



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="84427.86"/>	<input type="text" value="84427.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="34772.01"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="16929.17"/>	<input type="text" value="154023.49"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="51701.18"/>	<input type="text" value="238451.35"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="186750.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="51701.18"/>	<input type="text" value="51701.18"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y 12 / 31 / 2014

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).....	16476.70	133068.93
(ii) Unitemized .....	452.47	20954.56
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16929.17	154023.49
(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) .....	16929.17	154023.49
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	16929.17	154023.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16929.17	154023.49

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	15000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	-999.83
(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	-999.83
29. Other Disbursements .....	0.00	172750.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	186750.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	186750.17

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16929.17	154023.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	-999.83
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16929.17	155023.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. H Jorgenia Abernathy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 108 Hoteling Ct

City Chapel Hill	State NC	Zip Code 27514
FEC ID number of contributing federal political committee. C		
Name of Employer BCBSNC	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3238.87	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2014  
**Transaction ID : SA11Al.111767**

Amount of Each Receipt this Period  
138.46

**B. H Jorgenia Abernathy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 108 Hoteling Ct

City Chapel Hill	State NC	Zip Code 27514
FEC ID number of contributing federal political committee. C		
Name of Employer BCBSNC	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3377.33	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2014  
**Transaction ID : SA11Al.111879**

Amount of Each Receipt this Period  
138.46

**C. H Jorgenia Abernathy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 108 Hoteling Ct

City Chapel Hill	State NC	Zip Code 27514
FEC ID number of contributing federal political committee. C		
Name of Employer BCBSNC	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3515.79	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 26 / 2014  
**Transaction ID : SA11Al.111989**

Amount of Each Receipt this Period  
138.46

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	415.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Bruce Allen</b>		Date of Receipt
Mailing Address 102 Braswell Road		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Chapel Hill	State NC	Zip Code 27516
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.111768</b>
Name of Employer BCBSNC	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 ▼	<input type="text" value="10.00"/>
	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Bruce Allen</b>		Date of Receipt
Mailing Address 102 Braswell Road		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City Chapel Hill	State NC	Zip Code 27516
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.111880</b>
Name of Employer BCBSNC	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 ▼	<input type="text" value="10.00"/>
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Bruce Allen</b>		Date of Receipt
Mailing Address 102 Braswell Road		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Chapel Hill	State NC	Zip Code 27516
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.111990</b>
Name of Employer BCBSNC	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 ▼	<input type="text" value="10.00"/>
	<input type="text" value="260.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
<b>TOTAL</b> 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 8 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. John Armentrout</b>		Date of Receipt
Mailing Address 108 Woodleaf Dr		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Chapel Hill	State NC	Zip Code 27516
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.111769</b>
Name of Employer BCBSNC	Occupation Project 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 ▼	<input type="text" value="10.00"/>
	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>B. John Armentrout</b>		Date of Receipt
Mailing Address 108 Woodleaf Dr		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City Chapel Hill	State NC	Zip Code 27516
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.111881</b>
Name of Employer BCBSNC	Occupation Project 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 ▼	<input type="text" value="10.00"/>
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. John Armentrout</b>		Date of Receipt
Mailing Address 108 Woodleaf Dr		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Chapel Hill	State NC	Zip Code 27516
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.111991</b>
Name of Employer BCBSNC	Occupation Project 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 ▼	<input type="text" value="10.00"/>
	<input type="text" value="260.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 87
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Daniel Atherton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8800 Hatton Court

City Charlotte	State NC	Zip Code 28277
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FEC ID number of contributing federal political committee. **C**

Name of Employer BCBSNC	Occupation Regional Sales Director
----------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1812.03

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	28	/	2014

**Transaction ID : SA11AI.111770**

Amount of Each Receipt this Period  
86.60

**B. Daniel Atherton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8800 Hatton Court

City Charlotte	State NC	Zip Code 28277
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FEC ID number of contributing federal political committee. **C**

Name of Employer BCBSNC	Occupation Regional Sales Director
----------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1898.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	12	/	2014

**Transaction ID : SA11AI.111882**

Amount of Each Receipt this Period  
86.60

**C. Daniel Atherton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8800 Hatton Court

City Charlotte	State NC	Zip Code 28277
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FEC ID number of contributing federal political committee. **C**

