

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

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

ADDRESS (number and street)

P.O. Box 2291

Check if different  
than previously  
reported. (ACC)

Durham

NC

27702

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00312223

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

10

14

2010

through

11

22

2010

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

Type or Print Name of Treasurer

Kenneth Wright

Signature of Treasurer

Electronically Filed by Kenneth Wright

Date

11

23

2010

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 87

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <div>Y Y Y Y 2010</div>		84952.63
(b) Cash on Hand at Beginning of Reporting Period .....	19593.72	
(c) Total Receipts (from Line 19) .....	11313.97	87705.06
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	30907.69	172657.69
7. Total Disbursements (from Line 31) .....	23800.00	165550.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	7107.69	7107.69
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 87

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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) .....	10293.17	68452.55
(ii) Unitemized .....	1020.80	19252.51
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11313.97	87705.06
(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) .....	11313.97	87705.06
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 Transfer (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)) .....	11313.97	87705.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11313.97	87705.06

## DETAILED SUMMARY PAGE

of Disbursements

4 / 87

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	18500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	-750.00	-750.00	
(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)) .....	-750.00	-750.00	
29. Other Disbursements.....	24550.00	147800.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared 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))..	23800.00	165550.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23800.00	165550.00	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 87

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) .....	11313.97	87705.06
34. Total Contribution Refunds (from Line 28(d)) .....	-750.00	-750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12063.97	88455.06
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: PAGE 6 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

H Jorgenia Abernathy

Mailing Address 108 Hoteling Ct

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86035

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

H Jorgenia Abernathy

Mailing Address 108 Hoteling Ct

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86178

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

H Jorgenia Abernathy

Mailing Address 108 Hoteling Ct

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86312

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: PAGE 7 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Bradley Adcock

Mailing Address 106 Lindenthal Court

City

State

Zip Code

Cary

NC

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2168.25

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86037

Amount of Each Receipt this Period

103.25

**B.**

Full Name (Last, First, Middle Initial)

Bradley Adcock

Mailing Address 106 Lindenthal Court

City

State

Zip Code

Cary

NC

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2271.50

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86180

Amount of Each Receipt this Period

103.25

**C.**

Full Name (Last, First, Middle Initial)

Bradley Adcock

Mailing Address 106 Lindenthal Court

City

State

Zip Code

Cary

NC

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2364.42

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86314

Amount of Each Receipt this Period

92.92

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

299.42

**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 8 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

John Armentrout

Mailing Address 108 Woodleaf Dr

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86038

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

John Armentrout

Mailing Address 108 Woodleaf Dr

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86181

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

John Armentrout

Mailing Address 108 Woodleaf Dr

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86315

Amount of Each Receipt this Period

10.00

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

30.00

**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: PAGE 9 / 87

(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"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Daniel Atherton

Mailing Address 8800 Hatton Court

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11AI.86039

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Daniel Atherton

Mailing Address 8800 Hatton Court

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: SA11AI.86182

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Daniel Atherton

Mailing Address 8800 Hatton Court

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: SA11AI.86316

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: PAGE 10 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

J. Joseph Bauers

Mailing Address 203 Woodleaf Dr.

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86042

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

J. Joseph Bauers

Mailing Address 203 Woodleaf Dr.

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86185

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

J. Joseph Bauers

Mailing Address 203 Woodleaf Dr.

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86319

Amount of Each Receipt this Period

15.00

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

45.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Tracy Bennett

Mailing Address 208 Linville Springs Rd.

City

Kernersville

State

NC

Zip Code

27248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86043

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Tracy Bennett

Mailing Address 208 Linville Springs Rd.

City

Kernersville

State

NC

Zip Code

27248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86186

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Tracy Bennett

Mailing Address 208 Linville Springs Rd.

City

Kernersville

State

NC

Zip Code

27248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86320

Amount of Each Receipt this Period

10.00

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

30.00

**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: PAGE 12 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Gary Bolt

Mailing Address 4801 Highgate Drive

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1336.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86045

Amount of Each Receipt this Period

64.04

**B.**

Full Name (Last, First, Middle Initial)

Gary Bolt

Mailing Address 4801 Highgate Drive

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86188

Amount of Each Receipt this Period

64.04

**C.**

Full Name (Last, First, Middle Initial)

Gary Bolt

Mailing Address 4801 Highgate Drive

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1464.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86322

Amount of Each Receipt this Period

64.04

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

192.12

**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 13 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

H Lewis Borman

Mailing Address 104 Ironwoods Drive

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.62

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86046

Amount of Each Receipt this Period

16.34

**B.**

Full Name (Last, First, Middle Initial)

H Lewis Borman

Mailing Address 104 Ironwoods Drive

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.96

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86189

Amount of Each Receipt this Period

16.34

**C.**

Full Name (Last, First, Middle Initial)

H Lewis Borman

Mailing Address 104 Ironwoods Drive

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.30

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86323

Amount of Each Receipt this Period

16.34

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

49.02

**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 14 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

W Don Bradley

Mailing Address 15 Altmont Ct

City

Durham

State

NC

Zip Code

27705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2842.98

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86047

Amount of Each Receipt this Period

135.38

**B.**

Full Name (Last, First, Middle Initial)

W Don Bradley

Mailing Address 15 Altmont Ct

City

Durham

State

NC

Zip Code

27705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2978.36

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86190

Amount of Each Receipt this Period

135.38

**C.**

Full Name (Last, First, Middle Initial)

W Don Bradley

Mailing Address 15 Altmont Ct

City

Durham

State

NC

Zip Code

27705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3113.74

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86324

Amount of Each Receipt this Period

135.38

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

406.14

**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: PAGE 15 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

L Wade Brown

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Producer Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86049

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

L Wade Brown

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Producer Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86192

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

L Wade Brown

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Producer Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86326

