

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

FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

ADDRESS (number and street) P.O. Box 6936
4800 Deerwood Campus Parkwy, DC3-4
Check if different than previously reported. (ACC) Jacksonville FL 32236

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00161141

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

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

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on 11 02 2010 in the State of FL

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 Mr. Gary M. Healy

Signature of Treasurer Electronically Filed by Mr. Gary M. Healy Date 03 15 2011

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									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

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 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		48243.24
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	55993.17									
(c) Total Receipts (from Line 19)	4010.79	48010.72								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	60003.96	96253.96								
7. Total Disbursements (from Line 31)	4000.00	40250.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	56003.96	56003.96								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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)

Write or Type Committee Name

FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2509.74	18931.82
(ii) Unitemized	1501.05	29078.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4010.79	48010.72
(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)	4010.79	48010.72
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))	4010.79	48010.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4010.79	48010.72

DETAILED SUMMARY PAGE

of Disbursements

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.....	4000.00	40250.00
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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) 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))..	4000.00	40250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	40250.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	4010.79	48010.72
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4010.79	48010.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.	Full Name (Last, First, Middle Initial) Ruben Acosta		Date of Receipt
	Mailing Address 3314 Calabria Ave Apt 402		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Coral Gables	FL	33134
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11458
Name of Employer Blue Cross Blue Shield of FL		Occupation Mid Market Acct Exe - Combo	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 299.00	<input type="text"/> 26.00
payroll deduction			

B.	Full Name (Last, First, Middle Initial) Jonathan Anderson		Date of Receipt
	Mailing Address 13888 Deer Chase Pl		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Jacksonville	FL	32224
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11460
Name of Employer Blue Cross Blue Shield of FL		Occupation VP, Local Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 439.99	<input type="text"/> 38.26
payroll deduction			

C.	Full Name (Last, First, Middle Initial) Charles Athans		Date of Receipt
	Mailing Address 6362 Cedar Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Lakeland	FL	33813
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11465
Name of Employer BCBS of FL		Occupation Account Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	<input type="text"/> 20.00
payroll deduction			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 84.26
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.	Full Name (Last, First, Middle Initial) Ms Barbara Benevento	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 4472 Bay Harbour Drive	Transaction ID: SA11AI.11471
	City State Zip Code Jacksonville FL 32225	Amount of Each Receipt this Period 47.82
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer Blue Cross and Blue Shield of Florida	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 549.93	

B.	Full Name (Last, First, Middle Initial) Victoria Bloodworth	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 13548 Aquiline Rd.	Transaction ID: SA11AI.11473
	City State Zip Code Jacksonville FL 32224	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer BCBSF of FL	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C.	Full Name (Last, First, Middle Initial) Susan Carver-Slimak	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 4800 Deerwood Campus Parkway	Transaction ID: SA11AI.11487
	City State Zip Code Jacksonville FL 32246	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer Blue Cross Blue Shield of FL	Occupation Sr Mgr Regional Care Coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	87.82
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.	Full Name (Last, First, Middle Initial) Dan Cassaro	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 8914 Lopez Court	Transaction ID: SA11AI.11489
	City State Zip Code Jacksonville FL 32216	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer BCBSF	Occupation Business Architect	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 445.00	

B.	Full Name (Last, First, Middle Initial) Deborah Chambers	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 805 Cloudberry Branch Way	Transaction ID: SA11AI.11493
	City State Zip Code Jacksonville FL 32259	Amount of Each Receipt this Period 17.50
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer BCBSF	Occupation Segment Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.50	

C.	Full Name (Last, First, Middle Initial) Joseph W Clark	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 349 Van Gogh Cir	Transaction ID: SA11AI.11498
	City State Zip Code Ponte Vedra FL 32081	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer BCBSF	Occupation Sr. Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	57.50
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: (check only one)	PAGE 9 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.	Full Name (Last, First, Middle Initial) Sandra L Coston		Date of Receipt
	Mailing Address 1663 Harrington Park Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Jacksonville	FL	32225
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11505
Name of Employer FCSO		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 3300.00	payroll deduction

