

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="30342.58"/>	<input type="text" value="30342.58"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="30342.58"/>	<input type="text" value="30342.58"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="29500.00"/>	<input type="text" value="29500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="842.58"/>	<input type="text" value="842.58"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9972.74	9972.74
(ii) Unitemized	20369.84	20369.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30342.58	30342.58
(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)	30342.58	30342.58
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))..... ▶	30342.58	30342.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30342.58	30342.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	20000.00	20000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	9500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	29500.00	29500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29500.00	29500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	30342.58	30342.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30342.58	30342.58
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 53
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Jay J. Alligood Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Chief Audit Executive
 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
 03 / 22 / 2013
Transaction ID : 20130319172233-216
 Amount of Each Receipt this Period
 50.00

B. Jay J. Alligood Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Chief Audit Executive
 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
 04 / 05 / 2013
Transaction ID : 2013040392149-221
 Amount of Each Receipt this Period
 50.00

C. Jay J. Alligood Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Chief Audit Executive
 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
 04 / 19 / 2013
Transaction ID : 2013041617738-220
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 7 OF 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jay J. Alligood Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Chief Audit Executive
 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
 05 / 03 / 2013
Transaction ID : 2013043016234-222
 Amount of Each Receipt this Period
 50.00

B. Jay J. Alligood Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Chief Audit Executive
 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
 05 / 17 / 2013
Transaction ID : 20130514182233-218
 Amount of Each Receipt this Period
 50.00

C. Jay J. Alligood Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Chief Audit Executive
 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
 05 / 31 / 2013
Transaction ID : 201305281783-217
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 8 OF 53
<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

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

Full Name (Last, First, Middle Initial) A. Jay J. Alligood Jr.		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2013061182234-218
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation VP Chief Audit Executive		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="600.00"/>		

Full Name (Last, First, Middle Initial) B. Jay J. Alligood Jr.		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20130625174547-215
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation VP Chief Audit Executive		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="600.00"/>		

Full Name (Last, First, Middle Initial) C. Jason Altmire		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 300		<input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2013043016234-232
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation SVP Pub Pol Govt&Comm Affairs		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="700.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jason Altmire
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Pub Pol Govt&Comm Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2013
Transaction ID : 20130514182233-228
 Amount of Each Receipt this Period
 100.00

B. Jason Altmire
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Pub Pol Govt&Comm Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : 201305281783-227
 Amount of Each Receipt this Period
 100.00

C. Jason Altmire
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Pub Pol Govt&Comm Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : 20130611182234-228
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 10 OF 53
	<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
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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

Full Name (Last, First, Middle Initial) A. Jason Altmire		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 300		M M M / D D D / Y Y Y Y Y Y 06 / 28 / 2013
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. C		Transaction ID : 20130625174547-224
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation SVP Pub Pol Govt&Comm Affairs		100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	700.00	

Full Name (Last, First, Middle Initial) B. Jonathan C. Anderson		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 300		M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2013
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. C		Transaction ID : 201305281783-222
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation VP Sales Integration & Support		19.13
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	248.69	

Full Name (Last, First, Middle Initial) C. Jonathan C. Anderson		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 300		M M M / D D D / Y Y Y Y Y Y 06 / 14 / 2013
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. C		Transaction ID : 20130611182234-223
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation VP Sales Integration & Support		19.13
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	248.69	

SUBTOTAL of Receipts This Page (optional).....▶	138.26
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 11 OF 53
	<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
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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Jonathan C. Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Sales Integration & Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : 20130625174547-219
 Amount of Each Receipt this Period
 19.13

B. Thomas Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 389 Summerset Dr
 City Saint Johns State FL Zip Code 32259-8885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FCSO Occupation Compliance Officer
 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
 06 / 30 / 2013
Transaction ID : 782125865AD246978291
 Amount of Each Receipt this Period
 200.00

C. Daniel M. Cassaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Business Architect
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : 201305281783-163
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	239.13
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 12 OF 53
	<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

