

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 (12G) | |

Election on _____ in the State of _____

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

Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 06 30 2009

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 07 31 2009

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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		33372.27
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	33372.27									
(c) Total Receipts (from Line 19)	23710.18	23710.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57082.45	57082.45								
7. Total Disbursements (from Line 31)	23210.00	23210.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33872.45	33872.45								
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**

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)	8116.10	8116.10
(ii) Unitemized	15384.08	15384.08
(iii) TOTAL (add Lines 11(a)(i) and (ii)	23500.18	23500.18
(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)	23500.18	23500.18
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)	210.00	210.00
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))	23710.18	23710.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23710.18	23710.18

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.....	210.00	210.00
(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))..... ▶	210.00	210.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23000.00	23000.00
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))..	23210.00	23210.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23210.00	23210.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	23500.18	23500.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23500.18	23500.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	210.00	210.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	210.00	210.00
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 / 17
	<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) Jonathan Anderson	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 13888 Deer Chase Pl	Transaction ID: SA11AI.9568
	City State Zip Code Jacksonville FL 32224	Amount of Each Receipt this Period 248.69
	FEC ID number of contributing federal political committee. C	Payroll deduction
Name of Employer Blue Cross Blue Shield of FL	Occupation VP, Local Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 248.69	

B.	Full Name (Last, First, Middle Initial) Ms Barbara Benevento	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 4472 Bay Harbour Drive	Transaction ID: SA11AI.9578
	City State Zip Code Jacksonville FL 32225	Amount of Each Receipt this Period 310.83
	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 ▼ 310.83	

C.	Full Name (Last, First, Middle Initial) Sandra L Coston	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1663 Harrington Park Drive	Transaction ID: SA11AI.9606
	City State Zip Code Jacksonville FL 32225	Amount of Each Receipt this Period 1800.00
	FEC ID number of contributing federal political committee. C	Payroll deduction
Name of Employer FCSO	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional)	2359.52
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: PAGE 7 / 17
(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)
Mr. Chris Doerr

Mailing Address 8031 Acorn Ridge Road

City State Zip Code
Jacksonville FL 32256

FEC ID number of contributing federal political committee. C

Name of Employer
Blue Cross and Blue Shield of Florida

Occupation
Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.83

Date of Receipt
06 / 30 / 2009

Transaction ID: SA11AI.9616

Amount of Each Receipt this Period
310.83

Payroll deduction

B.

Full Name (Last, First, Middle Initial)
Carlton Hobgood

Mailing Address 11681 Hampton Park Blvd.

City State Zip Code
Jacksonville FL 32256

FEC ID number of contributing federal political committee. C

Name of Employer
Blue Cross Blue Shield of FL

Occupation
VP, National & Major Acct. Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
248.69

Date of Receipt
06 / 30 / 2009

Transaction ID: SA11AI.9672

Amount of Each Receipt this Period
248.69

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
Blue Cross and Blue Shield of Florida

Occupation
Group Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1261.00

Date of Receipt
06 / 30 / 2009

Transaction ID: SA11AI.9690

Amount of Each Receipt this Period
1261.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)	1820.52
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 8 / 17
	<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 Randy Kammer		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 3382 Bowers Lane		Transaction ID: SA11AI.9696
	City Jacksonville	State FL	Zip Code 32257
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 341.90
	Name of Employer Blue Cross and Blue Shield of Florida	Occupation Vice President	Payroll deduction

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 341.90
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) Mr. Varnum Kenyon		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 10442 Hunters Creek Ct.		Transaction ID: SA11AI.9702
	City Jacksonville	State FL	Zip Code 32256
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 204.80
	Name of Employer Blue Cross and Blue Shield of Florida	Occupation Director	Payroll deduction

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.80
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Duke Livermore		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 3053 Bishop Estates Road		Transaction ID: SA11AI.9712
	City Jacksonville	State FL	Zip Code 32259
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 621.79
	Name of Employer Blue Cross Blue Shield Florida	Occupation Asst. General Counsel	Payroll deduction

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 621.79
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SUBTOTAL of Receipts This Page (optional)	1168.49
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 / 17
	<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) Barry O'Reilly	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1572 Misty Lake Dr.	Transaction ID: SA11AI.9740
	City State Zip Code Orange Park FL 32003	Amount of Each Receipt this Period 261.17
	FEC ID number of contributing federal political committee. C	Payroll deduction
Name of Employer BCBSF	Occupation VP Chief IT Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.17	

B.	Full Name (Last, First, Middle Initial) Penelope Shaffer	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 2240 NE 197th Street	Transaction ID: SA11AI.9786
	City State Zip Code Adventura FL 32504	Amount of Each Receipt this Period 248.69
	FEC ID number of contributing federal political committee. C	Payroll deduction
Name of Employer BCBSFL	Occupation Mgr. GBU Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 248.69	

C.	Full Name (Last, First, Middle Initial) Mr. Darnell Smith	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address P.O. Box 43274	Transaction ID: SA11AI.9792
	City State Zip Code Jacksonville FL 32203	Amount of Each Receipt this Period 261.17
	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 ▼ 261.17	

SUBTOTAL of Receipts This Page (optional)	771.03
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 17
	<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. Carl B Stone	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 4546 Long Bow Road	Transaction ID: SA11AI.9802
	City State Zip Code Jacksonville FL 32210	Amount of Each Receipt this Period 310.83
	FEC ID number of contributing federal political committee. C	Payroll deduction
Name of Employer BCBSF	Occupation VP Association Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.83	

B.	Full Name (Last, First, Middle Initial) Susan Towler	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 4000 San Jose Blvd.	Transaction ID: SA11AI.9809
	City State Zip Code Jacksonville FL 32207	Amount of Each Receipt this Period 202.02
	FEC ID number of contributing federal political committee. C	Payroll deduction
Name of Employer BCBSF	Occupation VP Community Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.02	

C.	Full Name (Last, First, Middle Initial) Christy Vitulli	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 4800 Deerwood Campus Parkway	Transaction ID: SA11AI.9813
	City State Zip Code Jacksonville FL 32246	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	Payroll deduction
Name of Employer Blue Cross Blue Shield of FL	Occupation Vice President	
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)	772.85
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 11 / 17
	(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		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 12848 Vickers Lake Court		Transaction ID: SA11AI.9818
City Jacksonville	State FL	Zip Code 32224
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 975.00
Name of Employer BCBSF	Occupation VP Corporate Planning & Anal	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	

B.