Name of Employer BCBSNC	Occupation Regional Sales Director
----------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1985.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	26	/	2014

**Transaction ID : SA11AI.111992**

Amount of Each Receipt this Period  
86.60

<b>SUBTOTAL</b> of Receipts This Page (optional).....	259.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Jeffrey Barber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 605 Chalfant Court  
 City Raleigh State NC Zip Code 27607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1330.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2014  
**Transaction ID : SA11AI.111537**  
 Amount of Each Receipt this Period  
 166.34  
 contribution

**B. H Kimberly Blair**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Crooked Creek Lane  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BCBSNC Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 454.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : SA11AI.111772**  
 Amount of Each Receipt this Period  
 32.13

**C. H Kimberly Blair**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Crooked Creek Lane  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BCBSNC Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 486.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : SA11AI.111884**  
 Amount of Each Receipt this Period  
 32.13

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. H Kimberly Blair**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Crooked Creek Lane  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 519.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : SA11AI.111994**  
 Amount of Each Receipt this Period  
 32.13

**B. Gary Bolt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4801 Highgate Drive  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1721.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : SA11AI.111774**  
 Amount of Each Receipt this Period  
 72.03

**C. Gary Bolt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4801 Highgate Drive  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1793.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : SA11AI.111886**  
 Amount of Each Receipt this Period  
 72.03

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	176.19
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Gary Bolt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4801 Highgate Drive  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation VP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1865.53**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : SA11AI.111996**  
 Amount of Each Receipt this Period  
**72.03**

**B. Andrew Bonin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10100 Old Warden Rd  
 City Raleigh State NC Zip Code 27615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation Medical Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : SA11AI.111775**  
 Amount of Each Receipt this Period  
**10.00**

**C. Andrew Bonin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10100 Old Warden Rd  
 City Raleigh State NC Zip Code 27615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation Medical Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : SA11AI.111887**  
 Amount of Each Receipt this Period  
**10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>92.03</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Andrew Bonin**  
Full Name (Last, First, Middle Initial)

Mailing Address 10100 Old Warden Rd

City Raleigh State NC Zip Code 27615

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

Name of Employer BCBSNC Occupation Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **12 / 26 / 2014**

**Transaction ID : SA11Al.111997**

Amount of Each Receipt this Period **10.00**

**B. H Lewis Borman**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 Ironwoods Drive

City Chapel Hill State NC Zip Code 27516

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

Name of Employer BCBSNC Occupation Program Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **430.07**

Date of Receipt **11 / 28 / 2014**

**Transaction ID : SA11Al.111776**

Amount of Each Receipt this Period **18.03**

**C. H Lewis Borman**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 Ironwoods Drive

City Chapel Hill State NC Zip Code 27516

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

Name of Employer BCBSNC Occupation Program Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **448.10**

Date of Receipt **12 / 12 / 2014**

**Transaction ID : SA11Al.111888**

Amount of Each Receipt this Period **18.03**

**SUBTOTAL** of Receipts This Page (optional)..... **46.06**

**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 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. H Lewis Borman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 104 Ironwoods Drive  
City Chapel Hill State NC Zip Code 27516  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Program Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 466.13

Date of Receipt  
12 / 26 / 2014  
**Transaction ID : SA11AI.111998**  
Amount of Each Receipt this Period  
18.03

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

Date of Receipt  
12 / 03 / 2014  
**Transaction ID : SA11AI.111538**  
Amount of Each Receipt this Period  
100.00  
contribution

**C. Danielle breslin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7200 Waltridge Place  
City Holly Springs State NC Zip Code 27540  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
11 / 28 / 2014  
**Transaction ID : SA11AI.111777**  
Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 138.03  
**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 15 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Danielle breslin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7200 Waltridge Place  
 City Holly Springs State NC Zip Code 27540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : SA11Al.111889**  
 Amount of Each Receipt this Period  
 20.00

**B. Danielle breslin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7200 Waltridge Place  
 City Holly Springs State NC Zip Code 27540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : SA11Al.111999**  
 Amount of Each Receipt this Period  
 20.00

**C. L Wade Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 389 Highland Dr  
 City Lexington State NC Zip Code 27292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation Producer Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : SA11Al.111780**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. L Wade Brown**  
Full Name (Last, First, Middle Initial)  
Mailing Address 389 Highland Dr  
City Lexington State NC Zip Code 27292  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Producer Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
12 / 12 / 2014  
**Transaction ID : SA11AI.111892**  
Amount of Each Receipt this Period 25.00

