**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 37 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Chilton, Rick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 71 Browns Creek  
 City Manson State NC Zip Code 27553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.117399**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Crist, Steven, , K,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Chariot Court  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 969.36

Date of Receipt 07 / 06 / 2016  
**Transaction ID : SA11AI.116767**  
 Amount of Each Receipt this Period 69.24  
 Memo Item

**C. Crist, Steven, , K,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Chariot Court  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1038.60

Date of Receipt 07 / 22 / 2016  
**Transaction ID : SA11AI.116869**  
 Amount of Each Receipt this Period 69.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	213.48
<b>TOTAL</b> This Period (last page this line number only).....	

**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 38 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Crist, Steven, , K,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Chariot Court

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1107.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

**Transaction ID : SA11Al.116973**

Amount of Each Receipt this Period  
69.24

Memo Item

**B. Crist, Steven, , K,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Chariot Court

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1177.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

**Transaction ID : SA11Al.117080**

Amount of Each Receipt this Period  
69.24

Memo Item

**C. Crist, Steven, , K,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Chariot Court

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1246.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

**Transaction ID : SA11Al.117187**

Amount of Each Receipt this Period  
69.24

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	207.72
<b>TOTAL</b> This Period (last page this line number only).....	

**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 39 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Crist, Steven, , K,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Chariot Court

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1315.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117296**

Amount of Each Receipt this Period  
69.24

Memo Item

**B. Crist, Steven, , K,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Chariot Court

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1384.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : SA11AI.117402**

Amount of Each Receipt this Period  
69.24

Memo Item

**C. Davenport, Walter, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4929 Harbour Towne Dr

City Raleigh	State NC	Zip Code 27604
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual) Retired
-----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2016

**Transaction ID : SA11AI.117509**

Amount of Each Receipt this Period  
250.00

Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	388.48
<b>TOTAL</b> This Period (last page this line number only).....	

**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 40 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Davenport, Walter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4929 Harbour Towne Dr  
 City Raleigh State NC Zip Code 27604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **08 / 10 / 2016**  
**Transaction ID : SA11Al.117510**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Davenport, Walter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4929 Harbour Towne Dr  
 City Raleigh State NC Zip Code 27604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt **09 / 13 / 2016**  
**Transaction ID : SA11Al.117511**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. DeGross, Diane, , G,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Cobart Ridge Rd  
 City Hillsborough State NC Zip Code 27278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) BCBSNC Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1221.37

Date of Receipt **07 / 06 / 2016**  
**Transaction ID : SA11Al.116771**  
 Amount of Each Receipt this Period 87.93  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	587.93
<b>TOTAL</b> This Period (last page this line number only).....	



**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 41 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. DeGross, Diane, , G,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Cobart Ridge Rd

City Hillsborough	State NC	Zip Code 27278
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1309.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

**Transaction ID : SA11AI.116873**

Amount of Each Receipt this Period  
87.93

Memo Item

**B. DeGross, Diane, , G,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Cobart Ridge Rd

City Hillsborough	State NC	Zip Code 27278
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1397.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

**Transaction ID : SA11AI.116977**

Amount of Each Receipt this Period  
87.93

Memo Item

**C. DeGross, Diane, , G,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Cobart Ridge Rd

City Hillsborough	State NC	Zip Code 27278
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1484.93

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

**Transaction ID : SA11AI.117084**

Amount of Each Receipt this Period  
87.70

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	263.56
<b>TOTAL</b> This Period (last page this line number only).....	

**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 42 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. DeGroff, Diane, , G,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Cobart Ridge Rd

City Hillsborough	State NC	Zip Code 27278
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1660.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117191**

Amount of Each Receipt this Period  
175.39

Memo Item

**B. DeGroff, Diane, , G,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Cobart Ridge Rd

City Hillsborough	State NC	Zip Code 27278
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1748.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117300**

Amount of Each Receipt this Period  
87.70

Memo Item

**C. DeGroff, Diane, , G,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Cobart Ridge Rd

City Hillsborough	State NC	Zip Code 27278
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1835.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : SA11AI.117406**

Amount of Each Receipt this Period  
87.70

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.79
<b>TOTAL</b> This Period (last page this line number only).....	

**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 43 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Donohue, Hugh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 Cabernet Circle  
 City Cary State NC Zip Code 27511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 451.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2016  
**Transaction ID : SA11Al.116772**  
 Amount of Each Receipt this Period  
 32.51  
 Memo Item

**B. Donohue, Hugh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 Cabernet Circle  
 City Cary State NC Zip Code 27511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 483.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2016  
**Transaction ID : SA11Al.116874**  
 Amount of Each Receipt this Period  
 32.51  
 Memo Item

**C. Donohue, Hugh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 Cabernet Circle  
 City Cary State NC Zip Code 27511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 516.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2016  
**Transaction ID : SA11Al.116978**  
 Amount of Each Receipt this Period  
 32.51  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	97.53
<b>TOTAL</b> This Period (last page this line number only).....	

**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 44 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Donohue, Hugh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 Cabernet Circle  
 City Cary State NC Zip Code 27511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 548.67

Date of Receipt  
 08 / 19 / 2016  
**Transaction ID : SA11AI.117085**  
 Amount of Each Receipt this Period 32.51  
 Memo Item

**B. Donohue, Hugh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 Cabernet Circle  
 City Cary State NC Zip Code 27511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 581.18

Date of Receipt  
 09 / 02 / 2016  
**Transaction ID : SA11AI.117192**  
 Amount of Each Receipt this Period 32.51  
 Memo Item

**C. Donohue, Hugh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 Cabernet Circle  
 City Cary State NC Zip Code 27511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 613.69

Date of Receipt  
 09 / 16 / 2016  
**Transaction ID : SA11AI.117301**  
 Amount of Each Receipt this Period 32.51  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	97.53
<b>TOTAL</b> This Period (last page this line number only).....	

**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 45 OF 163
<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Donohue, Hugh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 Cabernet Circle  
 City Cary State NC Zip Code 27511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 646.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : SA11AI.117407**  
 Amount of Each Receipt this Period  
 32.51  
 Memo Item

**B. Emmons, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 Vyne Court  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1540.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2016  
**Transaction ID : SA11AI.116774**  
 Amount of Each Receipt this Period  
 110.01  
 Memo Item

**C. Emmons, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 Vyne Court  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1650.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2016  
**Transaction ID : SA11AI.116876**  
 Amount of Each Receipt this Period  
 110.01  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	252.53
<b>TOTAL</b> This Period (last page this line number only).....	

**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 46 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Emmons, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 Vyne Court  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1760.16

Date of Receipt 08 / 05 / 2016  
**Transaction ID : SA11AI.116980**  
 Amount of Each Receipt this Period 110.01  
 Memo Item

**B. Emmons, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 Vyne Court  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1870.17

Date of Receipt 08 / 19 / 2016  
**Transaction ID : SA11AI.117087**  
 Amount of Each Receipt this Period 110.01  
 Memo Item

**C. Emmons, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 Vyne Court  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1980.18

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.117194**  
 Amount of Each Receipt this Period 110.01  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	330.03
<b>TOTAL</b> This Period (last page this line number only).....	

**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 47 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Emmons, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 Vyne Court  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2090.19

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2016  
**Transaction ID : SA11AI.117303**  
 Amount of Each Receipt this Period  
 110.01  
 Memo Item

**B. Emmons, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 Vyne Court  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : SA11AI.117409**  
 Amount of Each Receipt this Period  
 110.01  
 Memo Item

**C. Evans, Christine, , A,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 606 W. Aycock Street  
 City Raleigh State NC Zip Code 27608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 671.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2016  
**Transaction ID : SA11AI.116776**  
 Amount of Each Receipt this Period  
 48.63  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	268.65
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 48 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Evans, Christine, , A,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 606 W. Aycock Street

City Raleigh	State NC	Zip Code 27608
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

**Transaction ID : SA11AI.116878**

Amount of Each Receipt this Period  
48.63

Memo Item

**B. Evans, Christine, , A,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 606 W. Aycock Street

City Raleigh	State NC	Zip Code 27608
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
768.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

**Transaction ID : SA11AI.116982**

Amount of Each Receipt this Period  
48.63

Memo Item

**C. Evans, Christine, , A,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 606 W. Aycock Street

City Raleigh	State NC	Zip Code 27608
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
817.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

**Transaction ID : SA11AI.117088**

Amount of Each Receipt this Period  
48.63

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.89
<b>TOTAL</b> This Period (last page this line number only).....	



**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 49 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Evans, Christine, , A,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 606 W. Aycock Street

City Raleigh	State NC	Zip Code 27608
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
865.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117197**

Amount of Each Receipt this Period  
48.63

Memo Item

**B. Evans, Christine, , A,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 606 W. Aycock Street

City Raleigh	State NC	Zip Code 27608
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
914.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117305**

Amount of Each Receipt this Period  
48.63

Memo Item

**C. Evans, Christine, , A,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 606 W. Aycock Street

City Raleigh	State NC	Zip Code 27608
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
963.25

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : SA11AI.117411**

Amount of Each Receipt this Period  
48.63

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.89
<b>TOTAL</b> This Period (last page this line number only).....	

**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 50 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Fleming, Robert, , M,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 211 St. Mary's Street

City Raleigh	State NC	Zip Code 27605
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1228.93

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

**Transaction ID : SA11AI.116777**

Amount of Each Receipt this Period  
88.47

Memo Item

**B. Fleming, Robert, , M,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 211 St. Mary's Street

City Raleigh	State NC	Zip Code 27605
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1317.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

**Transaction ID : SA11AI.116879**

Amount of Each Receipt this Period  
88.47

Memo Item

**C. Fleming, Robert, , M,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 211 St. Mary's Street

City Raleigh	State NC	Zip Code 27605
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1405.87

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

**Transaction ID : SA11AI.116983**

Amount of Each Receipt this Period  
88.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	265.41
<b>TOTAL</b> This Period (last page this line number only).....	

**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 51 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Fleming, Robert, , M,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 211 St. Mary's Street

City Raleigh	State NC	Zip Code 27605
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1494.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

**Transaction ID : SA11AI.117089**

Amount of Each Receipt this Period  
88.47

Memo Item

**B. Fleming, Robert, , M,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 211 St. Mary's Street

City Raleigh	State NC	Zip Code 27605
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1582.81

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117198**

Amount of Each Receipt this Period  
88.47

Memo Item

**C. Fleming, Robert, , M,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 211 St. Mary's Street

City Raleigh	State NC	Zip Code 27605
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1671.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117306**

Amount of Each Receipt this Period  
88.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	265.41
<b>TOTAL</b> This Period (last page this line number only).....	

**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 52 OF 163
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Fleming, Robert, , M,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211 St. Mary's Street  
 City Raleigh State NC Zip Code 27605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1759.75

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.117412**  
 Amount of Each Receipt this Period 88.47  
 Memo Item

**B. Fong, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 Lintel Dr  
 City McMurry State PA Zip Code 15317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1639.54

Date of Receipt 07 / 06 / 2016  
**Transaction ID : SA11AI.116779**  
 Amount of Each Receipt this Period 117.11  
 Memo Item

**C. Fong, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 Lintel Dr  
 City McMurry State PA Zip Code 15317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1756.65

Date of Receipt 07 / 22 / 2016  
**Transaction ID : SA11AI.116881**  
 Amount of Each Receipt this Period 117.11  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	322.69
<b>TOTAL</b> This Period (last page this line number only).....	