B.	Full Name (Last, First, Middle Initial) Harvey Dikter		Date of Receipt
	Mailing Address 655 Preserve View		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Ponte Vedra	FL	32082
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11512
Name of Employer FCSO		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 330.00	payroll deduction

C.	Full Name (Last, First, Middle Initial) Mr. Chris Doerr		Date of Receipt
	Mailing Address 8031 Acorn Ridge Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Jacksonville	FL	32256
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11515
Name of Employer Blue Cross and Blue Shield of Florida		Occupation Senior Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 47.82
		<input type="text"/> 493.20	payroll deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 377.82
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.	Full Name (Last, First, Middle Initial) Debra V Edwards		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 12421 Mariah Ann Court S		Transaction ID: SA11AI.11522
	City Jacksonville	State FL	Zip Code 32225
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer BCBSF	Occupation Specialist IIIA	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.00	

B.	Full Name (Last, First, Middle Initial) Mary Fry		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 165 Garden Gate Drive		Transaction ID: SA11AI.11535
	City Ponte Vedra	State FL	Zip Code 32082
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer BCBSF	Occupation Mgr Program Mgmt	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.00	

C.	Full Name (Last, First, Middle Initial) Everado Gallegos		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 11669 Falling Leaf Trail		Transaction ID: SA11AI.11721
	City Jacksonville	State FL	Zip Code 32258
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
	Name of Employer Blue Cross Blue Shield of FL	Occupation VP, Natl Prg & Mjr Acct Svc Org	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 238.32	

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: (check only one)	PAGE 11 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.	Full Name (Last, First, Middle Initial) Linda Goad	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 3144 Laurel Grove North	Transaction ID: SA11AI.11538
	City State Zip Code Jacksonville FL 32246	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer Blue Cross and Blue Shield of	Occupation Legal Affairs Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

B.	Full Name (Last, First, Middle Initial) Melba Gordon	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 512 Lakefield Lane	Transaction ID: SA11AI.11540
	City State Zip Code Orange Park FL 32073	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer BCBSF	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

C.	Full Name (Last, First, Middle Initial) Elizabeth Graham	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 9408 Indiana St.	Transaction ID: SA11AI.11541
	City State Zip Code Jacksonville FL 32082	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer BCBS of FL	Occupation Senior Operations Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.	Full Name (Last, First, Middle Initial) Monica Greenblott		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 773 West Kings College Drive		Transaction ID: SA11AI.11542
	City State Zip Code St. Johns FL 32259	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
	Name of Employer BCBSF Occupation Spec IIIA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	payroll deduction

B.	Full Name (Last, First, Middle Initial) Gayle Grieshaber-Gonzalez		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1928 Barham Court		Transaction ID: SA11AI.11545
	City State Zip Code St. Johns FL 32259	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
	Name of Employer BCBSF Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	payroll deduction

C.	Full Name (Last, First, Middle Initial) Anthony Harroun		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 406 Marsh Point Circle		Transaction ID: SA11AI.11552
	City State Zip Code St. Augustine FL 32080	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
	Name of Employer BCBSF Occupation Sr Project Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	political contribution

SUBTOTAL of Receipts This Page (optional)	▶	70.00
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 13 / 30
(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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.

Full Name (Last, First, Middle Initial)
Mr. Gary M. Healy

Mailing Address 285 Odoms Mill Blvd

City State Zip Code
Ponte Vedra Beach FL 32082

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

Name of Employer Blue Cross and Blue Shield of Florida
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.11

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.11556

Amount of Each Receipt this Period
19.14

political contribution

B.

Full Name (Last, First, Middle Initial)
Mr. Michael Hightower

Mailing Address 1850 Seminole Road

City State Zip Code
Jacksonville FL 32205

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

Name of Employer BCBSF
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.08

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.11564

Amount of Each Receipt this Period
23.92

payroll deduction

C.