**B. L Wade Brown**  
Full Name (Last, First, Middle Initial)  
Mailing Address 389 Highland Dr  
City Lexington State NC Zip Code 27292  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Producer Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
12 / 26 / 2014  
**Transaction ID : SA11AI.112002**  
Amount of Each Receipt this Period 25.00

**C. William Bryan**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Cumcumber Blvd  
City Mt Olive State NC Zip Code 28365  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation President- Mt Olive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
12 / 03 / 2014  
**Transaction ID : SA11AI.111539**  
Amount of Each Receipt this Period 200.00  
contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 250.00  
**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 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Andrew Brynes**  
Full Name (Last, First, Middle Initial)

Mailing Address 3919 Juniper Rd

City Baltimore State MD Zip Code 21218

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

Name of Employer BCBSNC Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2630.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : SA11AI.111781**

Amount of Each Receipt this Period  
 109.62

**B. Andrew Brynes**  
Full Name (Last, First, Middle Initial)

Mailing Address 3919 Juniper Rd

City Baltimore State MD Zip Code 21218

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

Name of Employer BCBSNC Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2740.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : SA11AI.111893**

Amount of Each Receipt this Period  
 109.62

**C. Andrew Brynes**  
Full Name (Last, First, Middle Initial)

Mailing Address 3919 Juniper Rd

City Baltimore State MD Zip Code 21218

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

Name of Employer BCBSNC Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2850.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : SA11AI.112003**

Amount of Each Receipt this Period  
 109.62

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	328.86
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Samantha Bureau-Johnsonn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 300 Hillsboro St

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

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

Name of Employer BCBSNC	Occupation VP
----------------------------	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2014

**Transaction ID : SA11Al.111782**

Amount of Each Receipt this Period  
75.00

**B. Samantha Bureau-Johnsonn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 300 Hillsboro St

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

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

Name of Employer BCBSNC	Occupation VP
----------------------------	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1875.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

**Transaction ID : SA11Al.111894**

Amount of Each Receipt this Period  
75.00

**C. Samantha Bureau-Johnsonn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 300 Hillsboro St

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

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

Name of Employer BCBSNC	Occupation VP
----------------------------	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2014

**Transaction ID : SA11Al.112004**

Amount of Each Receipt this Period  
75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. L Lisa Cade**  
Full Name (Last, First, Middle Initial)  
Mailing Address 104 Ackworth Court  
City Cary State NC Zip Code 27519  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2930.17

Date of Receipt 11 / 28 / 2014  
**Transaction ID : SA11Al.111784**  
Amount of Each Receipt this Period 130.77

**B. L Lisa Cade**  
Full Name (Last, First, Middle Initial)  
Mailing Address 104 Ackworth Court  
City Cary State NC Zip Code 27519  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3060.94

Date of Receipt 12 / 12 / 2014  
**Transaction ID : SA11Al.111896**  
Amount of Each Receipt this Period 130.77

**C. L Lisa Cade**  
Full Name (Last, First, Middle Initial)  
Mailing Address 104 Ackworth Court  
City Cary State NC Zip Code 27519  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3191.71

Date of Receipt 12 / 26 / 2014  
**Transaction ID : SA11Al.112006**  
Amount of Each Receipt this Period 130.77

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 392.31  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Lisa Carey**  
Full Name (Last, First, Middle Initial)

Mailing Address 170 Manning Drive  
Campus Box 7305

City Chapel Hill State NC Zip Code 27599

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

Name of Employer Occupation  
Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
12 / 03 / 2014  
**Transaction ID : SA11AI.111540**

Amount of Each Receipt this Period  
100.00  
contribution

**B. Brian Caveney**  
Full Name (Last, First, Middle Initial)

Mailing Address 3138 Cornwall Rd

City Durham State NC Zip Code 27707

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

Name of Employer Occupation  
BCBSNC Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
11 / 28 / 2014  
**Transaction ID : SA11AI.111787**