**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 53 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Fong, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 Lintel Dr

City McMurry	State PA	Zip Code 15317
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1873.76

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		05		2016

**Transaction ID : SA11AI.116985**

Amount of Each Receipt this Period  
117.11

Memo Item

**B. Fong, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 Lintel Dr

City McMurry	State PA	Zip Code 15317
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1990.87

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		19		2016

**Transaction ID : SA11AI.117091**

Amount of Each Receipt this Period  
117.11

Memo Item

**C. Fong, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 Lintel Dr

City McMurry	State PA	Zip Code 15317
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2107.98

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117200**

Amount of Each Receipt this Period  
117.11

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	351.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 54 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Fong, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 Lintel Dr

City McMurry	State PA	Zip Code 15317
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2225.09

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117308**

Amount of Each Receipt this Period  
117.11

Memo Item

**B. Fong, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 Lintel Dr

City McMurry	State PA	Zip Code 15317
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2342.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : SA11AI.117414**

Amount of Each Receipt this Period  
117.11

Memo Item

**C. Gaines, Kathi, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 603 Kingswood Drive

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
714.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

**Transaction ID : SA11AI.116780**

Amount of Each Receipt this Period  
51.02

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	285.24
<b>TOTAL</b> This Period (last page this line number only).....	

**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 55 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Gaines, Kathi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 603 Kingswood Drive  
 City Cary State NC Zip Code 27513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.30

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : SA11AI.116882**  
 Amount of Each Receipt this Period 51.02  
 Memo Item

**B. Gaines, Kathi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 603 Kingswood Drive  
 City Cary State NC Zip Code 27513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 816.32

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : SA11AI.116986**  
 Amount of Each Receipt this Period 51.02  
 Memo Item

**C. Gaines, Kathi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 603 Kingswood Drive  
 City Cary State NC Zip Code 27513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 867.34

Date of Receipt **08 / 19 / 2016**  
**Transaction ID : SA11AI.117092**  
 Amount of Each Receipt this Period 51.02  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	153.06
<b>TOTAL</b> This Period (last page this line number only).....	

**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 56 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Gaines, Kathi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 603 Kingswood Drive  
 City Cary State NC Zip Code 27513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 918.36

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.117201**  
 Amount of Each Receipt this Period 51.02  
 Memo Item

**B. Gaines, Kathi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 603 Kingswood Drive  
 City Cary State NC Zip Code 27513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 969.38

Date of Receipt 09 / 16 / 2016  
**Transaction ID : SA11AI.117309**  
 Amount of Each Receipt this Period 51.02  
 Memo Item

**C. Gaines, Kathi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 603 Kingswood Drive  
 City Cary State NC Zip Code 27513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1020.40

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.117415**  
 Amount of Each Receipt this Period 51.02  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	153.06
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 57 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Getzen, Patrick, , K,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 Chilcott

City Apex	State NC	Zip Code 27502
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2153.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

**Transaction ID : SA11Al.116781**

Amount of Each Receipt this Period  
153.85

Memo Item

**B. Getzen, Patrick, , K,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 Chilcott

City Apex	State NC	Zip Code 27502
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2307.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

**Transaction ID : SA11Al.116883**

Amount of Each Receipt this Period  
153.85

Memo Item

**C. Getzen, Patrick, , K,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 Chilcott

City Apex	State NC	Zip Code 27502
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2461.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

**Transaction ID : SA11Al.116987**

Amount of Each Receipt this Period  
153.85

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	461.55
<b>TOTAL</b> This Period (last page this line number only).....	

**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 58 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Getzen, Patrick, , K,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 Chilcott

City Apex	State NC	Zip Code 27502
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2615.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

**Transaction ID : SA11AI.117093**

Amount of Each Receipt this Period  
153.85

Memo Item

**B. Getzen, Patrick, , K,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 Chilcott

City Apex	State NC	Zip Code 27502
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2769.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117202**

Amount of Each Receipt this Period  
153.85

Memo Item

**C. Getzen, Patrick, , K,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 Chilcott

City Apex	State NC	Zip Code 27502
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2923.15

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117310**

Amount of Each Receipt this Period  
153.85

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	461.55
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 59 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Getzen, Patrick, , K,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 205 Chilcott  
 City Apex State NC Zip Code 27502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3077.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11Al.117416**  
 Amount of Each Receipt this Period 153.85  
 Memo Item

**B. Gofourth, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 206 N Duke Street  
 City Durham State NC Zip Code 27701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 997.37

Date of Receipt 07 / 06 / 2016  
**Transaction ID : SA11Al.116782**  
 Amount of Each Receipt this Period 71.93  
 Memo Item

**C. Gofourth, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 206 N Duke Street  
 City Durham State NC Zip Code 27701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1069.30

Date of Receipt 07 / 22 / 2016  
**Transaction ID : SA11Al.116884**  
 Amount of Each Receipt this Period 71.93  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	297.71
<b>TOTAL</b> This Period (last page this line number only).....	

**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 60 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Gofourth, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 206 N Duke Street  
 City Durham State NC Zip Code 27701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1141.23

Date of Receipt 08 / 05 / 2016  
**Transaction ID : SA11AI.116988**  
 Amount of Each Receipt this Period 71.93  
 Memo Item

**B. Gofourth, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 206 N Duke Street  
 City Durham State NC Zip Code 27701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1213.16

Date of Receipt 08 / 19 / 2016  
**Transaction ID : SA11AI.117094**  
 Amount of Each Receipt this Period 71.93  
 Memo Item

**C. Gofourth, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 206 N Duke Street  
 City Durham State NC Zip Code 27701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1285.09

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.117203**  
 Amount of Each Receipt this Period 71.93  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	215.79
<b>TOTAL</b> This Period (last page this line number only).....	

**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 61 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Gofourth, Robert, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 206 N Duke Street

City Durham	State NC	Zip Code 27701
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1357.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2016

**Transaction ID : SA11Al.117311**

Amount of Each Receipt this Period  
71.93

Memo Item

**B. Gofourth, Robert, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 206 N Duke Street

City Durham	State NC	Zip Code 27701
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1428.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : SA11Al.117417**

Amount of Each Receipt this Period  
71.93

Memo Item

**C. Gorry, Laura, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2566 Ironwood Drive

City Hickory	State NC	Zip Code 28602
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Regional Service Manager
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
716.74

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2016

**Transaction ID : SA11Al.116783**

Amount of Each Receipt this Period  
51.71

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	195.57
<b>TOTAL</b> This Period (last page this line number only).....	

**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 62 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Gorry, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2566 Ironwood Drive  
 City Hickory State NC Zip Code 28602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Regional Service Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 768.45

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : SA11AI.116885**  
 Amount of Each Receipt this Period 51.71  
 Memo Item

**B. Gorry, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2566 Ironwood Drive  
 City Hickory State NC Zip Code 28602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Regional Service Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 820.16

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : SA11AI.116989**  
 Amount of Each Receipt this Period 51.71  
 Memo Item

**C. Gorry, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2566 Ironwood Drive  
 City Hickory State NC Zip Code 28602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Regional Service Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 871.87

Date of Receipt **08 / 19 / 2016**  
**Transaction ID : SA11AI.117095**  
 Amount of Each Receipt this Period 51.71  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	155.13
<b>TOTAL</b> This Period (last page this line number only).....	

**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 63 OF 163
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Gorry, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2566 Ironwood Drive  
 City Hickory State NC Zip Code 28602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Regional Service Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.58

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.117204**  
 Amount of Each Receipt this Period 51.71  
 Memo Item

**B. Gorry, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2566 Ironwood Drive  
 City Hickory State NC Zip Code 28602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Regional Service Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.29

Date of Receipt 09 / 16 / 2016  
**Transaction ID : SA11AI.117312**  
 Amount of Each Receipt this Period 51.71  
 Memo Item

**C. Gorry, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2566 Ironwood Drive  
 City Hickory State NC Zip Code 28602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Regional Service Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1027.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.117418**  
 Amount of Each Receipt this Period 51.71  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	155.13
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 64 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Green, Estay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1004 Fullbright Dr  
 City Morrisville State NC Zip Code 27560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **07 / 06 / 2016**  
**Transaction ID : SA11AI.116784**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Green, Estay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1004 Fullbright Dr  
 City Morrisville State NC Zip Code 27560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : SA11AI.116886**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Green, Estay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1004 Fullbright Dr  
 City Morrisville State NC Zip Code 27560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : SA11AI.116990**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 65 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Green, Estay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1004 Fullbright Dr  
 City Morrisville State NC Zip Code 27560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 19 / 2016  
**Transaction ID : SA11AI.117096**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Green, Estay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1004 Fullbright Dr  
 City Morrisville State NC Zip Code 27560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.117205**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Green, Estay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1004 Fullbright Dr  
 City Morrisville State NC Zip Code 27560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 16 / 2016  
**Transaction ID : SA11AI.117313**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 66 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Green, Estay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1004 Fullbright Dr  
 City Morrisville State NC Zip Code 27560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.117419**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Grissom, Darrell, , Mr., II**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1105 New Hampshire Drive  
 City Jamestown State NC Zip Code 27282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Consumer Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 07 / 06 / 2016  
**Transaction ID : SA11AI.116785**  
 Amount of Each Receipt this Period 17.31  
 Memo Item

**C. Grissom, Darrell, , Mr., II**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1105 New Hampshire Drive  
 City Jamestown State NC Zip Code 27282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Consumer Sales Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 259.65

Date of Receipt 07 / 22 / 2016  
**Transaction ID : SA11AI.116887**  
 Amount of Each Receipt this Period 17.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	54.62
<b>TOTAL</b> This Period (last page this line number only).....	

**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 67 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Grissom, Darrell, , Mr., II**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1105 New Hampshire Drive

City Jamestown	State NC	Zip Code 27282
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Consumer Sales Manager
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
276.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

**Transaction ID : SA11AI.116991**

Amount of Each Receipt this Period  
17.31

Memo Item

**B. Grissom, Darrell, , Mr., II**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1105 New Hampshire Drive

City Jamestown	State NC	Zip Code 27282
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Consumer Sales Manager
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.27

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

**Transaction ID : SA11AI.117097**

Amount of Each Receipt this Period  
17.31

Memo Item

**C. Grissom, Darrell, , Mr., II**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1105 New Hampshire Drive

City Jamestown	State NC	Zip Code 27282
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Consumer Sales Manager
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
311.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117206**

Amount of Each Receipt this Period  
17.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	51.93
<b>TOTAL</b> This Period (last page this line number only).....	