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

A. Daniel M. Cassaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Business Architect
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : 2013061182234-164
 Amount of Each Receipt this Period
 20.00

B. Daniel M. Cassaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Business Architect
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : 20130625174547-162
 Amount of Each Receipt this Period
 20.00

C. Thomas Chuba
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Dir Sales Integration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : 201305281783-196
 Amount of Each Receipt this Period
 20.00

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 13 OF 53
	<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

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

A. Thomas Chuba
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Dir Sales Integration
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 14 / 2013**
Transaction ID : 2013061182234-197
 Amount of Each Receipt this Period **20.00**

B. Thomas Chuba
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Dir Sales Integration
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 28 / 2013**
Transaction ID : 20130625174547-195
 Amount of Each Receipt this Period **20.00**

C. Sandra Coston
 Full Name (Last, First, Middle Initial)
 Mailing Address 1663 Harrington Park Dr
 City Jacksonville State FL Zip Code 32225-4938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FCSSO Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2019.22**

Date of Receipt **01 / 08 / 2013**
Transaction ID : EE2AB3CB85CA48CE96A7
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **340.00**
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 14 OF 53
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Sandra Coston
 Full Name (Last, First, Middle Initial)
 Mailing Address 1663 Harrington Park Dr
 City Jacksonville State FL Zip Code 32225-4938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FCSO Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2019.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : C2EB2356E25F41AB846C
 Amount of Each Receipt this Period
 138.46

B. Sandra Coston
 Full Name (Last, First, Middle Initial)
 Mailing Address 1663 Harrington Park Dr
 City Jacksonville State FL Zip Code 32225-4938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FCSO Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2019.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : 84FC560CCFB8467689B9
 Amount of Each Receipt this Period
 131.73

C. Sandra Coston
 Full Name (Last, First, Middle Initial)
 Mailing Address 1663 Harrington Park Dr
 City Jacksonville State FL Zip Code 32225-4938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FCSO Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2019.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2013
Transaction ID : 7E8A3BB865CD465D903C
 Amount of Each Receipt this Period
 131.73

SUBTOTAL of Receipts This Page (optional).....▶	401.92
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 15 OF 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sandra Coston
 Full Name (Last, First, Middle Initial)
 Mailing Address 1663 Harrington Park Dr
 City Jacksonville State FL Zip Code 32225-4938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FCSO Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2019.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : E7A07AD4A67A4AD5AE27
 Amount of Each Receipt this Period
 131.73

B. Sandra Coston
 Full Name (Last, First, Middle Initial)
 Mailing Address 1663 Harrington Park Dr
 City Jacksonville State FL Zip Code 32225-4938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FCSO Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2019.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : C363696580C84E58AB4A
 Amount of Each Receipt this Period
 131.73

C. Sandra Coston
 Full Name (Last, First, Middle Initial)
 Mailing Address 1663 Harrington Park Dr
 City Jacksonville State FL Zip Code 32225-4938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FCSO Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2019.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : 972CA491824A4545A9A0
 Amount of Each Receipt this Period
 1053.84

SUBTOTAL of Receipts This Page (optional).....▶	1317.30
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 16 OF 53
	<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	

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

Full Name (Last, First, Middle Initial) A. Harvey Dikter		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>30</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	30	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	30	/	2013								
Mailing Address 655 S Preserve Vw		Transaction ID : A0209DEDDF2542EA9F08										
City Ponte Vedra	State FL	Zip Code 32081-5014										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.36										
Name of Employer FCSO	Occupation Vice President											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.89											

Full Name (Last, First, Middle Initial) B. R. Chris Doerr		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>03</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	05	/	03	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
05	/	03	/	2013								
Mailing Address 4800 Deerwood Campus Parkway Building 100		Transaction ID : 2013043016234-218										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.91										
Name of Employer Blue Cross Blue Shield of Fla	Occupation EVP Chief Admin Officer & CFO											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.83											