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: PAGE 16 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

L Lisa Cade

Mailing Address 104 Ackworth Court

City State Zip Code  
 Cary NC 27519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86052

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

L Lisa Cade

Mailing Address 104 Ackworth Court

City State Zip Code  
 Cary NC 27519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86195

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

L Lisa Cade

Mailing Address 104 Ackworth Court

City State Zip Code  
 Cary NC 27519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86329

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: PAGE 17 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Michele Cash

Mailing Address 8094 Grassy Creek Road

City

Oxford

State

NC

Zip Code

27565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Senior Compensation Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.30

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86054

Amount of Each Receipt this Period

28.07

**B.**

Full Name (Last, First, Middle Initial)

Michele Cash

Mailing Address 8094 Grassy Creek Road

City

Oxford

State

NC

Zip Code

27565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Senior Compensation Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.37

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86197

Amount of Each Receipt this Period

28.07

**C.**

Full Name (Last, First, Middle Initial)

Michele Cash

Mailing Address 8094 Grassy Creek Road

City

Oxford

State

NC

Zip Code

27565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Senior Compensation Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.44

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86331

Amount of Each Receipt this Period

28.07

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

84.21

**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 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Steven Cherrier

Mailing Address 1207 Holly Creek Lane

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86055

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Steven Cherrier

Mailing Address 1207 Holly Creek Lane

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86198

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Cherrier

Mailing Address 1207 Holly Creek Lane

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86332

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: PAGE 19 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

M Stephen Dean

Mailing Address 505 Lake Hogan Farm Rd

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1066.91

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86064

Amount of Each Receipt this Period

2.00

**B.**

Full Name (Last, First, Middle Initial)

M Stephen Dean

Mailing Address 505 Lake Hogan Farm Rd

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1123.16

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86206

Amount of Each Receipt this Period

56.25

**C.**

Full Name (Last, First, Middle Initial)

M Stephen Dean

Mailing Address 505 Lake Hogan Farm Rd

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1179.41

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86340

Amount of Each Receipt this Period

56.25

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

114.50

**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 20 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

G Diane DeGroff

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.46

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86066

Amount of Each Receipt this Period

31.73

**B.**

Full Name (Last, First, Middle Initial)

G Diane DeGroff

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.46

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86208

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

G Diane DeGroff

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.46

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86342

Amount of Each Receipt this Period

25.00

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

81.73

**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 21 / 87

(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"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

M Karen Dickinson

Mailing Address 105 Corewood Court

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNCOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11AI.86067

Amount of Each Receipt this Period

2.00

**B.**

Full Name (Last, First, Middle Initial)

M Karen Dickinson

Mailing Address 105 Corewood Court

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNCOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

619.87

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: SA11AI.86209

Amount of Each Receipt this Period

31.73

**C.**

Full Name (Last, First, Middle Initial)

M Karen Dickinson

Mailing Address 105 Corewood Court

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNCOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: SA11AI.86343

Amount of Each Receipt this Period

31.73

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

65.46

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 22 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

James Emmons

Mailing Address 105 Vyne Court

City

State

Zip Code

Cary

NC

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1551.80

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86071

Amount of Each Receipt this Period

36.04

**B.**

Full Name (Last, First, Middle Initial)

James Emmons

Mailing Address 105 Vyne Court

City

State

Zip Code

Cary

NC

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1629.68

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86213

Amount of Each Receipt this Period

77.88

**C.**

Full Name (Last, First, Middle Initial)

James Emmons

Mailing Address 105 Vyne Court

City

State

Zip Code

Cary

NC

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1707.56

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86347

Amount of Each Receipt this Period

77.88

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

191.80

**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 23 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

A Christine Evans

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.66

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86072

Amount of Each Receipt this Period

52.61

**B.**

Full Name (Last, First, Middle Initial)

A Christine Evans

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.70

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86214

Amount of Each Receipt this Period

36.04

**C.**

Full Name (Last, First, Middle Initial)

A Christine Evans

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

573.74

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86348

Amount of Each Receipt this Period

36.04

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

124.69

**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 24 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

M Robert Fleming

Mailing Address 211 St. Mary's Street

City

Raleigh

State

NC

Zip Code

27605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1049.59

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86073

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

M Robert Fleming

Mailing Address 211 St. Mary's Street

City

Raleigh

State

NC

Zip Code

27605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1102.20

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86215

Amount of Each Receipt this Period

52.61

**C.**

Full Name (Last, First, Middle Initial)

M Robert Fleming

Mailing Address 211 St. Mary's Street

City

Raleigh

State

NC

Zip Code

27605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1154.81

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86349

Amount of Each Receipt this Period

52.61

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

130.22

**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 25 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

John Fong

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

644.24

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86074

Amount of Each Receipt this Period

84.62

**B.**

Full Name (Last, First, Middle Initial)

John Fong

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

669.24

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86216

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

John Fong

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

694.24

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86350

Amount of Each Receipt this Period

25.00

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

134.62

**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 26 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Kathi Gaines

Mailing Address 603 Kingswood Drive

City

State

Zip Code

Cary

NC

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1055.66

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86076

Amount of Each Receipt this Period

50.51

**B.**

Full Name (Last, First, Middle Initial)

Kathi Gaines

Mailing Address 603 Kingswood Drive

City

State

Zip Code

Cary

NC

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1106.17

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86220

Amount of Each Receipt this Period

50.51

**C.**

Full Name (Last, First, Middle Initial)

Kathi Gaines

Mailing Address 603 Kingswood Drive

City

State

Zip Code

Cary

NC

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1156.68

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86353

Amount of Each Receipt this Period

50.51

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

151.53

**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 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

K Patrick Getzen

Mailing Address 205 Chilcott

City

State

Zip Code

Apex

NC

27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2046.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86077