**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 68 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Grissom, Darrell, , Mr., II**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1105 New Hampshire Drive

City Jamestown	State NC	Zip Code 27282
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Consumer Sales Manager
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
328.89

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117314**

Amount of Each Receipt this Period  
17.31

Memo Item

**B. Grissom, Darrell, , Mr., II**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1105 New Hampshire Drive

City Jamestown	State NC	Zip Code 27282
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Consumer Sales Manager
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : SA11AI.117420**

Amount of Each Receipt this Period  
17.31

Memo Item

**C. Higgins, Kathryn, , Ms,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 734 Crabtree Crossing

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Sr. Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

**Transaction ID : SA11AI.116786**

Amount of Each Receipt this Period  
90.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	124.62
<b>TOTAL</b> This Period (last page this line number only).....	

**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 69 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Higgins, Kathryn, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 734 Crabtree Crossing

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Sr. Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

**Transaction ID : SA11AI.116888**

Amount of Each Receipt this Period  
90.00

Memo Item

**B. Higgins, Kathryn, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 734 Crabtree Crossing

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Sr. Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1440.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

**Transaction ID : SA11AI.116992**

Amount of Each Receipt this Period  
90.00

Memo Item

**C. Higgins, Kathryn, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 734 Crabtree Crossing

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Sr. Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1530.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

**Transaction ID : SA11AI.117098**

Amount of Each Receipt this Period  
90.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	270.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 70 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Higgins, Kathryn, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 734 Crabtree Crossing

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Sr. Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1620.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2016

**Transaction ID : SA11AI.117207**

Amount of Each Receipt this Period  
90.00

Memo Item

**B. Higgins, Kathryn, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 734 Crabtree Crossing

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Sr. Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1710.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2016

**Transaction ID : SA11AI.117315**

Amount of Each Receipt this Period  
90.00

Memo Item

**C. Higgins, Kathryn, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 734 Crabtree Crossing

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Sr. Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : SA11AI.117421**

Amount of Each Receipt this Period  
90.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	270.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 71 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Holding, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 29549  
 City Raleigh State NC Zip Code 27604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) CEO First Citizens  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2912.00

Date of Receipt **07 / 13 / 2016**  
**Transaction ID : SA11AI.117513**  
 Amount of Each Receipt this Period 416.00  
 Memo Item contribution

**B. Holding, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 29549  
 City Raleigh State NC Zip Code 27604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) CEO First Citizens  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3328.00

Date of Receipt **08 / 10 / 2016**  
**Transaction ID : SA11AI.117514**  
 Amount of Each Receipt this Period 416.00  
 Memo Item contribution

**C. Holding, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 29549  
 City Raleigh State NC Zip Code 27604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) CEO First Citizens  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3744.00

Date of Receipt **09 / 13 / 2016**  
**Transaction ID : SA11AI.117515**  
 Amount of Each Receipt this Period 416.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1248.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 72 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Hotchkiss, William, , E,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **BCBSNC** Occupation (for Individual) **Director**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 06 / 2016**

**Transaction ID : SA11AI.116788**

Amount of Each Receipt this Period **25.00**

Memo Item

**B. Hotchkiss, William, , E,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **BCBSNC** Occupation (for Individual) **Director**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 22 / 2016**

**Transaction ID : SA11AI.116890**

Amount of Each Receipt this Period **25.00**

Memo Item

**C. Hotchkiss, William, , E,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **BCBSNC** Occupation (for Individual) **Director**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 05 / 2016**

**Transaction ID : SA11AI.116994**

Amount of Each Receipt this Period **25.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**

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



**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 73 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Hotchkiss, William, , E,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **BCBSNC** Occupation (for Individual) **Director**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **08 / 19 / 2016**

**Transaction ID : SA11AI.117100**

Amount of Each Receipt this Period **25.00**

Memo Item

**B. Hotchkiss, William, , E,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **BCBSNC** Occupation (for Individual) **Director**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 02 / 2016**

**Transaction ID : SA11AI.117209**

Amount of Each Receipt this Period **25.00**

Memo Item

**C. Hotchkiss, William, , E,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **BCBSNC** Occupation (for Individual) **Director**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt **09 / 16 / 2016**

**Transaction ID : SA11AI.117317**

Amount of Each Receipt this Period **25.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 74 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Hotchkiss, William, , E,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **BCBSNC** Occupation (for Individual) **Director**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 30 / 2016**

**Transaction ID : SA11AI.117423**

Amount of Each Receipt this Period **25.00**

Memo Item

**B. Hunter, Meredith, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **317 N. Main St**

City **Warrenton** State **NC** Zip Code **27589**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **BCBSNC** Occupation (for Individual) **Sales**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **263.66**

Date of Receipt **08 / 05 / 2016**

**Transaction ID : SA11AI.116997**

Amount of Each Receipt this Period **263.66**

Memo Item

**C. Hunter, Meredith, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **317 N. Main St**

City **Warrenton** State **NC** Zip Code **27589**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **BCBSNC** Occupation (for Individual) **Sales**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **290.03**

Date of Receipt **08 / 19 / 2016**

**Transaction ID : SA11AI.117102**

Amount of Each Receipt this Period **26.37**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>315.03</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 75 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Hunter, Meredith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 317 N. Main St  
 City Warrenton State NC Zip Code 27589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 316.40

Date of Receipt  
 09 / 02 / 2016  
**Transaction ID : SA11AI.117211**  
 Amount of Each Receipt this Period 26.37  
 Memo Item

**B. Hunter, Meredith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 317 N. Main St  
 City Warrenton State NC Zip Code 27589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.77

Date of Receipt  
 09 / 16 / 2016  
**Transaction ID : SA11AI.117319**  
 Amount of Each Receipt this Period 26.37  
 Memo Item

**C. Hunter, Meredith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 317 N. Main St  
 City Warrenton State NC Zip Code 27589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 369.14

Date of Receipt  
 09 / 30 / 2016  
**Transaction ID : SA11AI.117425**  
 Amount of Each Receipt this Period 26.37  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 79.11  
**TOTAL** This Period (last page this line number only)..... ▶

**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 76 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Jenkins, Stanley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5436 Chimney Swift Dr  
 City Wake Forest State NC Zip Code 27587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Enterprise Architech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 573.91

Date of Receipt 07 / 06 / 2016  
**Transaction ID : SA11AI.116791**  
 Amount of Each Receipt this Period 41.14  
 Memo Item

**B. Jenkins, Stanley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5436 Chimney Swift Dr  
 City Wake Forest State NC Zip Code 27587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Enterprise Architech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.05

Date of Receipt 07 / 22 / 2016  
**Transaction ID : SA11AI.116893**  
 Amount of Each Receipt this Period 41.14  
 Memo Item

**C. Jenkins, Stanley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5436 Chimney Swift Dr  
 City Wake Forest State NC Zip Code 27587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Enterprise Architech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 656.19

Date of Receipt 08 / 05 / 2016  
**Transaction ID : SA11AI.116999**  
 Amount of Each Receipt this Period 41.14  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	123.42
<b>TOTAL</b> This Period (last page this line number only).....	

**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 77 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Jenkins, Stanley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5436 Chimney Swift Dr  
 City Wake Forest State NC Zip Code 27587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Enterprise Architech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 697.33

Date of Receipt 08 / 19 / 2016  
**Transaction ID : SA11AI.117104**  
 Amount of Each Receipt this Period 41.14  
 Memo Item

**B. Jenkins, Stanley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5436 Chimney Swift Dr  
 City Wake Forest State NC Zip Code 27587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Enterprise Architech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 738.47

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.117213**  
 Amount of Each Receipt this Period 41.14  
 Memo Item

**C. Jenkins, Stanley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5436 Chimney Swift Dr  
 City Wake Forest State NC Zip Code 27587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Enterprise Architech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 779.61

Date of Receipt 09 / 16 / 2016  
**Transaction ID : SA11AI.117321**  
 Amount of Each Receipt this Period 41.14  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	123.42
<b>TOTAL</b> This Period (last page this line number only).....	

**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 78 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Jenkins, Stanley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5436 Chimney Swift Dr  
 City Wake Forest State NC Zip Code 27587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Enterprise Architech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 820.75

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.117427**  
 Amount of Each Receipt this Period 41.14  
 Memo Item

**B. Kent, Kristy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Program Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 19 / 2016  
**Transaction ID : SA11AI.117158**  
 Amount of Each Receipt this Period 320.00  
 Memo Item  
 PAC Contribution

**C. Kent, Kristy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Program Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.117215**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	381.14
<b>TOTAL</b> This Period (last page this line number only).....	

**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 79 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Kent, Kristy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **BCBSNC** Occupation (for Individual) **Program Manager**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 16 / 2016**  
**Transaction ID : SA11AI.117323**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item

**B. Kent, Kristy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **BCBSNC** Occupation (for Individual) **Program Manager**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **09 / 30 / 2016**  
**Transaction ID : SA11AI.117429**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item

**C. Kerns, Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address **106 Caymus Ct**  
 City **Cary** State **NC** Zip Code **27519**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **BCBSNC** Occupation (for Individual) **VP**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **560.00**

Date of Receipt **07 / 06 / 2016**  
**Transaction ID : SA11AI.116793**  
 Amount of Each Receipt this Period **40.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>80.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 80 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Kerns, Sean, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Caymus Ct

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2016

**Transaction ID : SA11AI.116895**

Amount of Each Receipt this Period  
40.00

Memo Item

**B. Kerns, Sean, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Caymus Ct

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
640.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2016

**Transaction ID : SA11AI.117001**

Amount of Each Receipt this Period  
40.00

Memo Item

**C. Kerns, Sean, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Caymus Ct

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
680.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2016

**Transaction ID : SA11AI.117107**

Amount of Each Receipt this Period  
40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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 81 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Kerns, Sean, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Caymus Ct

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117216**

Amount of Each Receipt this Period  
40.00

Memo Item

**B. Kerns, Sean, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Caymus Ct

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
760.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117324**

Amount of Each Receipt this Period  
40.00

Memo Item

**C. Kerns, Sean, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Caymus Ct

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : SA11AI.117430**

Amount of Each Receipt this Period  
40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 82 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Kimberly, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 White Oak Rd.  
 City Asheville State NC Zip Code 28803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2016  
**Transaction ID : SA11AI.117519**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item contribution

**B. Kimberly, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 White Oak Rd.  
 City Asheville State NC Zip Code 28803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2016  
**Transaction ID : SA11AI.117520**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item contribution

**C. Kimberly, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 White Oak Rd.  
 City Asheville State NC Zip Code 28803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2016  
**Transaction ID : SA11AI.117521**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 83 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Lawrence, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2300 Baileys Landing Drive  
 City Raleigh State NC Zip Code 27606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **07 / 06 / 2016**  
**Transaction ID : SA11AI.116795**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Lawrence, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2300 Baileys Landing Drive  
 City Raleigh State NC Zip Code 27606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : SA11AI.116897**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Lawrence, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2300 Baileys Landing Drive  
 City Raleigh State NC Zip Code 27606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : SA11AI.117003**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 84 OF 163
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Lawrence, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2300 Baileys Landing Drive  
 City Raleigh State NC Zip Code 27606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 19 / 2016  
**Transaction ID : SA11AI.117109**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Lawrence, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2300 Baileys Landing Drive  
 City Raleigh State NC Zip Code 27606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.117218**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Lawrence, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2300 Baileys Landing Drive  
 City Raleigh State NC Zip Code 27606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 16 / 2016  
**Transaction ID : SA11AI.117326**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 85 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Lawrence, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2300 Baileys Landing Drive  
 City Raleigh State NC Zip Code 27606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.117432**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Maisonet-Morales, Adrienna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Village Circle Way #1201  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 06 / 2016  
**Transaction ID : SA11AI.116797**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Maisonet-Morales, Adrienna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Village Circle Way #1201  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 22 / 2016  
**Transaction ID : SA11AI.116899**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00  
**TOTAL** This Period (last page this line number only).....▶