Full Name (Last, First, Middle Initial) C. R. Chris Doerr		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>17</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	05	/	17	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
05	/	17	/	2013								
Mailing Address 4800 Deerwood Campus Parkway Building 100		Transaction ID : 20130514182233-214										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.91										
Name of Employer Blue Cross Blue Shield of Fla	Occupation EVP Chief Admin Officer & CFO											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.83											

SUBTOTAL of Receipts This Page (optional).....▶	153.18
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 17 OF 53
	<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

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

A. R. Chris Doerr
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation EVP Chief Admin Officer & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : 201305281783-213
 Amount of Each Receipt this Period
 23.91

B. R. Chris Doerr
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation EVP Chief Admin Officer & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : 20130611182234-214
 Amount of Each Receipt this Period
 23.91

C. R. Chris Doerr
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation EVP Chief Admin Officer & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : 20130625174547-211
 Amount of Each Receipt this Period
 23.91

SUBTOTAL of Receipts This Page (optional).....▶	71.73
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: PAGE 18 OF 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jeannette W. Ekh
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Health Care Reform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : 201305281783-221
 Amount of Each Receipt this Period
 20.00

B. Jeannette W. Ekh
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Health Care Reform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : 20130611182234-222
 Amount of Each Receipt this Period
 20.00

C. Kirk D. Fischer
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Provider Network Operations
 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
 05 / 03 / 2013
Transaction ID : 2013043016234-230
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
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 20 OF 53
	<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
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Kirk D. Fischer		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>28</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	28	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	28	/	2013								
Mailing Address 4800 Deerwood Campus Parkway Building 300		Transaction ID : 20130625174547-222										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 90.00										
Name of Employer Blue Cross Blue Shield of Fla	Occupation VP Provider Network Operations											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00											

Full Name (Last, First, Middle Initial) B. Joseph D. Furry		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>31</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	05	/	31	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
05	/	31	/	2013								
Mailing Address 4800 Deerwood Campus Parkway Building 300		Transaction ID : 201305281783-111										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00										
Name of Employer Blue Cross Blue Shield of Fla	Occupation Public Pol Resrch & Edu Cnslt											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00											

Full Name (Last, First, Middle Initial) C. Joseph D. Furry		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>14</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	14	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	14	/	2013								
Mailing Address 4800 Deerwood Campus Parkway Building 300		Transaction ID : 20130611182234-111										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00										
Name of Employer Blue Cross Blue Shield of Fla	Occupation Public Pol Resrch & Edu Cnslt											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00											

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 21 OF 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Joseph D. Furry
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Public Pol Resrch & Edu Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : 20130625174547-110
 Amount of Each Receipt this Period
 200.00

B. Patrick J. Geraghty
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2013
Transaction ID : 20130122192234-223
 Amount of Each Receipt this Period
 200.00

C. Patrick J. Geraghty
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : 2013020518748-223
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	420.00
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 22 OF 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Patrick J. Geraghty
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2013
Transaction ID : 2013021917234-223
 Amount of Each Receipt this Period
 200.00

B. Patrick J. Geraghty
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : 2013030518738-223
 Amount of Each Receipt this Period
 200.00

C. Patrick J. Geraghty
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : 20130319172233-223
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 23 OF 53
	<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

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

A. Patrick J. Geraghty
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2013
Transaction ID : 2013040392149-228
 Amount of Each Receipt this Period
 200.00

B. Patrick J. Geraghty
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2013
Transaction ID : 2013041617738-227
 Amount of Each Receipt this Period
 200.00

C. Patrick J. Geraghty
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2013
Transaction ID : 2013043016234-229
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 24 OF 53
	<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

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

A. Patrick J. Geraghty
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2013
Transaction ID : 20130514182233-225
 Amount of Each Receipt this Period
 200.00

B. Patrick J. Geraghty
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : 201305281783-224
 Amount of Each Receipt this Period
 200.00