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

K Patrick Getzen

Mailing Address 205 Chilcott

City

State

Zip Code

Apex

NC

27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2146.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86221

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

K Patrick Getzen

Mailing Address 205 Chilcott

City

State

Zip Code

Apex

NC

27502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2246.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86354

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: PAGE 28 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

K Ian Gordon

Mailing Address 100 Village Circle Way Apt337

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2407.62

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86078

Amount of Each Receipt this Period

115.38

**B.**

Full Name (Last, First, Middle Initial)

K Ian Gordon

Mailing Address 100 Village Circle Way Apt337

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2523.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86222

Amount of Each Receipt this Period

115.38

**C.**

Full Name (Last, First, Middle Initial)

K Ian Gordon

Mailing Address 100 Village Circle Way Apt337

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2638.38

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86355

Amount of Each Receipt this Period

115.38

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

346.14

**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: PAGE 29 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Laura Gorry

Mailing Address 2566 Ironwood Drive

City

Hickory

State

NC

Zip Code

28602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Regional Service Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

742.69

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86079

Amount of Each Receipt this Period

35.77

**B.**

Full Name (Last, First, Middle Initial)

Laura Gorry

Mailing Address 2566 Ironwood Drive

City

Hickory

State

NC

Zip Code

28602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Regional Service Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

778.46

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86223

Amount of Each Receipt this Period

35.77

**C.**

Full Name (Last, First, Middle Initial)

Laura Gorry

Mailing Address 2566 Ironwood Drive

City

Hickory

State

NC

Zip Code

28602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Regional Service Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

814.23

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86356

Amount of Each Receipt this Period

35.77

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

107.31

**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: PAGE 30 / 87

(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"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Mr. Darrell Grissom, II

Mailing Address 1105 New Hampshire Drive

City

Jamestown

State

NC

Zip Code

27282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Consumer Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11AI.86080

Amount of Each Receipt this Period

13.56

**B.**

Full Name (Last, First, Middle Initial)

Mr. Darrell Grissom, II

Mailing Address 1105 New Hampshire Drive

City

Jamestown

State

NC

Zip Code

27282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Consumer Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.17

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: SA11AI.86224

Amount of Each Receipt this Period

13.56

**C.**

Full Name (Last, First, Middle Initial)

Mr. Darrell Grissom, II

Mailing Address 1105 New Hampshire Drive

City

Jamestown

State

NC

Zip Code

27282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Consumer Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.73

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: SA11AI.86357

Amount of Each Receipt this Period

13.56

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

40.68

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 31 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Charles Harvey

Mailing Address 426 Holly Springs Dr

City

Timberlake

State

NC

Zip Code

27583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Inst. Designer & Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.23

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86082

Amount of Each Receipt this Period

13.67

**B.**

Full Name (Last, First, Middle Initial)

Charles Harvey

Mailing Address 426 Holly Springs Dr

City

Timberlake

State

NC

Zip Code

27583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Inst. Designer & Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.90

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86226

Amount of Each Receipt this Period

13.67

**C.**

Full Name (Last, First, Middle Initial)

Charles Harvey

Mailing Address 426 Holly Springs Dr

City

Timberlake

State

NC

Zip Code

27583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Inst. Designer & Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.57

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86359

Amount of Each Receipt this Period

13.67

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

41.01

**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 32 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Patricia Hatfield

Mailing Address 102 Oak Spring Court

City

Carrboro

State

NC

Zip Code

27510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Assoc. General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86084

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Hatfield

Mailing Address 102 Oak Spring Court

City

Carrboro

State

NC

Zip Code

27510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Assoc. General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86228

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Hatfield

Mailing Address 102 Oak Spring Court

City

Carrboro

State

NC

Zip Code

27510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Assoc. General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86361

Amount of Each Receipt this Period

10.00

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

30.00

**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: PAGE 33 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

O Susan Hauck

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Case Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86086

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

O Susan Hauck

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Case Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86230

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

O Susan Hauck

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Case Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86363

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: PAGE 34 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Sarah Hearn

Mailing Address 1181 Bowers Store Road

City State Zip Code

Siler City NC 27344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.66

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86087

Amount of Each Receipt this Period

19.46

**B.**

Full Name (Last, First, Middle Initial)

Sarah Hearn

Mailing Address 1181 Bowers Store Road

City State Zip Code

Siler City NC 27344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86231

Amount of Each Receipt this Period

19.46

**C.**

Full Name (Last, First, Middle Initial)

Sarah Hearn

Mailing Address 1181 Bowers Store Road

City State Zip Code

Siler City NC 27344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.58

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86364

Amount of Each Receipt this Period

19.46

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

58.38

**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 35 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Ms Susan Helm-Murtagh

Mailing Address 117 Oldham Place

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Resource Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1446.15

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86088

Amount of Each Receipt this Period

69.23

**B.**

Full Name (Last, First, Middle Initial)

Ms Susan Helm-Murtagh

Mailing Address 117 Oldham Place

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Resource Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1515.38

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86232

Amount of Each Receipt this Period

69.23

**C.**

Full Name (Last, First, Middle Initial)

Ms Susan Helm-Murtagh

Mailing Address 117 Oldham Place

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Resource Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1584.61

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86365

Amount of Each Receipt this Period

69.23

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

207.69

**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 36 / 87

(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"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Ms Kathryn Higgins

Mailing Address 734 Crabtree Crossing

City

Cary

State

NC

Zip Code

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Sr. Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11AI.86091

Amount of Each Receipt this Period

39.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Kathryn Higgins

Mailing Address 734 Crabtree Crossing

City

Cary

State

NC

Zip Code

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Sr. Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

858.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: SA11AI.86235

Amount of Each Receipt this Period

39.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Kathryn Higgins

Mailing Address 734 Crabtree Crossing

City

Cary

State

NC

Zip Code

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Sr. Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: SA11AI.86368

Amount of Each Receipt this Period

39.00

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

117.00

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: PAGE 37 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Stanley Jenkins

Mailing Address 5436 Chimney Swift Dr

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Enterprise Architech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86095

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Stanley Jenkins

Mailing Address 5436 Chimney Swift Dr

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Enterprise Architech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86239

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Stanley Jenkins

Mailing Address 5436 Chimney Swift Dr

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Enterprise Architech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86372

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: PAGE 38 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Kenley, Sr.