Full Name (Last, First, Middle Initial)
Patty Hill

Mailing Address 621 N. Forest Creek Dr.

City State Zip Code
St. Augustine FL 32092

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

Name of Employer Blue Cross Blue Shield of FL
Occupation Sr. Project Consultant

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 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.11568

Amount of Each Receipt this Period
20.00

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **63.06**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.	Full Name (Last, First, Middle Initial) Teresa Hill	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 11932 Misty Maple Road	Transaction ID: SA11AI.11569
	City State Zip Code Jacksonville FL 32223	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer BCBSF Occupation Sr Legal Affairs Rep Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00	

B.	Full Name (Last, First, Middle Initial) Carlton Hobgood	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 11681 Hampton Park Blvd.	Transaction ID: SA11AI.11573
	City State Zip Code Jacksonville FL 32256	Amount of Each Receipt this Period 38.26
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Blue Cross Blue Shield of FL Occupation VP, National & Major Acct. Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 439.99	

C.	Full Name (Last, First, Middle Initial) Tammy Holton	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 551 Heritage Crossing	Transaction ID: SA11AI.11576
	City State Zip Code Macclenny FL 32063	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer BCBSF Occupation Provider Satisfaction Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	78.26
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.	Full Name (Last, First, Middle Initial) Suzanne Horne		Date of Receipt
	Mailing Address 12876 Plummer Grant Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Jacksonville	FL	32258
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11577
Name of Employer BCBS of FL		Occupation Assistant General Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.00	<input type="text"/> 30.00
			payroll deduction

B.	Full Name (Last, First, Middle Initial) Roberta Huffman		Date of Receipt
	Mailing Address 9018 SW 54th Pl		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Cooper City	FL	33328
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11580
Name of Employer BCBSF		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.00	<input type="text"/> 30.00
			payroll deduction

C.	Full Name (Last, First, Middle Initial) Marsha Humphries		Date of Receipt
	Mailing Address 5639 Weller Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Jacksonville	FL	32211
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11582
Name of Employer BCBSF		Occupation Mgr B - Claims	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	<input type="text"/> 20.00
			payroll deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 80.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 30
(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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.

Full Name (Last, First, Middle Initial)
Janet Inman

Mailing Address 2262 Wide Reach Drive

City State Zip Code
Orange Park FL 32003

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

Name of Employer Occupation
FCSO Dir Regional Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: SA11AI.11584

Amount of Each Receipt this Period
20.00

payroll deduction

B.

Full Name (Last, First, Middle Initial)
Tony Jenkins

Mailing Address 1613 Stargazer Terrace

City State Zip Code
Sanford FL 32771

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

Name of Employer Occupation
Blue Cross Blue Shield of FL Market President - Central FL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: SA11AI.11588

Amount of Each Receipt this Period
30.00

payroll deduction

C.

Full Name (Last, First, Middle Initial)
Cyrus Jollivette

Mailing Address 12204 Reedpond Drive West

City State Zip Code
Jacksonville FL 32223

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

Name of Employer Occupation
Blue Cross and Blue Shield of Florida Group Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2039.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: SA11AI.11591

Amount of Each Receipt this Period
2.00

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **52.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.	Full Name (Last, First, Middle Initial) Charles Joseph	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 8062 Green Glade Road	Transaction ID: SA11AI.11597
	City State Zip Code Jacksonville FL 32256	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer BCBSF	Occupation SVP, Gen Counsel, Corp Secr.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

B.	Full Name (Last, First, Middle Initial) Ms Randy Kammer	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 3382 Bowers Lane	Transaction ID: SA11AI.11598
	City State Zip Code Jacksonville FL 32257	Amount of Each Receipt this Period 52.60
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer Blue Cross and Blue Shield of Florida	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 604.90	

C.	Full Name (Last, First, Middle Initial) Diane Kelley	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 17184 Dorado Circle	Transaction ID: SA11AI.11600
	City State Zip Code Jacksonville FL 32226	Amount of Each Receipt this Period 23.92
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer Blue Cross Blue Shield of Florida	Occupation Director VOBU Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.08	