**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 86 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Maisonet-Morales, Adrienna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Village Circle Way #1201  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 05 / 2016  
**Transaction ID : SA11AI.117005**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Maisonet-Morales, Adrienna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Village Circle Way #1201  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 19 / 2016  
**Transaction ID : SA11AI.117111**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Maisonet-Morales, Adrienna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Village Circle Way #1201  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.117220**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 87 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Maisonet-Morales, Adrienna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Village Circle Way #1201  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 16 / 2016  
**Transaction ID : SA11AI.117327**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Maisonet-Morales, Adrienna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Village Circle Way #1201  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.117433**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Mazza, Ralph, , C,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 938 Alden Bridge  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 682.96

Date of Receipt 07 / 06 / 2016  
**Transaction ID : SA11AI.116798**  
 Amount of Each Receipt this Period 49.04  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 89.04  
**TOTAL** This Period (last page this line number only).....▶

**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 88 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Mazza, Ralph, , C,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 938 Alden Bridge

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
732.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

**Transaction ID : SA11AI.116900**

Amount of Each Receipt this Period  
49.04

Memo Item

**B. Mazza, Ralph, , C,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 938 Alden Bridge

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
781.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

**Transaction ID : SA11AI.117006**

Amount of Each Receipt this Period  
49.04

Memo Item

**C. Mazza, Ralph, , C,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 938 Alden Bridge

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
830.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

**Transaction ID : SA11AI.117112**

Amount of Each Receipt this Period  
49.04

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	147.12
<b>TOTAL</b> This Period (last page this line number only).....	



**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 89 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Mazza, Ralph, , C,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 938 Alden Bridge

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
879.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117221**

Amount of Each Receipt this Period  
49.04

Memo Item

**B. Mazza, Ralph, , C,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 938 Alden Bridge

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
928.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117328**

Amount of Each Receipt this Period  
49.04

Memo Item

**C. Mazza, Ralph, , C,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 938 Alden Bridge

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
977.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : SA11AI.117434**

Amount of Each Receipt this Period  
49.04

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	147.12
<b>TOTAL</b> This Period (last page this line number only).....	

**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 90 OF 163
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. McCauley, Janet, , L,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 941 Old Lystra Road

City Chapel Hill	State NC	Zip Code 27517
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Medical Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1470.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

**Transaction ID : SA11AI.116799**

Amount of Each Receipt this Period  
106.53

Memo Item

**B. McCauley, Janet, , L,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 941 Old Lystra Road

City Chapel Hill	State NC	Zip Code 27517
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Medical Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1577.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

**Transaction ID : SA11AI.116901**

Amount of Each Receipt this Period  
106.53

Memo Item

**C. McCauley, Janet, , L,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 941 Old Lystra Road

City Chapel Hill	State NC	Zip Code 27517
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Medical Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1683.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

**Transaction ID : SA11AI.117007**

Amount of Each Receipt this Period  
106.53

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	319.59
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 91 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. McCauley, Janet, , L,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 941 Old Lystra Road

City Chapel Hill	State NC	Zip Code 27517
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Medical Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1790.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2016

**Transaction ID : SA11AI.117113**

Amount of Each Receipt this Period  
106.53

Memo Item

**B. McCauley, Janet, , L,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 941 Old Lystra Road

City Chapel Hill	State NC	Zip Code 27517
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Medical Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1897.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2016

**Transaction ID : SA11AI.117222**

Amount of Each Receipt this Period  
106.53

Memo Item

**C. McCauley, Janet, , L,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 941 Old Lystra Road

City Chapel Hill	State NC	Zip Code 27517
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Medical Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2003.57

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2016

**Transaction ID : SA11AI.117329**

Amount of Each Receipt this Period  
106.53

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	319.59
<b>TOTAL</b> This Period (last page this line number only).....	

**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 92 OF 163
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. McCauley, Janet, , L,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 941 Old Lystra Road

City Chapel Hill	State NC	Zip Code 27517
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Medical Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2110.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : SA11AI.117435**

Amount of Each Receipt this Period  
106.53

Memo Item

**B. McNeal, Lynn, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 185 Swansea Lane

City Chapel Hill	State NC	Zip Code 27516
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1471.54

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2016

**Transaction ID : SA11AI.116801**

Amount of Each Receipt this Period  
105.11

Memo Item

**C. Miller, Debra, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1712 Fairway Drive

City Newton	State NC	Zip Code 28658
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
973.69

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2016

**Transaction ID : SA11AI.116803**

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	221.64
<b>TOTAL</b> This Period (last page this line number only).....	

**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 93 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Miller, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1712 Fairway Drive  
 City Newton State NC Zip Code 28658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1047.82

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : SA11AI.116904**  
 Amount of Each Receipt this Period 74.13  
 Memo Item

**B. Miller, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1712 Fairway Drive  
 City Newton State NC Zip Code 28658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1121.95

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : SA11AI.117010**  
 Amount of Each Receipt this Period 74.13  
 Memo Item

**C. Miller, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1712 Fairway Drive  
 City Newton State NC Zip Code 28658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1196.08

Date of Receipt **08 / 19 / 2016**  
**Transaction ID : SA11AI.117116**  
 Amount of Each Receipt this Period 74.13  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	222.39
<b>TOTAL</b> This Period (last page this line number only).....	

**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 94 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Miller, Debra, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1712 Fairway Drive

City Newton	State NC	Zip Code 28658
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1270.21

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117225**

Amount of Each Receipt this Period  
74.13

Memo Item

**B. Miller, Debra, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1712 Fairway Drive

City Newton	State NC	Zip Code 28658
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1344.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117332**

Amount of Each Receipt this Period  
74.13

Memo Item

**C. Miller, Debra, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1712 Fairway Drive

City Newton	State NC	Zip Code 28658
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1418.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : SA11AI.117438**

Amount of Each Receipt this Period  
74.13

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	222.39
<b>TOTAL</b> This Period (last page this line number only).....	

**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 95 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Miller, Robin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10504 Saltsby Ct  
 City Raleigh State NC Zip Code 27615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.13

Date of Receipt **07 / 06 / 2016**  
**Transaction ID : SA11AI.116804**  
 Amount of Each Receipt this Period 74.13  
 Memo Item

**B. Miller, Robin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10504 Saltsby Ct  
 City Raleigh State NC Zip Code 27615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 214.13

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : SA11AI.116905**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Miller, Robin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10504 Saltsby Ct  
 City Raleigh State NC Zip Code 27615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 224.13

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : SA11AI.117011**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 94.13  
**TOTAL** This Period (last page this line number only)..... ▶

**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 96 OF 163
<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Miller, Robin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10504 Saltsby Ct

City Raleigh	State NC	Zip Code 27615
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.13

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2016

**Transaction ID : SA11AI.117117**

Amount of Each Receipt this Period  
10.00

Memo Item

**B. Miller, Robin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10504 Saltsby Ct

City Raleigh	State NC	Zip Code 27615
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
244.13

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2016

**Transaction ID : SA11AI.117226**

Amount of Each Receipt this Period  
10.00

Memo Item

**C. Miller, Robin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10504 Saltsby Ct

City Raleigh	State NC	Zip Code 27615
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
254.13

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2016

**Transaction ID : SA11AI.117333**

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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 97 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Miller, Robin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10504 Saltsby Ct  
 City Raleigh State NC Zip Code 27615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 264.13

Date of Receipt **09 / 30 / 2016**  
**Transaction ID : SA11AI.117439**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Millican, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1632 Lorraine Road  
 City Raleigh State NC Zip Code 27607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 634.06

Date of Receipt **07 / 06 / 2016**  
**Transaction ID : SA11AI.116805**  
 Amount of Each Receipt this Period 45.69  
 Memo Item

**C. Millican, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1632 Lorraine Road  
 City Raleigh State NC Zip Code 27607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 679.75

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : SA11AI.116906**  
 Amount of Each Receipt this Period 45.69  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	101.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 98 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Millican, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1632 Lorraine Road  
 City Raleigh State NC Zip Code 27607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 725.44

Date of Receipt 08 / 05 / 2016  
**Transaction ID : SA11AI.117012**  
 Amount of Each Receipt this Period 45.69  
 Memo Item

**B. Millican, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1632 Lorraine Road  
 City Raleigh State NC Zip Code 27607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 771.13

Date of Receipt 08 / 19 / 2016  
**Transaction ID : SA11AI.117118**  
 Amount of Each Receipt this Period 45.69  
 Memo Item

**C. Millican, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1632 Lorraine Road  
 City Raleigh State NC Zip Code 27607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 816.82

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.117227**  
 Amount of Each Receipt this Period 45.69  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	137.07
<b>TOTAL</b> This Period (last page this line number only).....	

**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 99 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Millican, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1632 Lorraine Road  
 City Raleigh State NC Zip Code 27607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 862.51

Date of Receipt  
 09 / 16 / 2016  
**Transaction ID : SA11AI.117334**  
 Amount of Each Receipt this Period 45.69  
 Memo Item

**B. Millican, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1632 Lorraine Road  
 City Raleigh State NC Zip Code 27607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 908.20

Date of Receipt  
 09 / 30 / 2016  
**Transaction ID : SA11AI.117440**  
 Amount of Each Receipt this Period 45.69  
 Memo Item

**C. Morales-Burke, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5624 Bennetwood Ct  
 City Raleigh State NC Zip Code 27612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1393.20

Date of Receipt  
 07 / 06 / 2016  
**Transaction ID : SA11AI.116806**  
 Amount of Each Receipt this Period 100.20  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	191.58
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 100 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Morales-Burke, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5624 Bennetwood Ct  
 City Raleigh State NC Zip Code 27612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1493.40

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : SA11AI.116907**  
 Amount of Each Receipt this Period 100.20  
 Memo Item

**B. Morales-Burke, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5624 Bennetwood Ct  
 City Raleigh State NC Zip Code 27612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1593.60

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : SA11AI.117013**  
 Amount of Each Receipt this Period 100.20  
 Memo Item

**C. Morales-Burke, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5624 Bennetwood Ct  
 City Raleigh State NC Zip Code 27612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1693.80

Date of Receipt **08 / 19 / 2016**  
**Transaction ID : SA11AI.117119**  
 Amount of Each Receipt this Period 100.20  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.60
<b>TOTAL</b> This Period (last page this line number only).....	