Mailing Address 4670 Elmhurst Drive NE

City

Hickory

State

NC

Zip Code

28601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1798.02

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86099

Amount of Each Receipt this Period

85.62

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Kenley, Sr.

Mailing Address 4670 Elmhurst Drive NE

City

Hickory

State

NC

Zip Code

28601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1883.64

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86243

Amount of Each Receipt this Period

85.62

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Kenley, Sr.

Mailing Address 4670 Elmhurst Drive NE

City

Hickory

State

NC

Zip Code

28601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1969.26

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86376

Amount of Each Receipt this Period

85.62

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

256.86

**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 39 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Sean Kerns

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86100

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Sean Kerns

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86244

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Sean Kerns

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86377

Amount of Each Receipt this Period

10.00

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

30.00

**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: PAGE 40 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

M Eugenie Komives

Mailing Address 3518 Bluestone Ct.

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1905.89

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86101

Amount of Each Receipt this Period

92.97

**B.**

Full Name (Last, First, Middle Initial)

M Eugenie Komives

Mailing Address 3518 Bluestone Ct.

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1998.86

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86245

Amount of Each Receipt this Period

92.97

**C.**

Full Name (Last, First, Middle Initial)

M Eugenie Komives

Mailing Address 3518 Bluestone Ct.

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2091.83

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86378

Amount of Each Receipt this Period

92.97

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

278.91

**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: PAGE 41 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

E George Lassiter

Mailing Address 1106 Bellenden Drive

City State Zip Code  
Durham NC 27713

FEC ID number of contributing federal political committee.

C

Name of Employer  
BCBSNCOccupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1768.55

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86103

Amount of Each Receipt this Period

84.62

B.

Full Name (Last, First, Middle Initial)

E George Lassiter

Mailing Address 1106 Bellenden Drive

City State Zip Code  
Durham NC 27713

FEC ID number of contributing federal political committee.

C

Name of Employer  
BCBSNCOccupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1853.17

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86247

Amount of Each Receipt this Period

84.62

C.

Full Name (Last, First, Middle Initial)

E George Lassiter

Mailing Address 1106 Bellenden Drive

City State Zip Code  
Durham NC 27713

FEC ID number of contributing federal political committee.

C

Name of Employer  
BCBSNCOccupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1937.79

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86380

Amount of Each Receipt this Period

84.62

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

253.86

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 42 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Kenneth Lerner

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86104

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Lerner

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86248

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Lerner

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86381

Amount of Each Receipt this Period

15.00

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

45.00

**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: PAGE 43 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Lynn McNeal

Mailing Address 185 Swansea Lane

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2009.74

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86108

Amount of Each Receipt this Period

96.16

**B.**

Full Name (Last, First, Middle Initial)

Lynn McNeal

Mailing Address 185 Swansea Lane

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2105.90

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86252

Amount of Each Receipt this Period

96.16

**C.**

Full Name (Last, First, Middle Initial)

Lynn McNeal

Mailing Address 185 Swansea Lane

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2202.06

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86385

Amount of Each Receipt this Period

96.16

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

288.48

**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 44 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Shirley Michl

Mailing Address 105 Songbird Lane

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Sr. OD Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.93

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86110

Amount of Each Receipt this Period

19.61

**B.**

Full Name (Last, First, Middle Initial)

Shirley Michl

Mailing Address 105 Songbird Lane

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Sr. OD Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.54

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86254

Amount of Each Receipt this Period

19.61

**C.**

Full Name (Last, First, Middle Initial)

Shirley Michl

Mailing Address 105 Songbird Lane

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Sr. OD Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.15

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86387

Amount of Each Receipt this Period

19.61

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

58.83

**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: PAGE 45 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Kathryn Millican

Mailing Address 1632 Lorraine Road

City

Raleigh

State

NC

Zip Code

27607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.64

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86111

Amount of Each Receipt this Period

18.84

**B.**

Full Name (Last, First, Middle Initial)

Kathryn Millican

Mailing Address 1632 Lorraine Road

City

Raleigh

State

NC

Zip Code

27607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.48

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86255

Amount of Each Receipt this Period

18.84

**C.**

Full Name (Last, First, Middle Initial)

Kathryn Millican

Mailing Address 1632 Lorraine Road

City

Raleigh

State

NC

Zip Code

27607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.42

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86388

Amount of Each Receipt this Period

20.94

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

58.62

**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 46 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Barbara Morales-Burke

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1617.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86113

Amount of Each Receipt this Period

77.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara Morales-Burke

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1694.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86257

Amount of Each Receipt this Period

77.00

**C.**

Full Name (Last, First, Middle Initial)

Barbara Morales-Burke

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1771.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86392

Amount of Each Receipt this Period

77.00

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

231.00

**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: PAGE 47 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Maureen OConnor

Mailing Address 104 Beeston Ct.

City

Morrisville

State

NC

Zip Code

27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNCOccupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.30

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86117

Amount of Each Receipt this Period

192.30

B.

Full Name (Last, First, Middle Initial)

Maureen OConnor

Mailing Address 104 Beeston Ct.

City

Morrisville

State

NC

Zip Code

27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNCOccupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86261

Amount of Each Receipt this Period

192.30

C.

Full Name (Last, First, Middle Initial)

Maureen OConnor

Mailing Address 104 Beeston Ct.