SUBTOTAL of Receipts This Page (optional)	▶	106.52
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.	Full Name (Last, First, Middle Initial) Mr. Varnum Kenyon		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 10442 Hunters Creek Ct.		Transaction ID: SA11AI.11602		
	City Jacksonville	State FL	Zip Code 32256	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer Blue Cross and Blue Shield of Florida	Occupation Director	Aggregate Year-to-Date ▼ 460.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Sue Kever		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 418 Shoreline Drive		Transaction ID: SA11AI.11603		
	City Gulf Breeze	State FL	Zip Code 32561	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer BCBSF	Occupation Mgr Phys/Provider Relations	Aggregate Year-to-Date ▼ 230.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Bruce Klama		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 555 Granada Terrace		Transaction ID: SA11AI.11604		
	City Ponte Vedra Beach	State FL	Zip Code 32082	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer BCBS of FL	Occupation Senior Project Consultant	Aggregate Year-to-Date ▼ 230.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	80.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.	Full Name (Last, First, Middle Initial) Nick Kouris	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 4800 Deerwood Campus Parkway	Transaction ID: SA11AI.11606
	City State Zip Code Jacksonville FL 32246	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer Blue Cross Blue Shield of FL	Occupation Sr. Mgr Mkt Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

B.	Full Name (Last, First, Middle Initial) Duke Livermore	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 3053 Bishop Estates Road	Transaction ID: SA11AI.11612
	City State Zip Code Jacksonville FL 32259	Amount of Each Receipt this Period 95.66
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer Blue Cross Blue Shield Florida	Occupation Asst. General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1160.09	

C.	Full Name (Last, First, Middle Initial) Scott Moneypenny	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1101 Ajuga Court	Transaction ID: SA11AI.11628
	City State Zip Code St. Johns FL 32259	Amount of Each Receipt this Period 28.00
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer BCBSF	Occupation Sr. Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.00	

SUBTOTAL of Receipts This Page (optional)	153.66
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.	Full Name (Last, First, Middle Initial) Alan Morgan		Date of Receipt
	Mailing Address 2854 Lake Vista Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Jacksonville	FL	32223
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11629
Name of Employer BCBSF		Occupation Sr. Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	<input type="text"/> 20.00
payroll deduction			

B.	Full Name (Last, First, Middle Initial) Samieh Norse		Date of Receipt
	Mailing Address 12334 Cobblestone Circle, S.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Jacksonville	FL	32225
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11634
Name of Employer BCBSF		Occupation Service Manager II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	<input type="text"/> 20.00
payroll deduction			

C.	Full Name (Last, First, Middle Initial) Barry O'Reilly		Date of Receipt
	Mailing Address 1572 Misty Lake Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Orange Park	FL	32003
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11638
Name of Employer BCBSF		Occupation VP Chief IT Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 411.62	<input type="text"/> 40.18
payroll deduction			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 80.18
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 30
(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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.

Full Name (Last, First, Middle Initial)
Michael Orenchuk

Mailing Address 633 S. Pokeberry Pl.

City State Zip Code
St. Johns FL 32259

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

Name of Employer BCBSF Occupation Sr. Director

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 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.11639

Amount of Each Receipt this Period
20.00

payroll deduction

B.

Full Name (Last, First, Middle Initial)
Caryn Parker

Mailing Address 8251 Stelling Drive

City State Zip Code
Jacksonville FL 32244

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

Name of Employer BCBSF Occupation Manager B

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.11641

Amount of Each Receipt this Period
20.00

payroll deduction

C.