C. Patrick J. Geraghty
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : 20130611182234-225
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 25 OF 53
	<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	

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

Full Name (Last, First, Middle Initial)
A. Patrick J. Geraghty

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2600.00

Date of Receipt
 06 / 28 / 2013
Transaction ID : 20130625174547-221

Amount of Each Receipt this Period
 200.00

Full Name (Last, First, Middle Initial)
B. Robin A. Hawk

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation Data Management Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 209.58

Date of Receipt
 06 / 28 / 2013
Transaction ID : 20130625174547-161

Amount of Each Receipt this Period
 15.70

Full Name (Last, First, Middle Initial)
C. Carlton P. Hobgood

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation VP Major National Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 248.69

Date of Receipt
 05 / 31 / 2013
Transaction ID : 201305281783-212

Amount of Each Receipt this Period
 19.13

SUBTOTAL of Receipts This Page (optional).....▶	234.83
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 26 OF 53
	<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	

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

A. Carlton P. Hobgood
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Major National Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : 2013061182234-213
 Amount of Each Receipt this Period
 19.13

B. Carlton P. Hobgood
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Major National Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : 20130625174547-210
 Amount of Each Receipt this Period
 19.13

C. Charles S. Joseph
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Gen Counsel & Corp Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2013
Transaction ID : 20130319172233-210
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional).....▶	78.26
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: PAGE 27 OF 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Charles S. Joseph
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Gen Counsel & Corp Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2013
Transaction ID : 2013040392149-215
 Amount of Each Receipt this Period
 40.00

B. Charles S. Joseph
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Gen Counsel & Corp Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2013
Transaction ID : 2013041617738-214
 Amount of Each Receipt this Period
 40.00

C. Charles S. Joseph
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Gen Counsel & Corp Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2013
Transaction ID : 2013043016234-216
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
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 28 OF 53
	<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

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

Full Name (Last, First, Middle Initial) A. Charles S. Joseph		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20130514182233-212
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation SVP Gen Counsel & Corp Sec		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) B. Charles S. Joseph		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 201305281783-211
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation SVP Gen Counsel & Corp Sec		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) C. Charles S. Joseph		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20130611182234-212
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation SVP Gen Counsel & Corp Sec		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="520.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 53
	<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

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

Full Name (Last, First, Middle Initial)
A. Charles S. Joseph

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Gen Counsel & Corp Sec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2013

Transaction ID : 20130625174547-209

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
B. Samieh S. Norse

Mailing Address 4800 Deerwood Campus Parkway
 Building 400

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Dir - Contact

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
05 / 03 / 2013

Transaction ID : 2013043016234-82

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Samieh S. Norse

Mailing Address 4800 Deerwood Campus Parkway
 Building 400

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Dir - Contact

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
05 / 17 / 2013

Transaction ID : 20130514182233-80

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 30 OF 53
	<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	

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

A. Samieh S. Norse
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 400
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Dir - Contact
 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
 05 / 31 / 2013
Transaction ID : 201305281783-80
 Amount of Each Receipt this Period
 25.00

B. Samieh S. Norse
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 400
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Dir - Contact
 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
 06 / 14 / 2013
Transaction ID : 20130611182234-80
 Amount of Each Receipt this Period
 25.00

C. Samieh S. Norse
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 400
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Dir - Contact
 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
 06 / 28 / 2013
Transaction ID : 20130625174547-79
 Amount of Each Receipt this Period
 25.00

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 31 OF 53
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

Full Name (Last, First, Middle Initial) A. Pieter Rijken		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td>/</td> <td>05</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	04	/	05	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
04	/	05	/	2013								
Mailing Address 4350 West Cypress Street Suite 400		Transaction ID : 2013040392149-198										
City Tampa	State FL	Zip Code 33607										
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 29.38										
Name of Employer Blue Cross Blue Shield of Fla	Occupation Sr Mgr Negotiation											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.36											