**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 101 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Morales-Burke, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5624 Bennetwood Ct  
 City Raleigh State NC Zip Code 27612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1794.00

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.117228**  
 Amount of Each Receipt this Period 100.20  
 Memo Item

**B. Morales-Burke, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5624 Bennetwood Ct  
 City Raleigh State NC Zip Code 27612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1894.20

Date of Receipt 09 / 16 / 2016  
**Transaction ID : SA11AI.117335**  
 Amount of Each Receipt this Period 100.20  
 Memo Item

**C. Morales-Burke, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5624 Bennetwood Ct  
 City Raleigh State NC Zip Code 27612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1994.40

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.117441**  
 Amount of Each Receipt this Period 100.20  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.60
<b>TOTAL</b> This Period (last page this line number only).....	

**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 102 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Nelson, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Flagstone Court  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1166.69

Date of Receipt **07 / 13 / 2016**  
**Transaction ID : SA11AI.117516**  
 Amount of Each Receipt this Period 166.67  
 Memo Item contribution

**B. Nelson, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Flagstone Court  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1166.69

Date of Receipt **08 / 10 / 2016**  
**Transaction ID : SA11AI.117517**  
 Amount of Each Receipt this Period 0.00  
 Memo Item contribution

**C. Nelson, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Flagstone Court  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1333.36

Date of Receipt **09 / 13 / 2016**  
**Transaction ID : SA11AI.117518**  
 Amount of Each Receipt this Period 166.67  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	333.34
<b>TOTAL</b> This Period (last page this line number only).....	

**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 103 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. OConnor, Maureen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 Beeston Ct.  
 City Morrisville State NC Zip Code 27560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2692.20

Date of Receipt **07 / 06 / 2016**  
**Transaction ID : SA11AI.116810**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. OConnor, Maureen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 Beeston Ct.  
 City Morrisville State NC Zip Code 27560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : SA11AI.116911**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. OConnor, Maureen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 Beeston Ct.  
 City Morrisville State NC Zip Code 27560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3076.80

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : SA11AI.117017**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<b>TOTAL</b> This Period (last page this line number only).....	

**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 104 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. OConnor, Maureen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 Beeston Ct.  
 City Morrisville State NC Zip Code 27560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3269.10

Date of Receipt 08 / 19 / 2016  
**Transaction ID : SA11AI.117123**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. OConnor, Maureen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 Beeston Ct.  
 City Morrisville State NC Zip Code 27560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.117232**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. OConnor, Maureen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 Beeston Ct.  
 City Morrisville State NC Zip Code 27560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) SVP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 09 / 16 / 2016  
**Transaction ID : SA11AI.117339**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.90
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 105 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. OConnor, Maureen, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 Beeston Ct.

City Morrisville	State NC	Zip Code 27560
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) SVP
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3846.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : SA11AI.117445**

Amount of Each Receipt this Period  
192.30

Memo Item

**B. Page, Troy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 504 Robert Hunt Drive

City Carrboro	State NC	Zip Code 27510
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

**Transaction ID : SA11AI.116811**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Page, Troy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 504 Robert Hunt Drive

City Carrboro	State NC	Zip Code 27510
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

**Transaction ID : SA11AI.116912**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	232.30
<b>TOTAL</b> This Period (last page this line number only).....	

**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 106 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Page, Troy, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 504 Robert Hunt Drive

City Carrboro	State NC	Zip Code 27510
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2016

**Transaction ID : SA11AI.117018**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Page, Troy, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 504 Robert Hunt Drive

City Carrboro	State NC	Zip Code 27510
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2016

**Transaction ID : SA11AI.117124**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Page, Troy, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 504 Robert Hunt Drive

City Carrboro	State NC	Zip Code 27510
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2016

**Transaction ID : SA11AI.117233**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 107 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Page, Troy, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 504 Robert Hunt Drive

City Carrboro	State NC	Zip Code 27510
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117340**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Page, Troy, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 504 Robert Hunt Drive

City Carrboro	State NC	Zip Code 27510
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : SA11AI.117446**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Palumbo, Fara, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 Gloucester Ct

City Chapel Hill	State NC	Zip Code 27516
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

**Transaction ID : SA11AI.116812**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	190.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 108 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Palumbo, Fara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Gloucester Ct  
 City Chapel Hill State NC Zip Code 27516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : SA11AI.116913**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Palumbo, Fara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Gloucester Ct  
 City Chapel Hill State NC Zip Code 27516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : SA11AI.117019**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Palumbo, Fara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Gloucester Ct  
 City Chapel Hill State NC Zip Code 27516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2550.00

Date of Receipt **08 / 19 / 2016**  
**Transaction ID : SA11AI.117125**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 109 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Palumbo, Fara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Gloucester Ct  
 City Chapel Hill State NC Zip Code 27516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt  
 09 / 02 / 2016  
**Transaction ID : SA11AI.117234**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**B. Palumbo, Fara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Gloucester Ct  
 City Chapel Hill State NC Zip Code 27516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2850.00

Date of Receipt  
 09 / 16 / 2016  
**Transaction ID : SA11AI.117341**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**C. Palumbo, Fara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 Gloucester Ct  
 City Chapel Hill State NC Zip Code 27516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 09 / 30 / 2016  
**Transaction ID : SA11AI.117447**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 110 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Parkerson, J, , Michael,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7504 Clayshant Court

City Wake Forest	State NC	Zip Code 27587
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1884.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

**Transaction ID : SA11AI.116813**

Amount of Each Receipt this Period  
134.62

Memo Item

**B. Parkerson, J, , Michael,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7504 Clayshant Court

City Wake Forest	State NC	Zip Code 27587
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2019.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

**Transaction ID : SA11AI.116914**

Amount of Each Receipt this Period  
134.62

Memo Item

**C. Parkerson, J, , Michael,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7504 Clayshant Court

City Wake Forest	State NC	Zip Code 27587
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2153.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

**Transaction ID : SA11AI.117020**

Amount of Each Receipt this Period  
134.62

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	403.86
<b>TOTAL</b> This Period (last page this line number only).....	

**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 111 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Parkerson, J, , Michael,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7504 Clayshant Court

City Wake Forest	State NC	Zip Code 27587
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2288.54

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

**Transaction ID : SA11AI.117126**

Amount of Each Receipt this Period  
134.62

Memo Item

**B. Parkerson, J, , Michael,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7504 Clayshant Court

City Wake Forest	State NC	Zip Code 27587
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2423.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117235**

Amount of Each Receipt this Period  
134.62

Memo Item

**C. Parkerson, J, , Michael,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7504 Clayshant Court

City Wake Forest	State NC	Zip Code 27587
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2557.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117342**

Amount of Each Receipt this Period  
134.62

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	403.86
<b>TOTAL</b> This Period (last page this line number only).....	

**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 112 OF 163
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Parkerson, J, , Michael,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7504 Clayshant Court  
 City Wake Forest State NC Zip Code 27587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2692.40

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.117448**  
 Amount of Each Receipt this Period 134.62  
 Memo Item

**B. Patalano, Louis, , IV,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 Bethabara Lane  
 City Cary State NC Zip Code 27513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1265.46

Date of Receipt 07 / 06 / 2016  
**Transaction ID : SA11AI.116814**  
 Amount of Each Receipt this Period 90.39  
 Memo Item

**C. Patalano, Louis, , IV,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 Bethabara Lane  
 City Cary State NC Zip Code 27513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1355.85

Date of Receipt 07 / 22 / 2016  
**Transaction ID : SA11AI.116915**  
 Amount of Each Receipt this Period 90.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	315.40
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 113 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Patalano, Louis, , IV,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 Bethabara Lane

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1446.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

**Transaction ID : SA11AI.117021**

Amount of Each Receipt this Period  
90.39

Memo Item

**B. Patalano, Louis, , IV,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 Bethabara Lane

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1536.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

**Transaction ID : SA11AI.117127**

Amount of Each Receipt this Period  
90.39

Memo Item

**C. Patalano, Louis, , IV,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 Bethabara Lane

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)  
BCBSNC

Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1627.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117236**

Amount of Each Receipt this Period  
90.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	271.17
<b>TOTAL</b> This Period (last page this line number only).....	

**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 114 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Patalano, Louis, , IV,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 Bethabara Lane

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual)
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1717.41

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117343**

Amount of Each Receipt this Period  
90.39

Memo Item

**B. Patalano, Louis, , IV,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 Bethabara Lane

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual)
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1807.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : SA11AI.117449**

Amount of Each Receipt this Period  
90.39

Memo Item

**C. Perry, Mitchell, , W,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1909 Rangecrest Rd

City Raleigh	State NC	Zip Code 27612
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1784.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

**Transaction ID : SA11AI.116816**

Amount of Each Receipt this Period  
128.85

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	309.63
<b>TOTAL</b> This Period (last page this line number only).....	

**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 115 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Perry, Mitchell, , W,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1909 Rangecrest Rd

City Raleigh	State NC	Zip Code 27612
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1913.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

**Transaction ID : SA11Al.116917**

Amount of Each Receipt this Period  
128.85

Memo Item

**B. Perry, Mitchell, , W,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1909 Rangecrest Rd

City Raleigh	State NC	Zip Code 27612
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2080.81

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

**Transaction ID : SA11Al.117023**

Amount of Each Receipt this Period  
167.31

Memo Item

**C. Perry, Mitchell, , W,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1909 Rangecrest Rd

City Raleigh	State NC	Zip Code 27612
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2684.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

**Transaction ID : SA11Al.117129**

Amount of Each Receipt this Period  
603.84

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 116 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Perry, Mitchell, , W,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1909 Rangecrest Rd

City Raleigh	State NC	Zip Code 27612
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2851.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117238**

Amount of Each Receipt this Period  
167.31

Memo Item

**B. Perry, Mitchell, , W,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1909 Rangecrest Rd

City Raleigh	State NC	Zip Code 27612
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3019.27

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117345**

Amount of Each Receipt this Period  
167.31

Memo Item

**C. Perry, Mitchell, , W,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1909 Rangecrest Rd

City Raleigh	State NC	Zip Code 27612
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3186.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : SA11AI.117451**

Amount of Each Receipt this Period  
167.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	501.93
<b>TOTAL</b> This Period (last page this line number only).....	

**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 117 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Petkau, Gerald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 402 Troycott Place  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2692.20

Date of Receipt **07 / 06 / 2016**  
**Transaction ID : SA11AI.116817**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Petkau, Gerald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 402 Troycott Place  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : SA11AI.116918**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Petkau, Gerald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 402 Troycott Place  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3076.80

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : SA11AI.117024**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<b>TOTAL</b> This Period (last page this line number only).....	