Amount of Each Receipt this Period  
10.00

**C. Brian Caveney**  
Full Name (Last, First, Middle Initial)

Mailing Address 3138 Cornwall Rd

City Durham State NC Zip Code 27707

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

Name of Employer Occupation  
BCBSNC Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
12 / 12 / 2014  
**Transaction ID : SA11AI.111899**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Brian Caveney**  
Full Name (Last, First, Middle Initial)

Mailing Address 3138 Cornwall Rd

City Durham State NC Zip Code 27707

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

Name of Employer BCBSNC Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 26 / 2014  
**Transaction ID : SA11AI.112009**

Amount of Each Receipt this Period  
10.00

**B. Alexander Chu**  
Full Name (Last, First, Middle Initial)

Mailing Address 206 Legendss Way

City Chapel Hill State NC Zip Code 27516

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

Name of Employer BCBSNC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2014  
**Transaction ID : SA11AI.111788**

Amount of Each Receipt this Period  
10.00

**c. Alexander Chu**  
Full Name (Last, First, Middle Initial)

Mailing Address 206 Legendss Way

City Chapel Hill State NC Zip Code 27516

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

Name of Employer BCBSNC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2014  
**Transaction ID : SA11AI.111900**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Alexander Chu**  
Full Name (Last, First, Middle Initial)

Mailing Address 206 Legendss Way

City Chapel Hill State NC Zip Code 27516

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

Name of Employer BCBSNC Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : SA11Al.112010**

Amount of Each Receipt this Period  
 10.00

**B. Ellen Chu**  
Full Name (Last, First, Middle Initial)

Mailing Address 206 Legendss Way

City Chapel Hill State NC Zip Code 27231

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

Name of Employer BCBSNC Occupation Program mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : SA11Al.111789**

Amount of Each Receipt this Period  
 10.00

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

Mailing Address 301 Helmsdale Drive

City Chapel Hill State NC Zip Code 27517

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

Name of Employer BCBSNC Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1874.13

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : SA11Al.111790**

Amount of Each Receipt this Period  
 78.57

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 98.57

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Robert Cimo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 Helmsdale Drive  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1952.70

Date of Receipt  
 12 / 12 / 2014  
**Transaction ID : SA11AI.111901**  
 Amount of Each Receipt this Period  
 78.57

**B. Robert Cimo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 Helmsdale Drive  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2031.27

Date of Receipt  
 12 / 26 / 2014  
**Transaction ID : SA11AI.112011**  
 Amount of Each Receipt this Period  
 78.57

**C. Ellison Clary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 415 North Church St Unit 113  
 City Charlotte State NC Zip Code 28202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1190.59

Date of Receipt  
 11 / 28 / 2014  
**Transaction ID : SA11AI.111791**  
 Amount of Each Receipt this Period  
 49.91

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 207.05  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Ellison Clary</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2014 <b>Transaction ID : SA11AI.111902</b>
Mailing Address 415 North Church St Unit 113		Amount of Each Receipt this Period 49.91
City Charlotte	State NC	Zip Code 28202
FEC ID number of contributing federal political committee. C	Name of Employer BCBSNC	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1240.50	

Full Name (Last, First, Middle Initial) <b>B. Ellison Clary</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2014 <b>Transaction ID : SA11AI.112012</b>
Mailing Address 415 North Church St Unit 113		Amount of Each Receipt this Period 49.91
City Charlotte	State NC	Zip Code 28202
FEC ID number of contributing federal political committee. C	Name of Employer BCBSNC	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1290.41	

Full Name (Last, First, Middle Initial) <b>C. K Steven Crist</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2014 <b>Transaction ID : SA11AI.111793</b>
Mailing Address 100 Chariot Court		Amount of Each Receipt this Period 69.23
City Cary	State NC	Zip Code 27519
FEC ID number of contributing federal political committee. C	Name of Employer BCBSNC	Occupation VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1588.08	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	169.05
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. K Steven Crist**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Chariot Court  
City Cary State NC Zip Code 27519  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1657.31

Date of Receipt  
12 / 12 / 2014  
**Transaction ID : SA11AI.111904**  
Amount of Each Receipt this Period  
69.23

**B. K Steven Crist**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Chariot Court  
City Cary State NC Zip Code 27519  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1726.54

Date of Receipt  
12 / 26 / 2014  
**Transaction ID : SA11AI.112014**  
Amount of Each Receipt this Period  
69.23