Full Name (Last, First, Middle Initial) B. Pieter Rijken		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td>/</td> <td>19</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	04	/	19	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
04	/	19	/	2013								
Mailing Address 4350 West Cypress Street Suite 400		Transaction ID : 2013041617738-197										
City Tampa	State FL	Zip Code 33607										
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 29.38										
Name of Employer Blue Cross Blue Shield of Fla	Occupation Sr Mgr Negotiation											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.36											

Full Name (Last, First, Middle Initial) C. Pieter Rijken		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>03</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	05	/	03	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
05	/	03	/	2013								
Mailing Address 4350 West Cypress Street Suite 400		Transaction ID : 2013043016234-199										
City Tampa	State FL	Zip Code 33607										
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 29.38										
Name of Employer Blue Cross Blue Shield of Fla	Occupation Sr Mgr Negotiation											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.36											

SUBTOTAL of Receipts This Page (optional).....▶	88.14
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 32 OF 53
	<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

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

A. Pieter Rijken
 Full Name (Last, First, Middle Initial)
 Mailing Address 4350 West Cypress Street
 Suite 400
 City Tampa State FL Zip Code 33607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Mgr Negotiation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2013
Transaction ID : 20130514182233-195
 Amount of Each Receipt this Period
 29.38

B. Penelope S. Shaffer
 Full Name (Last, First, Middle Initial)
 Mailing Address Westside Corporate Center
 8400 NW 33rd Street
 City Miami State FL Zip Code 33122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Market President - South FL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : 201305281783-223
 Amount of Each Receipt this Period
 19.13

C. Penelope S. Shaffer
 Full Name (Last, First, Middle Initial)
 Mailing Address Westside Corporate Center
 8400 NW 33rd Street
 City Miami State FL Zip Code 33122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Market President - South FL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : 20130611182234-224
 Amount of Each Receipt this Period
 19.13

SUBTOTAL of Receipts This Page (optional).....▶	67.64
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 53
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Penelope S. Shaffer
 Full Name (Last, First, Middle Initial)
 Mailing Address Westside Corporate Center
 8400 NW 33rd Street
 City Miami State FL Zip Code 33122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Market President - South FL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **248.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2013
Transaction ID : 20130625174547-220
 Amount of Each Receipt this Period
19.13

B. Darnell Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation GVP Service Org & BPMO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **261.17**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2013
Transaction ID : 20130514182233-209
 Amount of Each Receipt this Period
20.09

C. Darnell Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation GVP Service Org & BPMO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **261.17**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013
Transaction ID : 201305281783-208
 Amount of Each Receipt this Period
20.09

SUBTOTAL of Receipts This Page (optional).....	59.31
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 34 OF 53
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

Full Name (Last, First, Middle Initial)
A. Darnell Smith

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation GVP Service Org & BPMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 261.17

Date of Receipt
 06 / 14 / 2013
Transaction ID : 2013061182234-209

Amount of Each Receipt this Period
 20.09

Full Name (Last, First, Middle Initial)
B. Darnell Smith

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation GVP Service Org & BPMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 261.17

Date of Receipt
 06 / 28 / 2013
Transaction ID : 20130625174547-206

Amount of Each Receipt this Period
 20.09

Full Name (Last, First, Middle Initial)
C. Kelly A. Sommer

Mailing Address 770 Northpoint Parkway
 Suite 200

City West Palm Beach State FL Zip Code 33407

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

Name of Employer Blue Cross Blue Shield of Fla Occupation Mid Mrkt Acct Exe - Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 05 / 31 / 2013
Transaction ID : 201305281783-147

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.18

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 35 OF 53
	<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

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

A. Kelly A. Sommer
 Full Name (Last, First, Middle Initial)
 Mailing Address 770 Northpoint Parkway
 Suite 200
 City West Palm Beach State FL Zip Code 33407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Mid Mrkt Acct Exe - Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : 2013061182234-147
 Amount of Each Receipt this Period
 20.00