**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 118 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Petkau, Gerald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 402 Troycott Place  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3269.10

Date of Receipt **08 / 19 / 2016**  
**Transaction ID : SA11AI.117130**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Petkau, Gerald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 402 Troycott Place  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt **09 / 02 / 2016**  
**Transaction ID : SA11AI.117239**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Petkau, Gerald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 402 Troycott Place  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt **09 / 16 / 2016**  
**Transaction ID : SA11AI.117346**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 119 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Petkau, Gerald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 402 Troycott Place  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt **09 / 30 / 2016**  
**Transaction ID : SA11AI.117452**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Prather, Nathan, , K,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 319 Montibello Drive  
 City Cary State NC Zip Code 27513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2180.92

Date of Receipt **07 / 06 / 2016**  
**Transaction ID : SA11AI.116820**  
 Amount of Each Receipt this Period 155.78  
 Memo Item

**C. Prather, Nathan, , K,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 319 Montibello Drive  
 City Cary State NC Zip Code 27513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2336.70

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : SA11AI.116921**  
 Amount of Each Receipt this Period 155.78  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	503.86
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 120 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Prather, Nathan, , K,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 319 Montibello Drive

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2492.48

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		05		2016

**Transaction ID : SA11AI.117027**

Amount of Each Receipt this Period  
155.78

Memo Item

**B. Prather, Nathan, , K,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 319 Montibello Drive

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2648.26

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		19		2016

**Transaction ID : SA11AI.117133**

Amount of Each Receipt this Period  
155.78

Memo Item

**C. Prather, Nathan, , K,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 319 Montibello Drive

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2804.04

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117242**

Amount of Each Receipt this Period  
155.78

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	467.34
<b>TOTAL</b> This Period (last page this line number only).....	



**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 121 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Prather, Nathan, , K,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 319 Montibello Drive

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2959.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2016

**Transaction ID : SA11AI.117349**

Amount of Each Receipt this Period  
155.78

Memo Item

**B. Prather, Nathan, , K,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 319 Montibello Drive

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3115.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : SA11AI.117455**

Amount of Each Receipt this Period  
155.78

Memo Item

**C. Raper, David, , W,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 Swansboro Dr

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Bus/Analyst
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2016

**Transaction ID : SA11AI.116822**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	341.56
<b>TOTAL</b> This Period (last page this line number only).....	

**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 122 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Raper, David, , W,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 Swansboro Dr

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Bus/Analyst
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2016

**Transaction ID : SA11AI.116923**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. Raper, David, , W,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 Swansboro Dr

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Bus/Analyst
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2016

**Transaction ID : SA11AI.117029**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Raper, David, , W,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 Swansboro Dr

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Bus/Analyst
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2016

**Transaction ID : SA11AI.117135**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 123 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Raper, David, , W,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 Swansboro Dr

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Bus/Analyst
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2016

**Transaction ID : SA11AI.117244**

Amount of Each Receipt this Period  

30.00
-------

 Memo Item

**B. Raper, David, , W,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 Swansboro Dr

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Bus/Analyst
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
570.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2016

**Transaction ID : SA11AI.117351**

Amount of Each Receipt this Period  

30.00
-------

 Memo Item

**C. Raper, David, , W,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 Swansboro Dr

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Bus/Analyst
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : SA11AI.117457**

Amount of Each Receipt this Period  

30.00
-------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 124 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Reeves, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 Coachlight Trail  
 City Burlington State NC Zip Code 27215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Project Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 492.66

Date of Receipt 07 / 06 / 2016  
**Transaction ID : SA11AI.116823**  
 Amount of Each Receipt this Period 35.44  
 Memo Item

**B. Reeves, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 Coachlight Trail  
 City Burlington State NC Zip Code 27215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Project Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 528.10

Date of Receipt 07 / 22 / 2016  
**Transaction ID : SA11AI.116924**  
 Amount of Each Receipt this Period 35.44  
 Memo Item

**C. Reeves, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 Coachlight Trail  
 City Burlington State NC Zip Code 27215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Project Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 563.54

Date of Receipt 08 / 05 / 2016  
**Transaction ID : SA11AI.117030**  
 Amount of Each Receipt this Period 35.44  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	106.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 125 OF 163
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Reeves, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 Coachlight Trail  
 City Burlington State NC Zip Code 27215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Project Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 598.98

Date of Receipt **08 / 19 / 2016**  
**Transaction ID : SA11AI.117136**  
 Amount of Each Receipt this Period 35.44  
 Memo Item

**B. Reeves, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 Coachlight Trail  
 City Burlington State NC Zip Code 27215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Project Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 634.42

Date of Receipt **09 / 02 / 2016**  
**Transaction ID : SA11AI.117245**  
 Amount of Each Receipt this Period 35.44  
 Memo Item

**C. Reeves, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 Coachlight Trail  
 City Burlington State NC Zip Code 27215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Project Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 669.86

Date of Receipt **09 / 16 / 2016**  
**Transaction ID : SA11AI.117352**  
 Amount of Each Receipt this Period 35.44  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	106.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 126 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Reeves, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 Coachlight Trail  
 City Burlington State NC Zip Code 27215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Project Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 705.30

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.117458**  
 Amount of Each Receipt this Period 35.44  
 Memo Item

**B. Robinson, Melissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Willowspring Place  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 505.96

Date of Receipt 07 / 06 / 2016  
**Transaction ID : SA11AI.116825**  
 Amount of Each Receipt this Period 36.14  
 Memo Item

**C. Robinson, Melissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Willowspring Place  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 542.10

Date of Receipt 07 / 22 / 2016  
**Transaction ID : SA11AI.116926**  
 Amount of Each Receipt this Period 36.14  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	107.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 127 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Robinson, Melissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Willowspring Place  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 578.24

Date of Receipt 08 / 05 / 2016  
**Transaction ID : SA11AI.117032**  
 Amount of Each Receipt this Period 36.14  
 Memo Item

**B. Robinson, Melissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Willowspring Place  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 614.38

Date of Receipt 08 / 19 / 2016  
**Transaction ID : SA11AI.117138**  
 Amount of Each Receipt this Period 36.14  
 Memo Item

**C. Robinson, Melissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Willowspring Place  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.52

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.117247**  
 Amount of Each Receipt this Period 36.14  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	108.42
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 128 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Robinson, Melissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Willowspring Place  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 686.66

Date of Receipt 09 / 16 / 2016  
**Transaction ID : SA11AI.117354**  
 Amount of Each Receipt this Period 36.14  
 Memo Item

**B. Robinson, Melissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Willowspring Place  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 722.80

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.117460**  
 Amount of Each Receipt this Period 36.14  
 Memo Item

**C. Roos, John, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 Draymore Way  
 City Morrisville State NC Zip Code 27560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) SVP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2692.20

Date of Receipt 07 / 06 / 2016  
**Transaction ID : SA11AI.116826**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	264.58
<b>TOTAL</b> This Period (last page this line number only).....	



**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 129 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Roos, John, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 Draymore Way

City Morrisville	State NC	Zip Code 27560
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) SVP
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2884.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

**Transaction ID : SA11AI.116927**

Amount of Each Receipt this Period  
192.30

Memo Item

**B. Roos, John, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 Draymore Way

City Morrisville	State NC	Zip Code 27560
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) SVP
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3076.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

**Transaction ID : SA11AI.117033**

Amount of Each Receipt this Period  
192.30

Memo Item

**C. Roos, John, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 Draymore Way

City Morrisville	State NC	Zip Code 27560
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) SVP
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3269.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

**Transaction ID : SA11AI.117139**

Amount of Each Receipt this Period  
192.30

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<b>TOTAL</b> This Period (last page this line number only).....	

**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 130 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Roos, John, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 Draymore Way

City Morrisville	State NC	Zip Code 27560
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) SVP
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3461.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117248**

Amount of Each Receipt this Period  
192.30

Memo Item

**B. Roos, John, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 Draymore Way

City Morrisville	State NC	Zip Code 27560
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) SVP
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3653.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117355**

Amount of Each Receipt this Period  
192.30

Memo Item

**C. Roos, John, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 Draymore Way

City Morrisville	State NC	Zip Code 27560
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) SVP
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3846.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : SA11AI.117461**

Amount of Each Receipt this Period  
192.30

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<b>TOTAL</b> This Period (last page this line number only).....	

**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 131 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Rowland, Tarsha, , V,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5021 Robinwood Rd

City Durham	State NC	Zip Code 27713
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1078.15

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

**Transaction ID : SA11AI.116827**

Amount of Each Receipt this Period  
77.70

Memo Item

**B. Rowland, Tarsha, , V,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5021 Robinwood Rd

City Durham	State NC	Zip Code 27713
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1155.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

**Transaction ID : SA11AI.116928**

Amount of Each Receipt this Period  
77.70

Memo Item

**C. Rowland, Tarsha, , V,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5021 Robinwood Rd

City Durham	State NC	Zip Code 27713
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1233.55

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

**Transaction ID : SA11AI.117034**

Amount of Each Receipt this Period  
77.70

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	233.10
<b>TOTAL</b> This Period (last page this line number only).....	

**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 132 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Rowland, Tarsha, , V,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5021 Robinwood Rd  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1311.25

Date of Receipt 08 / 19 / 2016  
**Transaction ID : SA11AI.117140**  
 Amount of Each Receipt this Period 77.70  
 Memo Item

**B. Rowland, Tarsha, , V,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5021 Robinwood Rd  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1388.95

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.117249**  
 Amount of Each Receipt this Period 77.70  
 Memo Item

**C. Rowland, Tarsha, , V,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5021 Robinwood Rd  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1466.65

Date of Receipt 09 / 16 / 2016  
**Transaction ID : SA11AI.117356**  
 Amount of Each Receipt this Period 77.70  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	233.10
<b>TOTAL</b> This Period (last page this line number only).....	

**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 133 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Rowland, Tarsha, , V,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5021 Robinwood Rd

City Durham	State NC	Zip Code 27713
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1544.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : SA11AI.117462**

Amount of Each Receipt this Period  
77.70

Memo Item

**B. Schwartz, Bryan, M, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Hidden Ridge Ct

City Durham	State NC	Zip Code 27707
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) public policy
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
207.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

**Transaction ID : SA11AI.116931**

Amount of Each Receipt this Period  
14.01

Memo Item

**C. Schwartz, Bryan, M, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Hidden Ridge Ct

City Durham	State NC	Zip Code 27707
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) public policy
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
221.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

**Transaction ID : SA11AI.117037**

Amount of Each Receipt this Period  
14.01

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.72
<b>TOTAL</b> This Period (last page this line number only).....	

**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 134 OF 163
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Schwartz, Bryan, M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Hidden Ridge Ct  
 City Durham State NC Zip Code 27707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) public policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.47

Date of Receipt 08 / 19 / 2016  
**Transaction ID : SA11AI.117143**  
 Amount of Each Receipt this Period 14.01  
 Memo Item

**B. Schwartz, Bryan, M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Hidden Ridge Ct  
 City Durham State NC Zip Code 27707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) public policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.48

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.117252**  
 Amount of Each Receipt this Period 14.01  
 Memo Item

**C. Schwartz, Bryan, M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Hidden Ridge Ct  
 City Durham State NC Zip Code 27707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) public policy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 263.49

Date of Receipt 09 / 16 / 2016  
**Transaction ID : SA11AI.117359**  
 Amount of Each Receipt this Period 14.01  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	42.03
<b>TOTAL</b> This Period (last page this line number only).....	