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

Date of Receipt  
12 / 03 / 2014  
**Transaction ID : SA11AI.111541**  
Amount of Each Receipt this Period  
250.00  
contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 388.46  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. G Diane DeGroff**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Cobart Ridge Rd  
City Hillsborough State NC Zip Code 27278  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2047.45

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 28 / 2014  
**Transaction ID : SA11Al.111796**  
Amount of Each Receipt this Period  
86.00

**B. G Diane DeGroff**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Cobart Ridge Rd  
City Hillsborough State NC Zip Code 27278  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2133.45

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 12 / 2014  
**Transaction ID : SA11Al.111907**  
Amount of Each Receipt this Period  
86.00

**C. G Diane DeGroff**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Cobart Ridge Rd  
City Hillsborough State NC Zip Code 27278  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2219.45

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 26 / 2014  
**Transaction ID : SA11Al.112017**  
Amount of Each Receipt this Period  
86.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	258.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Hugh Donohue</b>		Date of Receipt
Mailing Address 102 Cabernet Circle		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Cary	State NC	Zip Code 27511
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.111797</b>
Name of Employer BCBSNC		Occupation Medical Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="62.17"/>
		<input type="text" value="1482.98"/>

Full Name (Last, First, Middle Initial) <b>B. Hugh Donohue</b>		Date of Receipt
Mailing Address 102 Cabernet Circle		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City Cary	State NC	Zip Code 27511
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.111908</b>
Name of Employer BCBSNC		Occupation Medical Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="62.17"/>
		<input type="text" value="1545.15"/>

Full Name (Last, First, Middle Initial) <b>C. Hugh Donohue</b>		Date of Receipt
Mailing Address 102 Cabernet Circle		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Cary	State NC	Zip Code 27511
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.112018</b>
Name of Employer BCBSNC		Occupation Medical Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="62.17"/>
		<input type="text" value="1607.32"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="186.51"/>
<b>TOTAL</b> 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 28 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Michelle Douglas</b>			Date of Receipt
Mailing Address 1510 Canterbury Rd			<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.111798</b>
Raleigh	NC	27608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
BCBSNC	Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Michelle Douglas</b>			Date of Receipt
Mailing Address 1510 Canterbury Rd			<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.111909</b>
Raleigh	NC	27608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
BCBSNC	Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Michelle Douglas</b>			Date of Receipt
Mailing Address 1510 Canterbury Rd			<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.112019</b>
Raleigh	NC	27608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
BCBSNC	Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="520.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. James Emmons**  
Full Name (Last, First, Middle Initial)  
Mailing Address 105 Vyne Court

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

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

Name of Employer BCBSNC	Occupation VP
----------------------------	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2587.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2014

**Transaction ID : SA11Al.111800**

Amount of Each Receipt this Period  
110.00

**B. James Emmons**  
Full Name (Last, First, Middle Initial)  
Mailing Address 105 Vyne Court

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

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

Name of Employer BCBSNC	Occupation VP
----------------------------	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2697.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

**Transaction ID : SA11Al.111911**

Amount of Each Receipt this Period  
110.00

**C. James Emmons**  
Full Name (Last, First, Middle Initial)  
Mailing Address 105 Vyne Court

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

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

Name of Employer BCBSNC	Occupation VP
----------------------------	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2807.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2014

**Transaction ID : SA11Al.112021**

Amount of Each Receipt this Period  
110.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. A Christine Evans**  
Full Name (Last, First, Middle Initial)  
Mailing Address 606 W. Aycock Street  
City Raleigh State NC Zip Code 27608  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1004.78

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 28 / 2014  
**Transaction ID : SA11AI.111802**  
Amount of Each Receipt this Period  
42.12

**B. A Christine Evans**  
Full Name (Last, First, Middle Initial)  
Mailing Address 606 W. Aycock Street  
City Raleigh State NC Zip Code 27608  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1046.90

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 12 / 2014  
**Transaction ID : SA11AI.111913**  
Amount of Each Receipt this Period  
42.12

**C. A Christine Evans**  
Full Name (Last, First, Middle Initial)  
Mailing Address 606 W. Aycock Street  
City Raleigh State NC Zip Code 27608  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1089.02

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 26 / 2014  
**Transaction ID : SA11AI.112023**  
Amount of Each Receipt this Period  
42.12