City

Morrisville

State

NC

Zip Code

27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNCOccupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4422.90

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86396

Amount of Each Receipt this Period

192.30

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

576.90

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 48 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Fara Palumbo

Mailing Address 1000 Gloucester Ct

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1565.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86119

Amount of Each Receipt this Period

77.88

**B.**

Full Name (Last, First, Middle Initial)

Fara Palumbo

Mailing Address 1000 Gloucester Ct

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1643.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86263

Amount of Each Receipt this Period

77.88

**C.**

Full Name (Last, First, Middle Initial)

Fara Palumbo

Mailing Address 1000 Gloucester Ct

City

Chapel Hill

State

NC

Zip Code

27516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1721.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86398

Amount of Each Receipt this Period

77.88

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

233.64

**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: PAGE 49 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Michael J Parkerson

Mailing Address 7504 Clayshant Court

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86120

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Michael J Parkerson

Mailing Address 7504 Clayshant Court

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86264

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Michael J Parkerson

Mailing Address 7504 Clayshant Court

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86399

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: PAGE 50 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

M Silas Payne

Mailing Address 2306 Buckquarter Farms Rd

City State Zip Code  
Hillsborough NC 27278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86121

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

M Silas Payne

Mailing Address 2306 Buckquarter Farms Rd

City State Zip Code  
Hillsborough NC 27278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86265

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

M Silas Payne

Mailing Address 2306 Buckquarter Farms Rd

City State Zip Code  
Hillsborough NC 27278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86400

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: PAGE 51 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Gerald Petkau

Mailing Address 402 Troycott Place

City

State

Zip Code

Cary

NC

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3578.89

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86123

Amount of Each Receipt this Period

173.08

**B.**

Full Name (Last, First, Middle Initial)

Gerald Petkau

Mailing Address 402 Troycott Place

City

State

Zip Code

Cary

NC

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3751.97

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86267

Amount of Each Receipt this Period

173.08

**C.**

Full Name (Last, First, Middle Initial)

Gerald Petkau

Mailing Address 402 Troycott Place

City

State

Zip Code

Cary

NC

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3925.05

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86402

Amount of Each Receipt this Period

173.08

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

519.24

**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 52 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Jocelyn Pickett

Mailing Address 203 Chancellor's Ridge

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

647.01

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86126

Amount of Each Receipt this Period

30.81

**B.**

Full Name (Last, First, Middle Initial)

Jocelyn Pickett

Mailing Address 203 Chancellor's Ridge

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

677.82

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86270

Amount of Each Receipt this Period

30.81

**C.**

Full Name (Last, First, Middle Initial)

Jocelyn Pickett

Mailing Address 203 Chancellor's Ridge

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.63

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86405

Amount of Each Receipt this Period

30.81

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

92.43

**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 53 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

K Nathan Prather

Mailing Address 319 Montibello Drive

City

State

Zip Code

Cary

NC

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86129

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

K Nathan Prather

Mailing Address 319 Montibello Drive

City

State

Zip Code

Cary

NC

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86273

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

K Nathan Prather

Mailing Address 319 Montibello Drive

City

State

Zip Code

Cary

NC

27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86408

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: PAGE 54 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

B Christy Radcliff

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86131

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

B Christy Radcliff

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86275

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

B Christy Radcliff

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86410

Amount of Each Receipt this Period

10.00

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

30.00

**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: PAGE 55 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Paul Reeves

Mailing Address 236 Coachlight Trail

City

Burlington

State

NC

Zip Code

27215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

639.45

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86134

Amount of Each Receipt this Period

30.45

**B.**

Full Name (Last, First, Middle Initial)

Paul Reeves

Mailing Address 236 Coachlight Trail

City

Burlington

State

NC

Zip Code

27215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

669.90

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86278

Amount of Each Receipt this Period

30.45

**C.**

Full Name (Last, First, Middle Initial)

Paul Reeves

Mailing Address 236 Coachlight Trail

City

Burlington

State

NC

Zip Code

27215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.35

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86413

Amount of Each Receipt this Period

30.45

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

91.35

**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 56 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Melissa Robinson

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

566.20

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86136

Amount of Each Receipt this Period

27.88

**B.**

Full Name (Last, First, Middle Initial)

Melissa Robinson

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

594.08

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86280

Amount of Each Receipt this Period

27.88

**C.**

Full Name (Last, First, Middle Initial)

Melissa Robinson

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.96

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86415

Amount of Each Receipt this Period

27.88

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

83.64

**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: PAGE 57 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Roos

Mailing Address 119 Draymore Way

City

Morrisville

State

NC

Zip Code

27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.30

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86137

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Roos

Mailing Address 119 Draymore Way

City

Morrisville

State

NC

Zip Code

27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86281

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Roos

Mailing Address 119 Draymore Way

City

Morrisville

State

NC

Zip Code

27560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4422.90

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86416

Amount of Each Receipt this Period

192.30

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

576.90

**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 58 / 87

(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"/> 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

V Tarsha Rowland

Mailing Address 5021 Robinwood Rd

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNCOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11AI.86138

Amount of Each Receipt this Period

35.60

**B.**

Full Name (Last, First, Middle Initial)

V Tarsha Rowland

Mailing Address 5021 Robinwood Rd

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNCOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

776.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: SA11AI.86282

Amount of Each Receipt this Period

35.60

**C.**

Full Name (Last, First, Middle Initial)

V Tarsha Rowland

Mailing Address 5021 Robinwood Rd

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNCOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

812.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: SA11AI.86417

Amount of Each Receipt this Period

35.60

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

106.80

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 59 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

A Leon Sabarsky

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Program Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

711.43

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86139

Amount of Each Receipt this Period

34.04

**B.**

Full Name (Last, First, Middle Initial)

A Leon Sabarsky

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Program Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.47