**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 135 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Schwartz, Bryan, M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Hidden Ridge Ct  
 City Durham State NC Zip Code 27707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) public policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 277.50

Date of Receipt **09 / 30 / 2016**  
**Transaction ID : SA11AI.117465**  
 Amount of Each Receipt this Period 14.01  
 Memo Item

**B. Sims, Maticia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Sandhills Lane  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1208.90

Date of Receipt **07 / 06 / 2016**  
**Transaction ID : SA11AI.116832**  
 Amount of Each Receipt this Period 86.35  
 Memo Item

**C. Sims, Maticia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Sandhills Lane  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1295.25

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : SA11AI.116933**  
 Amount of Each Receipt this Period 86.35  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	186.71
<b>TOTAL</b> This Period (last page this line number only).....	

**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 136 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Sims, Maticia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Sandhills Lane  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1381.60

Date of Receipt 08 / 05 / 2016  
**Transaction ID : SA11AI.117039**  
 Amount of Each Receipt this Period 86.35  
 Memo Item

**B. Sims, Maticia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Sandhills Lane  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1581.60

Date of Receipt 08 / 19 / 2016  
**Transaction ID : SA11AI.117145**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Sims, Maticia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Sandhills Lane  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1681.60

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.117254**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	386.35
<b>TOTAL</b> This Period (last page this line number only).....	



**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 137 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Sims, Maticia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Sandhills Lane  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1781.60

Date of Receipt 09 / 16 / 2016  
**Transaction ID : SA11AI.117361**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Sims, Maticia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Sandhills Lane  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1881.60

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.117467**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Sinsangkeo, Pariyast, , J,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1614 Morehead Rd  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 06 / 2016  
**Transaction ID : SA11AI.116833**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 138 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Sinsangkeo, Pariyast, , J,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1614 Morehead Rd  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : SA11AI.116934**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Sinsangkeo, Pariyast, , J,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1614 Morehead Rd  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : SA11AI.117040**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Sinsangkeo, Pariyast, , J,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1614 Morehead Rd  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt **08 / 19 / 2016**  
**Transaction ID : SA11AI.117146**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 139 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Sinsangkeo, Pariyast, , J,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1614 Morehead Rd  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.117255**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Sinsangkeo, Pariyast, , J,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1614 Morehead Rd  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 16 / 2016  
**Transaction ID : SA11AI.117362**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Sinsangkeo, Pariyast, , J,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1614 Morehead Rd  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11AI.117468**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 140 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Smith, John, , R,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8320 Shiloh Creek Court

City Raleigh	State NC	Zip Code 27616
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Medical Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

**Transaction ID : SA11AI.116834**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Smith, John, , R,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8320 Shiloh Creek Court

City Raleigh	State NC	Zip Code 27616
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Medical Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

**Transaction ID : SA11AI.116935**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Smith, John, , R,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8320 Shiloh Creek Court

City Raleigh	State NC	Zip Code 27616
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Medical Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
395.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

**Transaction ID : SA11AI.117041**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 141 OF 163
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Smith, John, , R,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8320 Shiloh Creek Court  
 City Raleigh State NC Zip Code 27616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 08 / 19 / 2016  
**Transaction ID : SA11AI.117147**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Smith, John, , R,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8320 Shiloh Creek Court  
 City Raleigh State NC Zip Code 27616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 09 / 02 / 2016  
**Transaction ID : SA11AI.117256**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Smith, John, , R,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8320 Shiloh Creek Court  
 City Raleigh State NC Zip Code 27616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt 09 / 16 / 2016  
**Transaction ID : SA11AI.117363**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 142 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Smith, John, , R,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8320 Shiloh Creek Court

City Raleigh	State NC	Zip Code 27616
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Medical Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
495.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : SA11AI.117469**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Smith, William, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Lynden Valley Court

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

**Transaction ID : SA11AI.116835**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Smith, William, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Lynden Valley Court

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

**Transaction ID : SA11AI.116936**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 143 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Smith, William, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Lynden Valley Court

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

**Transaction ID : SA11AI.117042**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Smith, William, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Lynden Valley Court

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

**Transaction ID : SA11AI.117148**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Smith, William, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 Lynden Valley Court

City Cary	State NC	Zip Code 27519
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117257**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 144 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Smith, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 303 Lynden Valley Court  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 09 / 16 / 2016  
**Transaction ID : SA11Al.117364**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Smith, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 303 Lynden Valley Court  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : SA11Al.117470**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Werner, Mark, , E,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 Witheridge Ct.  
 City apex State NC Zip Code 27502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSNC Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1053.27

Date of Receipt 07 / 06 / 2016  
**Transaction ID : SA11Al.116843**  
 Amount of Each Receipt this Period 72.12  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	112.12
<b>TOTAL</b> This Period (last page this line number only).....	



**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 145 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Werner, Mark, , E,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 202 Witheridge Ct.

City apex	State NC	Zip Code 27502
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1125.39

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

**Transaction ID : SA11AI.116944**

Amount of Each Receipt this Period  
72.12

Memo Item

**B. Werner, Mark, , E,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 202 Witheridge Ct.

City apex	State NC	Zip Code 27502
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1197.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

**Transaction ID : SA11AI.117050**

Amount of Each Receipt this Period  
72.12

Memo Item

**C. Werner, Mark, , E,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 202 Witheridge Ct.

City apex	State NC	Zip Code 27502
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1269.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

**Transaction ID : SA11AI.117156**

Amount of Each Receipt this Period  
72.12

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	216.36
<b>TOTAL</b> This Period (last page this line number only).....	

**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 146 OF 163
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Werner, Mark, , E,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 202 Witheridge Ct.

City apex	State NC	Zip Code 27502
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1341.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117265**

Amount of Each Receipt this Period  
72.12

Memo Item

**B. Werner, Mark, , E,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 202 Witheridge Ct.

City apex	State NC	Zip Code 27502
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1413.87

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117372**

Amount of Each Receipt this Period  
72.12

Memo Item

**C. Werner, Mark, , E,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 202 Witheridge Ct.

City apex	State NC	Zip Code 27502
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1485.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : SA11AI.117477**

Amount of Each Receipt this Period  
72.12

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	216.36
<b>TOTAL</b> This Period (last page this line number only).....	

**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 147 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Wilson, James, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 227 Midenhall Way

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) SVP
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2692.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

**Transaction ID : SA11AI.116844**

Amount of Each Receipt this Period  
192.30

Memo Item

**B. Wilson, James, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 227 Midenhall Way

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) SVP
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2884.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

**Transaction ID : SA11AI.116945**

Amount of Each Receipt this Period  
192.30

Memo Item

**C. Wilson, James, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 227 Midenhall Way

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) SVP
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3076.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

**Transaction ID : SA11AI.117051**

Amount of Each Receipt this Period  
192.30

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 148 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Wilson, James, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 227 Midenhall Way

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) SVP
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3269.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

**Transaction ID : SA11AI.117157**

Amount of Each Receipt this Period  
192.30

Memo Item

**B. Wilson, James, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 227 Midenhall Way

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) SVP
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3461.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

**Transaction ID : SA11AI.117266**

Amount of Each Receipt this Period  
192.30

Memo Item

**C. Wilson, James, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 227 Midenhall Way

City Cary	State NC	Zip Code 27513
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC	Occupation (for Individual) SVP
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3653.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

**Transaction ID : SA11AI.117373**

Amount of Each Receipt this Period  
192.30

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 149 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Wilson, James, , Mr.,

Mailing Address 227 Midenhall Way

City Cary    State NC    Zip Code 27513

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSNC    Occupation (for Individual) SVP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3846.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2016

**Transaction ID : SA11AL117478**

Amount of Each Receipt this Period  
192.30

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City    State    Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)    Occupation (for Individual)

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

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City    State    Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)    Occupation (for Individual)

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	192.30
<b>TOTAL</b> This Period (last page this line number only).....▶	36607.40

**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 type="checkbox"/> 23	<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	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Barringer, Tamara, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2016
Mailing Address PO Box 97275		FEC Identification Number <b>C</b> Transaction ID : <b>SB29.117489</b> Amount of Each Disbursement this Period 1000.00
City raleigh	State NC	
Zip Code 27624	Purpose of Disbursement contribution	Memo Item <input type="checkbox"/>
Candidate Name <b>Barringer, Tamara, , ,</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bell, John, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2016
Mailing Address 501 Holland Hill Dr		FEC Identification Number <b>C</b> Transaction ID : <b>SB29.116737</b> Amount of Each Disbursement this Period 3000.00
City Goldsboro	State NC	
Zip Code 27530	Purpose of Disbursement contribution	Memo Item <input type="checkbox"/>
Candidate Name <b>Bell, John, , ,</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Blackwell, Hugh, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2016
Mailing Address 321 Mountain View Ave		FEC Identification Number <b>C</b> Transaction ID : <b>SB29.116715</b> Amount of Each Disbursement this Period 1000.00
City Valdese	State NC	
Zip Code 28690	Purpose of Disbursement contribution	Memo Item <input type="checkbox"/>
Candidate Name <b>Blackwell, Hugh, , ,</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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	<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)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Blue, Daniel, , Rep., Jr.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

Mailing Address P.O. Box 1730

FEC Identification Number

C	Transaction ID : <b>SB29.117493</b> Amount of Each Disbursement this Period 5100.00
---	---

City Raleigh State NC Zip Code 27602

Purpose of Disbursement contribuion

Candidate Name  
**Blue, Daniel, , Rep., Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 5100  
 Primary  General  
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. Blust, John, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

Mailing Address 1515 New Garden Road  
1-C

FEC Identification Number

C	Transaction ID : <b>SB29.116716</b> Amount of Each Disbursement this Period 1000.00
---	---

City Greensboro State NC Zip Code 27410

Purpose of Disbursement Contribution

Candidate Name  
**Blust, John, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. Brown, Harry, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

Mailing Address 2223 N Marine Blvd

FEC Identification Number

C	Transaction ID : <b>SB29.117494</b> Amount of Each Disbursement this Period 3100.00
---	---

City Jacksonville State NC Zip Code 28546

Purpose of Disbursement contribution

Candidate Name  
**Brown, Harry, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 06

Memo Item

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

9200.00
---------

**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 type="checkbox"/> 23	<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	<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)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bumgardner, Dana, , ,**

Mailing Address 3517 Lincoln Lane

City Gastonia State NC Zip Code 28056

Purpose of Disbursement Contribution

Candidate Name **Bumgardner, Dana, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2016

FEC Identification Number

C  
**Transaction ID : SB29.116717**  
 Amount of Each Disbursement this Period  
 5100.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Burr, Justin, , ,**

Mailing Address 125 South Third St

City Albemarle State NC Zip Code 28001

Purpose of Disbursement Contribution

Candidate Name **Burr, Justin, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2016

FEC Identification Number

C  
**Transaction ID : SB29.116718**  
 Amount of Each Disbursement this Period  
 500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Collins, Jeff, , ,**

Mailing Address 1109 Culpepper Drive

City Rocky Mount State NC Zip Code 27803

Purpose of Disbursement Contribution

Candidate Name **Collins, Jeff, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2016

FEC Identification Number

C  
**Transaction ID : SB29.116719**  
 Amount of Each Disbursement this Period  
 5100.00