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 126.36  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. M Robert Fleming**  
Full Name (Last, First, Middle Initial)  
Mailing Address 211 St. Mary's Street

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

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

Name of Employer BCBSNC	Occupation Director
----------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1669.47

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2014

**Transaction ID : SA11Al.111803**

Amount of Each Receipt this Period  
86.54

**B. M Robert Fleming**  
Full Name (Last, First, Middle Initial)  
Mailing Address 211 St. Mary's Street

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

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

Name of Employer BCBSNC	Occupation Director
----------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1756.01

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

**Transaction ID : SA11Al.111914**

Amount of Each Receipt this Period  
86.54

**C. M Robert Fleming**  
Full Name (Last, First, Middle Initial)  
Mailing Address 211 St. Mary's Street

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

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

Name of Employer BCBSNC	Occupation Director
----------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1842.55

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2014

**Transaction ID : SA11Al.112024**

Amount of Each Receipt this Period  
86.54

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	259.62
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. W Charlene Foley**  
Full Name (Last, First, Middle Initial)

Mailing Address 3607 Medford Rd

City Durham State NC Zip Code 27705

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

Name of Employer BCBSNC Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : SA11Al.111804**

Amount of Each Receipt this Period  
 10.00

**B. W Charlene Foley**  
Full Name (Last, First, Middle Initial)

Mailing Address 3607 Medford Rd

City Durham State NC Zip Code 27705

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

Name of Employer BCBSNC Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : SA11Al.111915**

Amount of Each Receipt this Period  
 10.00

**C. W Charlene Foley**  
Full Name (Last, First, Middle Initial)

Mailing Address 3607 Medford Rd

City Durham State NC Zip Code 27705

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

Name of Employer BCBSNC Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : SA11Al.112025**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. John Fong</b>			Date of Receipt
Mailing Address 41 Lintel Dr			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11Al.111805</b>
McMurry	PA	15317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="113.69"/>
Name of Employer	Occupation		
BCBSNC	VP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2714.11"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. John Fong</b>			Date of Receipt
Mailing Address 41 Lintel Dr			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11Al.111916</b>
McMurry	PA	15317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="113.69"/>
Name of Employer	Occupation		
BCBSNC	VP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2827.80"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. John Fong</b>			Date of Receipt
Mailing Address 41 Lintel Dr			<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11Al.112026</b>
McMurry	PA	15317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="113.69"/>
Name of Employer	Occupation		
BCBSNC	VP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2941.49"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="341.07"/>
<b>TOTAL</b> 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 34 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Kathi Gaines**  
Full Name (Last, First, Middle Initial)  
Mailing Address 603 Kingswood Drive

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

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

Name of Employer BCBSNC	Occupation Director
----------------------------	------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1212.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2014

**Transaction ID : SA11Al.111806**

Amount of Each Receipt this Period  
50.51

**B. Kathi Gaines**  
Full Name (Last, First, Middle Initial)  
Mailing Address 603 Kingswood Drive

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

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

Name of Employer BCBSNC	Occupation Director
----------------------------	------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1262.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

**Transaction ID : SA11Al.111917**

Amount of Each Receipt this Period  
50.51

**C. Kathi Gaines**  
Full Name (Last, First, Middle Initial)  
Mailing Address 603 Kingswood Drive

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

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

Name of Employer BCBSNC	Occupation Director
----------------------------	------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1313.26

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2014

**Transaction ID : SA11Al.112027**

Amount of Each Receipt this Period  
50.51

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	151.53
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Katrina Gesh-Wilson</b>		Date of Receipt
Mailing Address 2110 S. Pecan Trail Drive		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Richmond State TX Zip Code 77406		<b>Transaction ID : SA11Al.111807</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer BCBSNC	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2331.91"/>	

Full Name (Last, First, Middle Initial) <b>B. Katrina Gesh-Wilson</b>		Date of Receipt
Mailing Address 2110 S. Pecan Trail Drive		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City Richmond State TX Zip Code 77406		<b>Transaction ID : SA11Al.111918</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer BCBSNC	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2431.91"/>	

Full Name (Last, First, Middle Initial) <b>C. Katrina Gesh-Wilson</b>		Date of Receipt
Mailing Address 2110 S. Pecan Trail Drive		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Richmond State TX Zip Code 77406		<b>Transaction ID : SA11Al.112028</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer BCBSNC	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2531.91"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> 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 36 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. K Patrick Getzen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 205 Chilcott