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86283

Amount of Each Receipt this Period

34.04

**C.**

Full Name (Last, First, Middle Initial)

A Leon Sabarsky

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Program Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

776.10

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86418

Amount of Each Receipt this Period

30.63

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

98.71

**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 60 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

M Gayle Sauer

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86141

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

M Gayle Sauer

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86285

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

M Gayle Sauer

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86420

Amount of Each Receipt this Period

30.00

**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: PAGE 61 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

R John Smith

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Medical Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86143

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

R John Smith

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Medical Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86287

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

R John Smith

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation

Medical Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86422

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: PAGE 62 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

E Ronald Smith

Mailing Address 34 Forked Pine Ct

City

Chapel Hill

State

NC

Zip Code

27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1724.95

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86144

Amount of Each Receipt this Period

82.69

**B.**

Full Name (Last, First, Middle Initial)

E Ronald Smith

Mailing Address 34 Forked Pine Ct

City

Chapel Hill

State

NC

Zip Code

27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1807.64

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86288

Amount of Each Receipt this Period

82.69

**C.**

Full Name (Last, First, Middle Initial)

E Ronald Smith

Mailing Address 34 Forked Pine Ct

City

Chapel Hill

State

NC

Zip Code

27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1890.33

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86423

Amount of Each Receipt this Period

82.69

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

248.07

**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: PAGE 63 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

William Smith

Mailing Address 303 Lynden Valley Court

City State Zip Code  
 Cary NC 27519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86145

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

William Smith

Mailing Address 303 Lynden Valley Court

City State Zip Code  
 Cary NC 27519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86289

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

William Smith

Mailing Address 303 Lynden Valley Court

City State Zip Code  
 Cary NC 27519

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86424

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: PAGE 64 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Mark Stinneford

Mailing Address 104 Aborfield Court

City State Zip Code  
 Cary NC 27513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86147

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Stinneford

Mailing Address 104 Aborfield Court

City State Zip Code  
 Cary NC 27513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86291

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Stinneford

Mailing Address 104 Aborfield Court

City State Zip Code  
 Cary NC 27513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86426

Amount of Each Receipt this Period

10.00

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

30.00

**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: PAGE 65 / 87

(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"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Richard Supinski

Mailing Address 2610 Lochmore Drive

City

Raleigh

State

NC

Zip Code

27608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNCOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11AI.86152

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Supinski

Mailing Address 2610 Lochmore Drive

City

Raleigh

State

NC

Zip Code

27608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNCOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: SA11AI.86296

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Supinski

Mailing Address 2610 Lochmore Drive

City

Raleigh

State

NC

Zip Code

27608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNCOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: SA11AI.86431

Amount of Each Receipt this Period

30.00

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: PAGE 66 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Carol Sutton

Mailing Address 22101 Spring Meadow Dr.

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1093.47

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86153

Amount of Each Receipt this Period

52.07

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Carol Sutton

Mailing Address 22101 Spring Meadow Dr.

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1145.54

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86297

Amount of Each Receipt this Period

52.07

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Carol Sutton

Mailing Address 22101 Spring Meadow Dr.

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1197.61

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86432

Amount of Each Receipt this Period

52.07

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

156.21

**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 67 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

A Cynthia Troxler

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86155

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

A Cynthia Troxler

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86299

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

A Cynthia Troxler

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86434

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: PAGE 68 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Jeanne Wallander

Mailing Address 3404 Bluet Ct

City

Holly Springs

State

NC

Zip Code

27540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86158

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Jeanne Wallander

Mailing Address 3404 Bluet Ct

City

Holly Springs

State

NC

Zip Code

27540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86302

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Jeanne Wallander

Mailing Address 3404 Bluet Ct

City

Holly Springs

State

NC

Zip Code

27540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86436

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: PAGE 69 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Dionne Wells

Mailing Address 9228 Cornwell Dr

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86161

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Dionne Wells

Mailing Address 9228 Cornwell Dr

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86305

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Dionne Wells

Mailing Address 9228 Cornwell Dr

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86439

Amount of Each Receipt this Period

10.00

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

30.00

**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: PAGE 70 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Kimberly Whiteurs

Mailing Address 3008 Cardinal Lake Dr

City

Durham

State

NC

Zip Code

27704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Senior Business Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.27

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86162

Amount of Each Receipt this Period

16.87

**B.**

Full Name (Last, First, Middle Initial)

Kimberly Whiteurs

Mailing Address 3008 Cardinal Lake Dr

City

Durham

State

NC

Zip Code

27704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Senior Business Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.14

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86306

Amount of Each Receipt this Period

16.87

**C.**

Full Name (Last, First, Middle Initial)

Kimberly Whiteurs

Mailing Address 3008 Cardinal Lake Dr

City

Durham

State

NC

Zip Code

27704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Senior Business Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.01

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86440

Amount of Each Receipt this Period

16.87

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

50.61

**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 71 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Mr. James Wilson

Mailing Address 227 Midenhall Way

City State Zip Code  
Cary NC 27513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.30

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86163

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Wilson

Mailing Address 227 Midenhall Way

City State Zip Code  
Cary NC 27513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86307

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Wilson

Mailing Address 227 Midenhall Way

City State Zip Code  
Cary NC 27513

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BCBSNC

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4422.90

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86441

Amount of Each Receipt this Period

192.30

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

576.90

**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 72 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Randy Winslow

Mailing Address 1609 Valley Creek Drive

City

Hillsborough

State

NC

Zip Code

27278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Business Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.74

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86164

Amount of Each Receipt this Period

11.18

**B.**

Full Name (Last, First, Middle Initial)

Randy Winslow

Mailing Address 1609 Valley Creek Drive

City

Hillsborough

State

NC

Zip Code

27278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Business Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86308

Amount of Each Receipt this Period

11.18

**C.**

Full Name (Last, First, Middle Initial)

Randy Winslow

Mailing Address 1609 Valley Creek Drive

City

Hillsborough

State

NC

Zip Code

27278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation

Business Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.10

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86442

Amount of Each Receipt this Period

11.18

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

33.54

**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: PAGE 73 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Mr. Christopher Woodfin

Mailing Address 100 Palmyra Place

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1985.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86165

Amount of Each Receipt this Period

95.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Christopher Woodfin

Mailing Address 100 Palmyra Place

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.50

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86309

Amount of Each Receipt this Period

95.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Christopher Woodfin

Mailing Address 100 Palmyra Place

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2175.50

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86443

Amount of Each Receipt this Period

95.00

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

285.00

**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: PAGE 74 / 87

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Kenneth Wright

Mailing Address 618 S. Wingate Dr.