Full Name (Last, First, Middle Initial)
Paula Parrish

Mailing Address 8102 Cholo Trail

City State Zip Code
Jacksonville FL 32244

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

Name of Employer BCBSF Occupation Prof Relations Specialist

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 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.11642

Amount of Each Receipt this Period
20.00

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **60.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.	Full Name (Last, First, Middle Initial) Carl Patten	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 9727 Touchton Road #1916	Transaction ID: SA11AI.11644
	City State Zip Code Jacksonville FL 32246	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer BCBSF	Occupation Sr Policy Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

B.	Full Name (Last, First, Middle Initial) Catherine Peper	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 4510 Harbour North Ct.	Transaction ID: SA11AI.11645
	City State Zip Code Jacksonville FL 32225	Amount of Each Receipt this Period 19.14
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer BCBSF	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.11	

C.	Full Name (Last, First, Middle Initial) Sandra Pinckard	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 144 N Atherly Road	Transaction ID: SA11AI.11650
	City State Zip Code St. Augustine FL 32092	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer Opta Comp	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

SUBTOTAL of Receipts This Page (optional)	89.14
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.	Full Name (Last, First, Middle Initial) Mr. David Pizzo	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 109 Bent Pine Court #1121	Transaction ID: SA11AI.11652
	City State Zip Code Ponte Vedra Beach FL 32082	Amount of Each Receipt this Period 19.14
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer BCBSF Occupation VP, Mktg Comm, Brand Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.11	

B.	Full Name (Last, First, Middle Initial) William Price	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1204 Nicholson Road	Transaction ID: SA11AI.11654
	City State Zip Code Jacksonville FL 32259	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer BCBSF Occupation Curm Sakes Business Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00	

C.	Full Name (Last, First, Middle Initial) David E Sanna	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 380 Twelve Oaks Drive	Transaction ID: SA11AI.11668
	City State Zip Code Winter Springs FL 32708	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer BCBSFL Occupation Director GBU Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	▶	69.14
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.	Full Name (Last, First, Middle Initial) Penelope Shaffer		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 2240 NE 197th Street		Transaction ID: SA11AI.11673
	City Adventura	State FL	Zip Code 32504
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.26
	Name of Employer BCBSFL	Occupation Mgr. GBU Sales	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 439.99	

B.	Full Name (Last, First, Middle Initial) Maria Silveira		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 12193 SW 10th Street #1		Transaction ID: SA11AI.11675
	City Miami	State FL	Zip Code 33184
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer BCBSF	Occupation Pro-Vend Auditor III-SFL	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	

C.	Full Name (Last, First, Middle Initial) Mr. Darnell Smith		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 11768 Cherry Bark Dr E		Transaction ID: SA11AI.11678
	City Jacksonville	State FL	Zip Code 32218
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.18
	Name of Employer BCBSF	Occupation Vice President	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 462.07	

SUBTOTAL of Receipts This Page (optional)	▶	98.44
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.	Full Name (Last, First, Middle Initial) Mr. Steven Smith	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 12928 Jupiter Hills Circle, N.	Transaction ID: SA11AI.11680
	City State Zip Code Jacksonville FL 32225	Amount of Each Receipt this Period 21.50
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer BCBSF	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.25	

B.	Full Name (Last, First, Middle Initial) Kelly Sommer	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 4800 Deerwood Campus Pkwy	Transaction ID: SA11AI.11682
	City State Zip Code Jacksonville FL 32246	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer Blue Cross Blue Shield of FL	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Donna Stanley	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 11582 Silk Oak Lane	Transaction ID: SA11AI.11685
	City State Zip Code Jacksonville FL 32223	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer BCBSF	Occupation SpecIIIA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	81.50
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 26 / 30
(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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.

Full Name (Last, First, Middle Initial)
John M Stevens

Mailing Address 1145 Cord Court

City State Zip Code
Apopka FL 32712

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

Name of Employer BCBSF Occupation Mid Mkt Acct Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: SA11AI.11688

Amount of Each Receipt this Period
20.00

payroll deduction

B.

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

Mailing Address 4546 Long Bow Road

City State Zip Code
Jacksonville FL 32210

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

Name of Employer BCBSF Occupation VP Association Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 549.93

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: SA11AI.11690

Amount of Each Receipt this Period
47.82

payroll deduction

C.