Full Name (Last, First, Middle Initial) Deborah Williams		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 808 Point LaVista Rd. N.		Transaction ID: SA11AI.9822
City Jacksonville	State FL	Zip Code 32207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 248.69
Name of Employer BCBSF	Occupation VP Learning & Organizational	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 248.69	

SUBTOTAL of Receipts This Page (optional)	1223.69
TOTAL This Period (last page this line number only)	8116.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 17	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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)
 Blue Cross & Blue Shield of FL, Inc.

Mailing Address **4800 Deerwood Campus Pkwy, DC3-4**

City Jacksonville	State FL	Zip Code 32246
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: SA15.9834

Amount of Each Receipt this Period

210.00

Reimbursement of Bank Wire Transfer Fees

SUBTOTAL of Receipts This Page (optional)	210.00
TOTAL This Period (last page this line number only)	210.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) BLUEPAC - BCBSA PAC	Transaction ID: SB23.9850 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 9	
	Mailing Address 1310 G STREET NW 12th Floor		Amount of Each Disbursement this Period 4000.00
	City WASHINGTON State DC Zip Code 20005		
	Purpose of Disbursement Political contribution	011 Category/ Type	
	Candidate Name BLUEPAC - BCBSA PAC		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) BLUEPAC - BCBSA PAC	Transaction ID: SB23.9857 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 9	
	Mailing Address 1310 G STREET NW 12th Floor		Amount of Each Disbursement this Period 4000.00
	City WASHINGTON State DC Zip Code 20005		
	Purpose of Disbursement Political contribution	011 Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) BOYD FOR CONGRESS	Transaction ID: SB23.9856 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 9	
	Mailing Address P.O. Box 15703 P.O. Box 15703		Amount of Each Disbursement this Period 1500.00
	City Tallahassee State FL Zip Code 32317		
	Purpose of Disbursement Political contribution	011 Category/ Type	
	Candidate Name BOYD FOR CONGRESS		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

9500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
COMM TO ELECT ALAN GRAYSON

Mailing Address PO Box 536447

City Orlando State FL Zip Code 32853

Purpose of Disbursement
Political contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District: 08

Transaction ID: SB23.9842

Date of Disbursement

03 / 06 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
CRENSHAW FOR CONGRESS CAMPAIGN

Mailing Address 4963 Beach Boulevard Suite 1

City Jacksonville State FL Zip Code 32207

Purpose of Disbursement
Political contribution

Candidate Name
CRENSHAW FOR CONGRESS CAMPAIGN

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District: 04

Transaction ID: SB23.9837

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGR CAMP COM

Mailing Address 430 South Capitol Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Political contribution

Candidate Name
Democratic Congr Camp Comm

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.9841

Date of Disbursement

03 / 06 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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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)
FRIENDS OF CORRINE BROWN

Mailing Address 3109 River Bend Court D-102

City State Zip Code
Laurel MD 20724

Purpose of Disbursement
Political contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District: 03

Transaction ID: SB23.9838

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
HASTINGS FOR CONGRESS

Mailing Address PO BOX 100277
P.O. BOX 9352

City State Zip Code
FT LAUDERDALE FL 33310

Purpose of Disbursement
Political contribution

Candidate Name
HASTINGS FOR CONGRESS

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District: 23

Transaction ID: SB23.9840

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
KLEIN FOR CONGRESS

Mailing Address 21301 POWERLINE ROAD SUITE 204

City State Zip Code
BOCA RATON FL 33433

Purpose of Disbursement
Political contribution

Candidate Name
KLEIN FOR CONGRESS

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District: 22

Transaction ID: SB23.9849

Date of Disbursement

03 / 20 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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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)
NANCY PELOSI FOR CONGRESS

Mailing Address 235 Montgomery Street
Suite 610

City State Zip Code
San Francisco CA 94104

Purpose of Disbursement
Political contribution

Candidate Name
NANCY PELOSI FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 08

Transaction ID: SB23.9848

Date of Disbursement

03 / 20 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
ROBERT WEXLER FOR CONGR COMM

Mailing Address Post Office Box 810669

City State Zip Code
Boca Raton FL 33431

Purpose of Disbursement
Political contribution

Candidate Name
ROBERT WEXLER FOR CONGR COMM

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District: 19

Transaction ID: SB23.9851

Date of Disbursement

05 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

23000.00

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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)
 Bank of America

Mailing Address
 9000 Southside Boulevard

City	State	Zip Code	Category/ Type
Jacksonville	FL	32256	001

Purpose of Disbursement:
 Bank wire transfer fee

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
 10.00

Date

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

Transaction ID: H4.9860

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.00		0.00		10.00

B. Full Name (Last, First, Middle Initial)
 Sports Authority

Mailing Address
 9292 Arlington Expressway

City	State	Zip Code	Category/ Type
Jacksonville	FL	32225	001

Purpose of Disbursement:
 Administrative expense

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
 210.00

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	0	9

Transaction ID: H4.9859

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
200.00		0.00		200.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00		0.00		210.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00		0.00		210.00