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

852.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.86166

Amount of Each Receipt this Period

41.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Wright

Mailing Address 618 S. Wingate Dr.

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

893.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.86310

Amount of Each Receipt this Period

41.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Wright

Mailing Address 618 S. Wingate Dr.

City

Wake Forest

State

NC

Zip Code

27587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BCBSNC

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

934.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.86444

Amount of Each Receipt this Period

41.00

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

123.00

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

10293.17

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 75 / 87

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) Hugh Blackwell	<b>Transaction ID:</b> SB29.86447 <b>Date of Disbursement</b>
Mailing Address 321 Mountain View Ave	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City State Zip Code Valdese NC 28690	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution	<input type="text" value="500.00"/>
Candidate Name Hugh Blackwell	<input type="text"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>B.</b> Full Name (Last, First, Middle Initial) Harry Brown	<b>Transaction ID:</b> SB29.86033 <b>Date of Disbursement</b>
Mailing Address 2223 N Marine Blvd	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City State Zip Code Jacksonville NC 28546	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution	<input type="text" value="500.00"/>
Candidate Name Harry Brown	<input type="text"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 06	
<b>C.</b> Full Name (Last, First, Middle Initial) Rep. Harold Brubaker	<b>Transaction ID:</b> SB29.86023 <b>Date of Disbursement</b>
Mailing Address 312 W. Salisbury St	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City State Zip Code Asheboro NC 27203	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution	<input type="text" value="1000.00"/>
Candidate Name Rep. Harold Brubaker	<input type="text"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

**SUBTOTAL** of Disbursements This Page (optional) .....**2000.00****TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 76 / 87

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Pete Brunstetter

Mailing Address 3054 Panther Ridge Lane

City State Zip Code  
 Lewisville NC 27023

Purpose of Disbursement  
 contribution

Candidate Name  
 Pete Brunstetter

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: SB29.86175

Date of Disbursement

/   /

Amount of Each Disbursement this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Mr. Nelson Cole

Mailing Address 2012 Carpenter Dr.

City State Zip Code  
 Reidsville NC 27320

Purpose of Disbursement  
 contribution

Candidate Name  
 Mr. Nelson Cole

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 65

Transaction ID: SB29.86021

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Tricia Cotham

Mailing Address

City State Zip Code

Purpose of Disbursement  
 Contribution

Candidate Name  
 Tricia Cotham

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: SB29.86027

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

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

2250.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 77 / 87

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Leo Daughtry

Mailing Address 407 N. Third St

City  
Smithfield

State  
NC

Zip Code  
27577

Purpose of Disbursement  
contribution

Candidate Name  
Leo Daughtry

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.86017

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Don Davis

Mailing Address 413 W. Greene Sr

City  
Snow Hill

State  
NC

Zip Code  
28580

Purpose of Disbursement  
contribution

Candidate Name  
Don Davis

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.86032

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

East, Don

Mailing Address 971 Longhill Road

City  
Pilot Mountain

State  
NC

Zip Code  
27401

Purpose of Disbursement  
contribution

Candidate Name  
East, Don

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.86172

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

500.00

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

1750.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 78 / 87

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Pryor Gibson

**Transaction ID:** SB29.86022

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Mailing Address 102 Rose Terrace

Amount of Each Disbursement this Period

800.00
--------

City	State	Zip Code
Wadesboro	NC	28170

Purpose of Disbursement  
Contribution

Category/ Type
-------------------

Candidate Name  
Pryor Gibson

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2010
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)

Mitch Gillespie

**Transaction ID:** SB29.86024

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Mailing Address 185 Cross Creek North Ridge Drive

Amount of Each Disbursement this Period

500.00
--------

City	State	Zip Code
marion	NY	28752

Purpose of Disbursement  
contribution

Category/ Type
-------------------

Candidate Name  
Mitch Gillespie

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2010
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: NC District: 85

**C.**

Full Name (Last, First, Middle Initial)

Ken Goodman

**Transaction ID:** SB29.86445

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

Mailing Address 832 Williamsburg Dr

Amount of Each Disbursement this Period

500.00
--------

City	State	Zip Code
Rockingham	NC	28379

Purpose of Disbursement  
contribution

Category/ Type
-------------------

Candidate Name  
Ken Goodman

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2010
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: District:

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

1800.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 87

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) Bryan Holloway	<b>Transaction ID:</b> SB29.86026 <b>Date of Disbursement</b>
Mailing Address 1165 Sterling Pointe Drive	<div> <div>10</div> <div>14</div> <div>2010</div> </div>
City King State NC Zip Code 27021	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution	<div>500.00</div>
Candidate Name Bryan Holloway	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Julia Howard	<b>Transaction ID:</b> SB29.86453 <b>Date of Disbursement</b>
Mailing Address 203 Magnolia Avenue	<div> <div>11</div> <div>18</div> <div>2010</div> </div>
City Mocksville State NC Zip Code 27028	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution	<div>1000.00</div>
Candidate Name Julia Howard	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Neal Hunt	<b>Transaction ID:</b> SB29.86169 <b>Date of Disbursement</b>
Mailing Address 2608 Sherborne Place	<div> <div>10</div> <div>14</div> <div>2010</div> </div>
City Raleigh State NC Zip Code 27612	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution	<div>1000.00</div>
Candidate Name Hunt, Neal	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 80 / 87