Full Name (Last, First, Middle Initial)
Mr. Craig A Thomas

Mailing Address 2050 Salt Myrtle Lane

City State Zip Code
Orange Park FL 32073

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

Name of Employer BCBSF Occupation VP Product & Service Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.11

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: SA11AI.11696

Amount of Each Receipt this Period
19.14

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **86.96**

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 / 30

(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)

FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.

Full Name (Last, First, Middle Initial)

Lalita Thomas

Mailing Address 2406 Leigh Terr

City State Zip Code
Palatka FL 32177

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

Name of Employer Occupation
BCBSF Project Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 230.00

Date of Receipt

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

Transaction ID: SA11AI.11697

Amount of Each Receipt this Period

20.00

payroll deduction

B.

Full Name (Last, First, Middle Initial)

Susan Towler

Mailing Address 4000 San Jose Blvd.

City State Zip Code
Jacksonville FL 32207

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

Name of Employer Occupation
BCBSF VP Community Relations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 357.42

Date of Receipt

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

Transaction ID: SA11AI.11699

Amount of Each Receipt this Period

31.08

payroll deduction

C.

Full Name (Last, First, Middle Initial)

Joseph W Trance

Mailing Address 1337 Hideaway Drive, South

City State Zip Code
Jacksonville FL 32259

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

Name of Employer Occupation
BCBSFL Director IV Service

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.11

Date of Receipt

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

Transaction ID: SA11AI.11700

Amount of Each Receipt this Period

19.14

payroll deduction

SUBTOTAL of Receipts This Page (optional)

70.22

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 28 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A. Full Name (Last, First, Middle Initial)
Jane Tuten

Mailing Address 101 Carcaba Road

City State Zip Code
St. Augustine FL 32084

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

Name of Employer BCBSF Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2300.00**

Date of Receipt **11 / 22 / 2010**

Transaction ID: SA11AI.11702

Amount of Each Receipt this Period **200.00**

payroll deduction

B. Full Name (Last, First, Middle Initial)
Christy Vitulli

Mailing Address 4800 Deerwood Campus Parkway

City State Zip Code
Jacksonville FL 32246

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

Name of Employer Blue Cross Blue Shield of FL Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt **11 / 22 / 2010**

Transaction ID: SA11AI.11704

Amount of Each Receipt this Period **40.00**

payroll deduction

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

Mailing Address 8051 Shadwell Court

City State Zip Code
Jacksonville FL 32244

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

Name of Employer Blue Cross Blue Shield of FL Occupation Project Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **11 / 22 / 2010**

Transaction ID: SA11AI.11708

Amount of Each Receipt this Period **20.00**

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **260.00**

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 29 / 30
(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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.

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

Mailing Address 12848 Vickers Lake Court

City State Zip Code
Jacksonville FL 32224

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

Name of Employer BCBSF Occupation VP Corporate Planning & Anal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1725.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.11709

Amount of Each Receipt this Period
150.00

payroll deduction

B.

Full Name (Last, First, Middle Initial)
Deborah Williams

Mailing Address 808 Point LaVista Rd. N.

City State Zip Code
Jacksonville FL 32207

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

Name of Employer BCBSF Occupation VP Learning & Organizational

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 439.99

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.11712

Amount of Each Receipt this Period
38.26

payroll deduction

C.

Full Name (Last, First, Middle Initial)
Deborah Wilson

Mailing Address 1329 McGirts Creek Dr. W.

City State Zip Code
Jacksonville FL 32221

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

Name of Employer Blue Cross Blue Shield of FL Occupation Legal Affairs Consultant

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 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.11713

Amount of Each Receipt this Period
20.00

payroll deduction

SUBTOTAL of Receipts This Page (optional)	208.26
TOTAL This Period (last page this line number only)	2509.74

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 30

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

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NAME OF COMMITTEE (In Full)

FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

A.

Full Name (Last, First, Middle Initial)

BluePAC - BCBSA

Mailing Address 1310 G STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Political contribution

Candidate Name
BluePAC - BCBSA

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.11447

Date of Disbursement

11 / 17 / 2010

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

4000.00