B. Kelly A. Sommer
 Full Name (Last, First, Middle Initial)
 Mailing Address 770 Northpoint Parkway
 Suite 200
 City West Palm Beach State FL Zip Code 33407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Mid Mrkt Acct Exe - Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : 20130625174547-146
 Amount of Each Receipt this Period
 20.00

C. Carl B. Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Association Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2013
Transaction ID : 2013043016234-202
 Amount of Each Receipt this Period
 23.91

SUBTOTAL of Receipts This Page (optional).....▶	63.91
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 36 OF 53
	<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

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

A. Carl B. Stone
 Full Name (Last, First, Middle Initial)

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation VP Association Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **310.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2013

Transaction ID : 20130514182233-198

Amount of Each Receipt this Period
23.91

B. Carl B. Stone
 Full Name (Last, First, Middle Initial)

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation VP Association Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **310.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : 201305281783-197

Amount of Each Receipt this Period
23.91

C. Carl B. Stone
 Full Name (Last, First, Middle Initial)

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation VP Association Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **310.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 14 / 2013

Transaction ID : 20130611182234-198

Amount of Each Receipt this Period
23.91

SUBTOTAL of Receipts This Page (optional)..... **71.73**

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 37 OF 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Carl B. Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Association Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : 20130625174547-196
 Amount of Each Receipt this Period
 23.91

B. Susan B. Towler
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Exec Dir Community Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : 20130625174547-97
 Amount of Each Receipt this Period
 15.54

C. Jon R. Urbanek
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Commercial Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1661.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2013
Transaction ID : 20130122192234-206
 Amount of Each Receipt this Period
 121.15

SUBTOTAL of Receipts This Page (optional).....▶	160.60
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 38 OF 53
	<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	

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

A. Jon R. Urbanek
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Commercial Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1661.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : 2013020518748-206
 Amount of Each Receipt this Period
 121.15

B. Jon R. Urbanek
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Commercial Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1661.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2013
Transaction ID : 2013021917234-206
 Amount of Each Receipt this Period
 121.15

C. Jon R. Urbanek
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Commercial Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1661.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : 2013030518738-206
 Amount of Each Receipt this Period
 130.77

SUBTOTAL of Receipts This Page (optional).....▶	373.07
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 39 OF 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Jon R. Urbanek
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Commercial Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1661.53

Date of Receipt 03 / 22 / 2013
Transaction ID : 20130319172233-206
 Amount of Each Receipt this Period 130.77

B. Jon R. Urbanek
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Commercial Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1661.53

Date of Receipt 04 / 05 / 2013
Transaction ID : 2013040392149-211
 Amount of Each Receipt this Period 130.77

C. Jon R. Urbanek
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Commercial Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1661.53

Date of Receipt 04 / 19 / 2013
Transaction ID : 2013041617738-210
 Amount of Each Receipt this Period 130.77

SUBTOTAL of Receipts This Page (optional).....▶	392.31
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 40 OF 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jon R. Urbanek
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Commercial Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1661.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2013
Transaction ID : 2013043016234-212
 Amount of Each Receipt this Period
 130.77

B. Jon R. Urbanek
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Commercial Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1661.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2013
Transaction ID : 20130514182233-208
 Amount of Each Receipt this Period
 130.77

C. Jon R. Urbanek
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Commercial Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1661.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : 201305281783-207
 Amount of Each Receipt this Period
 130.77

SUBTOTAL of Receipts This Page (optional).....▶	392.31
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 41 OF 53
	<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	

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

A. Jon R. Urbanek
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Commercial Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1661.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2013
Transaction ID : 2013061182234-208
 Amount of Each Receipt this Period
 130.77

B. Jon R. Urbanek
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Commercial Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1661.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : 20130625174547-205
 Amount of Each Receipt this Period
 130.77