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Clark Jenkins

Mailing Address P.O. Box 310

City  
Tarboro

State  
NC

Zip Code  
27886

Purpose of Disbursement  
contribution

Candidate Name  
Clark Jenkins

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.86030

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Edward Jones

Mailing Address PO Box 786

City  
Enfield

State  
NC

Zip Code  
27823

Purpose of Disbursement  
contribution

Candidate Name  
Edward Jones

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 07

Transaction ID: SB29.86031

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ric Killian

Mailing Address 1010 Legislative Building

City  
Raleigh

State  
NC

Zip Code  
27601

Purpose of Disbursement  
contribution

Candidate Name  
Ric Killian

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.86450

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

500.00

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

1500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 81 / 87

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) David Lewis	<b>Transaction ID:</b> SB29.86020 <b>Date of Disbursement</b>
Mailing Address 1500 S. Clinton Ave	<div> <div>10</div> <div>14</div> <div>2010</div> </div>
City Dunn State NC Zip Code 28334	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution	<div>750.00</div>
Candidate Name David Lewis	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Jimmy Love	<b>Transaction ID:</b> SB29.86019 <b>Date of Disbursement</b>
Mailing Address PO Box 309	<div> <div>10</div> <div>14</div> <div>2010</div> </div>
City Sanford State NC Zip Code 27331	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution	<div>500.00</div>
Candidate Name Mr. Jimmy Love	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 51	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) John May	<b>Transaction ID:</b> SB29.86454 <b>Date of Disbursement</b>
Mailing Address 273 Dorsey Rd	<div> <div>10</div> <div>14</div> <div>2010</div> </div>
City Louisburg State NC Zip Code 27549	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement contribution	<div>500.00</div>
Candidate Name John May	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1750.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 82 / 87

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Rep. Daniel McComas

Mailing Address P.O. Box 2274

City  
Wilmington

State  
NC

Zip Code  
28402

Purpose of Disbursement  
contribution

Candidate Name  
Rep. Daniel McComas

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.86016

Date of Disbursement

/   /

Amount of Each Disbursement this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Tim Moore

Mailing Address 813 W. Mountain St.

City  
Kings Mountain

State  
NC

Zip Code  
28086

Purpose of Disbursement  
contribution

Candidate Name  
Moore, Tim

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.86028

Date of Disbursement

/   /

Amount of Each Disbursement this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Bill Owens

Mailing Address 1443 Northside Road

City  
Elizabeth City

State  
NC

Zip Code  
27909

Purpose of Disbursement  
contribution

Candidate Name  
Owens, Bill

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.86013

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

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

2000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 83 / 87

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

David Rouzer

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
contribution

Candidate Name  
David Rouzer

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.86167

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Bob Rucho

Mailing Address 305 Trafalgar Place

City

Matthews

State

NC

Zip Code

28105

Purpose of Disbursement  
contribution

Candidate Name  
Bob Rucho

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.86176

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Timothy spear

Mailing Address 612 Mt Tabor Rd

City

Creswell

State

NC

Zip Code

27928

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Timothy spear

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 02

Transaction ID: SB29.86014

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

500.00

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

2000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 84 / 87

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) Edgar Starnes	<b>Transaction ID:</b> SB29.86025 <b>Date of Disbursement</b>																				
Mailing Address 5852 New Farm Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Granite Falls State NC Zip Code 28630	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement contribution	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Starnes, Edgar	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Josh Stein	<b>Transaction ID:</b> SB29.86170 <b>Date of Disbursement</b>																				
Mailing Address	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City State Zip Code	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement contribution	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Josh Stein	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Stevens	<b>Transaction ID:</b> SB29.86171 <b>Date of Disbursement</b>																				
Mailing Address 9904 Wayngate Ridge Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Raleigh State NC Zip Code 27617	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement contribution	<table border="1"> <tr> <td>1250.00</td> </tr> </table>	1250.00																			
1250.00																					
Candidate Name Richard Stevens	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

**2250.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 87

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Thom Tillis

Mailing Address 16116 North Point Rd

City State Zip Code  
Huntersville NC 28078

Purpose of Disbursement  
contribution

Candidate Name  
Thom Tillis

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 98

Transaction ID: SB29.86452

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Jerry Tillman

Mailing Address 6246 Weant Road

City State Zip Code  
Archdale NC 27263

Purpose of Disbursement  
contribution

Candidate Name  
Jerry Tillman

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.86174

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Donald Ray Vaughn

Mailing Address

City State Zip Code

Purpose of Disbursement  
contribution

Candidate Name  
Donald Ray Vaughn

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.86173

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1000.00

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

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 86 / 87

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Walters	<b>Transaction ID:</b> SB29.86168 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1148	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Proctorville State NC Zip Code 28375	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement contribution	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Michael Walters	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Roger West	<b>Transaction ID:</b> SB29.86029 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1049	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Murphy State NC Zip Code 28906	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement contribution	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Roger West	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Arthur Williams	<b>Transaction ID:</b> SB29.86015 <b>Date of Disbursement</b>																				
Mailing Address	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City State Zip Code	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement contribution	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Arthur Williams	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

1500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 87 / 87

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Doug Yongue

Mailing Address 604 Prince St.

City  
Laurinburg

State  
NC

Zip Code  
28352

Purpose of Disbursement  
contribution

Candidate Name  
Doug Yongue

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 46

Transaction ID: SB29.86018

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2010

Amount of Each Disbursement this Period

750.00

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

750.00

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

24550.00