Memo Item

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

10700.00

**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 type="checkbox"/> 23	<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	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Cooper, Roy, , Sen.,</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2016	
Mailing Address P.O. Box 4538		FEC Identification Number C [ ] <b>Transaction ID : SB29.116741</b>	
City Rocky Mount	State NC	Zip Code 27803	Amount of Each Disbursement this Period [ ] 5100.00
Purpose of Disbursement Contribution		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name <b>Cooper, Roy, , Sen.,</b>		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Elmore, Jeffrey, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2016	
Mailing Address PO Box 522		FEC Identification Number C [ ] <b>Transaction ID : SB29.116720</b>	
City North Wilkesboro	State NC	Zip Code 28659	Amount of Each Disbursement this Period [ ] 1000.00
Purpose of Disbursement Contributioun		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name <b>Elmore, Jeffrey, , ,</b>		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District:		

Full Name (Last, First, Middle Initial) <b>C. Gill, Rosa, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 2408 Foxtrot Rd		FEC Identification Number C [ ] <b>Transaction ID : SB29.116721</b>	
City Raleigh	State NC	Zip Code 27610	Amount of Each Disbursement this Period [ ] 1000.00
Purpose of Disbursement contribution		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name <b>Gill, Rosa, , ,</b>		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 7100.00
<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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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	<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)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Hall, Kyle, , ,**

Mailing Address P.O. Box 2024

City  
King

State  
NC

Zip Code  
27021

Purpose of Disbursement  
Contribution

Candidate Name

**Hall, Kyle, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	6

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.117484**  
Amount of Each Disbursement this Period  
[ ] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hall, Larry, , ,**

Mailing Address PO Box 25308

City  
Durham

State  
NC

Zip Code  
27702

Purpose of Disbursement  
Contribution

Candidate Name

**Hall, Larry, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	6

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.116722**  
Amount of Each Disbursement this Period  
[ ] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hamilton, Susi, , ,**

Mailing Address 206 Nun St

City  
Wilmington

State  
NC

Zip Code  
28401

Purpose of Disbursement  
contribution

Candidate Name

**Hamilton, Susi, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	6

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.116723**  
Amount of Each Disbursement this Period  
[ ] 5100.00

Memo Item

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

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

[ ]	8600.00
[ ]	

**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 type="checkbox"/> 23	<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	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Harrington, Kathy, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 3324 Lincoln Lane		FEC Identification Number C [ ] <b>Transaction ID : SB29.117495</b> Amount of Each Disbursement this Period [ ] 1000.00	
City Gastonia	State NC	Zip Code 28056	Category/ Type [ ]
Purpose of Disbursement contribution		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name <b>Harrington, Kathy, , ,</b>			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hise, Ralph, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 44 Hemlock Ave		FEC Identification Number C [ ] <b>Transaction ID : SB29.116734</b> Amount of Each Disbursement this Period [ ] 4000.00	
City Spruce Pine	State NC	Zip Code 28777	Category/ Type [ ]
Purpose of Disbursement contribution		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Candidate Name <b>Hise, Ralph, , ,</b>			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Holley, Yvonne, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 1505 Tierney Cir		FEC Identification Number C [ ] <b>Transaction ID : SB29.116724</b> Amount of Each Disbursement this Period [ ] 1000.00	
City Raleigh	State NC	Zip Code 27610	Category/ Type [ ]
Purpose of Disbursement contribution		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name <b>Holley, Yvonne, , ,</b>			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 6000.00
<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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Howard, Julia, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2016
Mailing Address 203 Magnolia Avenue		FEC Identification Number <b>C</b> Transaction ID : <b>SB29.116725</b> Amount of Each Disbursement this Period 1000.00
City Mocksville	State NC	
Purpose of Disbursement Contribution	Zip Code 27028	Memo Item <input type="checkbox"/>
Candidate Name <b>Howard, Julia, , ,</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hunter, Meredith, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2016
Mailing Address 317 N. Main St		FEC Identification Number <b>C</b> Transaction ID : <b>SB29.117052</b> Amount of Each Disbursement this Period 237.29
City Warrenton	State NC	
Purpose of Disbursement Refund of PAC deduction	Zip Code 27589	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Insko, Verla, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2016
Mailing Address 610 Surry Rd		FEC Identification Number <b>C</b> Transaction ID : <b>SB29.116726</b> Amount of Each Disbursement this Period 1000.00
City Chapel Hill	State NC	
Purpose of Disbursement Contribution	Zip Code 27514	Memo Item <input type="checkbox"/>
Candidate Name <b>Insko, Verla, , ,</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2237.29
<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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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	<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)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jackson, Brent, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

Mailing Address 2924 Ernest Williams Rd

City Autryville State NC Zip Code 28318

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.116735**  
 Amount of Each Disbursement this Period  
 [ ] 4000.00

Purpose of Disbursement Contribution

Candidate Name

**Jackson, Brent, , ,**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jordan, Jonathan, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

Mailing Address PO Box 744

City Jefferson State NC Zip Code 28640

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.116727**  
 Amount of Each Disbursement this Period  
 [ ] 1000.00

Purpose of Disbursement Contribution

Candidate Name

**Jordan, Jonathan, , ,**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C. Lee, Michael, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

Mailing Address 1929 Knollwood Rd

City Wilmington State NC Zip Code 28403

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.116709**  
 Amount of Each Disbursement this Period  
 [ ] 1000.00

Purpose of Disbursement contribution

Candidate Name

**Lee, Michael, , ,**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Memo Item

**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 type="checkbox"/> 23	<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	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. McCrory, Pat, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2016
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement contribution		Transaction ID : <b>SB29.116740</b>
Candidate Name <b>McCrory, Pat, , ,</b>		Amount of Each Disbursement this Period 5100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. McKissick, Floyd, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2016
Mailing Address PO Box 51608		FEC Identification Number C
City Durham	State NC	Zip Code 27717
Purpose of Disbursement Contribution		Transaction ID : <b>SB29.116710</b>
Candidate Name <b>McKissick, Floyd, , ,</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NC	District:	

Full Name (Last, First, Middle Initial) <b>C. Meredith, Wesley, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2016
Mailing Address P.O. Box 26210		FEC Identification Number C
City Fayetteville	State NC	Zip Code 28314
Purpose of Disbursement Contribution		Transaction ID : <b>SB29.116711</b>
Candidate Name <b>Meredith, Wesley, , ,</b>		Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8600.00
<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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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	<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)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Meyer, Graig, , ,**

Mailing Address P.O. Box 867

City Hillsborough State NC Zip Code 27278

Purpose of Disbursement Contribution

Candidate Name **Meyer, Graig, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2016

FEC Identification Number

C  
**Transaction ID : SB29.116728**  
 Amount of Each Disbursement this Period  
 500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Michaux, H.M. (Mickey), , Rep.,**

Mailing Address 1722 Alfred Street

City Durham State NC Zip Code 27713

Purpose of Disbursement Contribution

Candidate Name **Michaux, H.M. (Mickey), , Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2016

FEC Identification Number

C  
**Transaction ID : SB29.116729**  
 Amount of Each Disbursement this Period  
 500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Millis, Chris, , ,**

Mailing Address PO Box 878

City Hampstead State NC Zip Code 28443

Purpose of Disbursement contribution

Candidate Name **Millis, Chris, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2016

FEC Identification Number

C  
**Transaction ID : SB29.116738**  
 Amount of Each Disbursement this Period  
 4000.00

Memo Item

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

5000.00

**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 type="checkbox"/> 23	<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	<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)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pate, Louis, , ,**

Mailing Address 102 Meredith St

City  
Mt. Olive

State  
NC

Zip Code  
28365

Purpose of Disbursement  
Contribution

Candidate Name

**Pate, Louis, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	6

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.116712**  
Amount of Each Disbursement this Period  
[ ] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Pendleton, Gary, , ,**

Mailing Address 2908 Lake Boone Pl

City  
Raleigh

State  
NC

Zip Code  
27608

Purpose of Disbursement  
Contribution

Candidate Name

**Pendleton, Gary, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	6

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.116730**  
Amount of Each Disbursement this Period  
[ ] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Rabon, Bill, , ,**

Mailing Address 404 BrunswickSt

City  
Southport

State  
NC

Zip Code  
28461

Purpose of Disbursement  
contribution

Candidate Name

**Rabon, Bill, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	6

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.116713**  
Amount of Each Disbursement this Period  
[ ] 5100.00

Memo Item

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

[ ]	8600.00
-----	---------

**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 type="checkbox"/> 23	<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	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Saine, Jason, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2016
Mailing Address 7465 Bluff Point Lane		
City Denver	State NC	Zip Code 28037
Purpose of Disbursement Contribution		FEC Identification Number C
Candidate Name <b>Saine, Jason, , ,</b>		Transaction ID : <b>SB29.116731</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 2500.00
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Sanderson, Norman, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2016
Mailing Address 269 Bennett Rd 4		
City Minnesott Beach	State NC	Zip Code 28510
Purpose of Disbursement contribution		FEC Identification Number C
Candidate Name <b>Sanderson, Norman, , ,</b>		Transaction ID : <b>SB29.116714</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Amount of Each Disbursement this Period 1000.00
State: NC District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Stevens, Sarah, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2016
Mailing Address 2161 Margaret Dr		
City Mount Airy	State NC	Zip Code 27030
Purpose of Disbursement Contribution		FEC Identification Number C
Candidate Name <b>Stevens, Sarah, , ,</b>		Transaction ID : <b>SB29.116732</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 1000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1000.00
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4500.00
<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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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	<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)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stone, Scott, , ,**

Mailing Address P.O. Box 79331

City  
Charlotte

State  
NC

Zip Code  
28271

Purpose of Disbursement  
contribution

Category/  
Type

Candidate Name

**Stone, Scott, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 25 / 2016

FEC Identification Number

C   
**Transaction ID : SB29.117487**  
Amount of Each Disbursement this Period  
 500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Szoka, John, , ,**

Mailing Address 6922 Surrey Rd

City  
Fayetteville

State  
NC

Zip Code  
28306

Purpose of Disbursement  
contribution

Category/  
Type

Candidate Name

**Szoka, John, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 25 / 2016

FEC Identification Number

C   
**Transaction ID : SB29.116739**  
Amount of Each Disbursement this Period  
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Tucker, Tommy, , ,**

Mailing Address 1206 Rosehill De

City  
Waxhaw

State  
NC

Zip Code  
28173

Purpose of Disbursement  
contribution

Category/  
Type

Candidate Name

**Tucker, Tommy, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 25 / 2016

FEC Identification Number

C   
**Transaction ID : SB29.116736**  
Amount of Each Disbursement this Period  
 2500.00

Memo Item

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

4000.00

**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 type="checkbox"/> 23	<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	<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)

**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Yarborough, Larry, , ,**

Mailing Address 87 Duck Pointe Dr.

City  
Roxboro

State  
NC

Zip Code  
27574

Purpose of Disbursement  
Contribution

Candidate Name

**Yarborough, Larry, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2016

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.116733**  
Amount of Each Disbursement this Period  
[ ] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** [ ]  
Amount of Each Disbursement this Period  
[ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** [ ]  
Amount of Each Disbursement this Period  
[ ]

Memo Item

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

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

1000.00
86537.29