C. Dianne E. Wagner
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Dir Provider Network Ops
 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
 05 / 03 / 2013
Transaction ID : 2013043016234-79
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	286.54
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 42 OF 53
	<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

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

Full Name (Last, First, Middle Initial) A. Dianne E. Wagner		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 300		<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20130514182233-77
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation Sr Dir Provider Network Ops		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="325.00"/>	

Full Name (Last, First, Middle Initial) B. Dianne E. Wagner		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 300		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 201305281783-77
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation Sr Dir Provider Network Ops		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="325.00"/>	

Full Name (Last, First, Middle Initial) C. Dianne E. Wagner		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 300		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20130611182234-77
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation Sr Dir Provider Network Ops		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="325.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 53
	<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

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

A. Dianne E. Wagner
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Dir Provider Network Ops
 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
 06 / 28 / 2013
Transaction ID : 20130625174547-76
 Amount of Each Receipt this Period
 25.00

B. John J. Wagner
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 200
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Dir Product/Services Mgmt
 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
 05 / 03 / 2013
Transaction ID : 2013043016234-78
 Amount of Each Receipt this Period
 25.00

C. John J. Wagner
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 200
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Dir Product/Services Mgmt
 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
 05 / 17 / 2013
Transaction ID : 20130514182233-76
 Amount of Each Receipt this Period
 25.00

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 44 OF 53
	<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
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. John J. Wagner
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 200
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Dir Product/Services Mgmt
 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
 05 / 31 / 2013
Transaction ID : 201305281783-76
 Amount of Each Receipt this Period
 25.00

B. John J. Wagner
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 200
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Dir Product/Services Mgmt
 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
 06 / 14 / 2013
Transaction ID : 20130611182234-76
 Amount of Each Receipt this Period
 25.00

C. John J. Wagner
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 200
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Dir Product/Services Mgmt
 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
 06 / 28 / 2013
Transaction ID : 20130625174547-75
 Amount of Each Receipt this Period
 25.00

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 45 OF 53
	<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	

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

Full Name (Last, First, Middle Initial)
A. Tammy Wagner

Mailing Address 4800 Deerwood Campus Parkway
 Building 900

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Mgr Network Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **05 / 31 / 2013**

Transaction ID : 201305281783-137

Amount of Each Receipt this Period **20.00**

Full Name (Last, First, Middle Initial)
B. Tammy Wagner

Mailing Address 4800 Deerwood Campus Parkway
 Building 900

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Mgr Network Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 14 / 2013**

Transaction ID : 20130611182234-137

Amount of Each Receipt this Period **20.00**

Full Name (Last, First, Middle Initial)
C. Tammy Wagner

Mailing Address 4800 Deerwood Campus Parkway
 Building 900

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Mgr Network Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 28 / 2013**

Transaction ID : 20130625174547-136

Amount of Each Receipt this Period **20.00**

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 46 OF 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Robert Wall		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="02"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2013020518748-217
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation SVP HSG & Chief HR Officer		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="975.00"/>		

Full Name (Last, First, Middle Initial) B. Robert Wall		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2013021917234-217
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation SVP HSG & Chief HR Officer		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="975.00"/>		

Full Name (Last, First, Middle Initial) C. Robert Wall		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2013030518738-217
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation SVP HSG & Chief HR Officer		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="975.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 53
	<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

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

A. Robert Wall
 Full Name (Last, First, Middle Initial)

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation SVP HSG & Chief HR Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **975.00**

Date of Receipt **03 / 22 / 2013**

Transaction ID : 20130319172233-217

Amount of Each Receipt this Period **75.00**

B. Robert Wall
 Full Name (Last, First, Middle Initial)

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation SVP HSG & Chief HR Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **975.00**

Date of Receipt **04 / 05 / 2013**

Transaction ID : 2013040392149-222

Amount of Each Receipt this Period **75.00**

C. Robert Wall
 Full Name (Last, First, Middle Initial)

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation SVP HSG & Chief HR Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **975.00**

Date of Receipt **04 / 19 / 2013**

Transaction ID : 2013041617738-221

Amount of Each Receipt this Period **75.00**

SUBTOTAL of Receipts This Page (optional)..... **225.00**

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 48 OF 53
	<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
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Robert Wall		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2013043016234-223
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation SVP HSG & Chief HR Officer		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="975.00"/>		

Full Name (Last, First, Middle Initial) B. Robert Wall		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20130514182233-219
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation SVP HSG & Chief HR Officer		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="975.00"/>		

Full Name (Last, First, Middle Initial) C. Robert Wall		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 201305281783-218
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation SVP HSG & Chief HR Officer		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="975.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 53
	<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	

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

Full Name (Last, First, Middle Initial) A. Robert Wall		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 2013061182234-219
Name of Employer Blue Cross Blue Shield of Fla	Occupation SVP HSG & Chief HR Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="75.00"/>
	<input type="text" value="975.00"/>	

Full Name (Last, First, Middle Initial) B. Robert Wall		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20130625174547-216
Name of Employer Blue Cross Blue Shield of Fla	Occupation SVP HSG & Chief HR Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="75.00"/>
	<input type="text" value="975.00"/>	

Full Name (Last, First, Middle Initial) C. Deborah F. Williams		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 201305281783-31
Name of Employer Blue Cross Blue Shield of Fla	Occupation Sr Dir - Program Devmt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="19.13"/>
	<input type="text" value="248.69"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="169.13"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 50 OF 53
(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Deborah F. Williams

Mailing Address 4800 Deerwood Campus Parkway
Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Dir - Program Devmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
248.69

Date of Receipt
06 / 14 / 2013
Transaction ID : 2013061182234-31

Amount of Each Receipt this Period
19.13

Full Name (Last, First, Middle Initial)
B. Deborah F. Williams

Mailing Address 4800 Deerwood Campus Parkway
Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Dir - Program Devmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
248.69

Date of Receipt
06 / 28 / 2013
Transaction ID : 20130625174547-30

Amount of Each Receipt this Period
19.13

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	38.26
TOTAL This Period (last page this line number only).....▶	9972.74

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. BluePAC - Blue Cross Blue Shield Association PAC

Date of Disbursement

Mailing Address 1310 G Street NW

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2013

City Washington State DC Zip Code 20005

Transaction ID : 824B10E6E7DAAD559CC

Purpose of Disbursement
2013 Contribution

008
Category/ Type

Amount of Each Disbursement this Period

20000.00

Candidate Name

BluePAC - Blue Cross Blue Shield Association PAC

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

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

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

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

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

20000.00

20000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Americas Health Insurance Plans PAC (AHIP PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2013

Mailing Address 601 Pennsylvania Avenue, NW
South Building, Suite 500

Transaction ID : D871FBDF A6B892E6910

City Washington State DC Zip Code 20004

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
2013 Contribution

011
Category/ Type

Candidate Name

Americas Health Insurance Plans PAC (AHIP PAC)

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) **Contribution**

State: District:

Full Name (Last, First, Middle Initial)

B. Castor for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Mailing Address 301 W Platt Street, #385

Transaction ID : 6DD0ACCB020528409F5

City Tampa State FL Zip Code 33606

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2014 Primary

011
Category/ Type

Candidate Name

Katherine Anne Castor

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: FL District: 14

Full Name (Last, First, Middle Initial)

C. Crenshaw for Congress Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2013

Mailing Address 7235 Bonneval Road
Suite 219

Transaction ID : 8F59E891E2763CC4FAC

City Jacksonville State FL Zip Code 32256-7506

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
2014 Primary

011
Category/ Type

Candidate Name

Ander Crenshaw

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: FL District: 04

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

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

8500.00

--

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Hoyer for Congress

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name

Steny H. Hoyer

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2013

Transaction ID : 5F12AF1DA09E66D41C6

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

1000.00

9500.00