City Apex	State NC	Zip Code 27502
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FEC ID number of contributing federal political committee. **C**

Name of Employer BCBSNC	Occupation VP
----------------------------	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3548.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2014

**Transaction ID : SA11Al.111808**

Amount of Each Receipt this Period  
153.85

**B. K Patrick Getzen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 205 Chilcott

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

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

Name of Employer BCBSNC	Occupation VP
----------------------------	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3702.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

**Transaction ID : SA11Al.111919**

Amount of Each Receipt this Period  
153.85

**C. K Patrick Getzen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 205 Chilcott

City Apex	State NC	Zip Code 27502
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FEC ID number of contributing federal political committee. **C**

Name of Employer BCBSNC	Occupation VP
----------------------------	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3856.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2014

**Transaction ID : SA11Al.112029**

Amount of Each Receipt this Period  
153.85

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Laura Gorry</b>			Date of Receipt
Mailing Address 2566 Ironwood Drive			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Hickory	State NC	Zip Code 28602	<b>Transaction ID : SA11AI.111809</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="50.26"/>
Name of Employer BCBSNC	Occupation Regional Service Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1200.14"/>		

Full Name (Last, First, Middle Initial) <b>B. Laura Gorry</b>			Date of Receipt
Mailing Address 2566 Ironwood Drive			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City Hickory	State NC	Zip Code 28602	<b>Transaction ID : SA11AI.111920</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="50.26"/>
Name of Employer BCBSNC	Occupation Regional Service Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1250.40"/>		

Full Name (Last, First, Middle Initial) <b>C. Laura Gorry</b>			Date of Receipt
Mailing Address 2566 Ironwood Drive			<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Hickory	State NC	Zip Code 28602	<b>Transaction ID : SA11AI.112030</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="50.26"/>
Name of Employer BCBSNC	Occupation Regional Service Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1300.66"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.78"/>
<b>TOTAL</b> 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 38 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Estay Green</b>		Date of Receipt
Mailing Address 1004 Fullbright Dr		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Morrisville	NC	27560
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.111810</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	Director	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Estay Green</b>		Date of Receipt
Mailing Address 1004 Fullbright Dr		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Morrisville	NC	27560
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.111921</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	Director	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Estay Green</b>		Date of Receipt
Mailing Address 1004 Fullbright Dr		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Morrisville	NC	27560
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.112031</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	Director	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="520.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> 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 39 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Mr. Darrell Grissom II**  
Full Name (Last, First, Middle Initial)

Mailing Address 1105 New Hampshire Drive

City Jamestown	State NC	Zip Code 27282
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FEC ID number of contributing federal political committee. **C**

Name of Employer BCBSNC	Occupation Consumer Sales Manager
----------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **415.44**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	28	/	2014

**Transaction ID : SA11Al.111811**

Amount of Each Receipt this Period  

17.31
-------

**B. Mr. Darrell Grissom II**  
Full Name (Last, First, Middle Initial)

Mailing Address 1105 New Hampshire Drive

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

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

Name of Employer BCBSNC	Occupation Consumer Sales Manager
----------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **432.75**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	12	/	2014

**Transaction ID : SA11Al.111922**

Amount of Each Receipt this Period  

17.31
-------

**C. Mr. Darrell Grissom II**  
Full Name (Last, First, Middle Initial)

Mailing Address 1105 New Hampshire Drive

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

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

Name of Employer BCBSNC	Occupation Consumer Sales Manager
----------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.06**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	26	/	2014

**Transaction ID : SA11Al.112032**

Amount of Each Receipt this Period  

17.31
-------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Latisha Hamilton-Williams</b>		Date of Receipt
Mailing Address 546 Heswan Court		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Roseville	NC	27571
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.111812</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	VP	<input type="text" value="81.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1944.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Latisha Hamilton-Williams</b>		Date of Receipt
Mailing Address 546 Heswan Court		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Roseville	NC	27571
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.111923</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	VP	<input type="text" value="81.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2025.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Latisha Hamilton-Williams</b>		Date of Receipt
Mailing Address 546 Heswan Court		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Roseville	NC	27571
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.112033</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	VP	<input type="text" value="81.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2106.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="243.00"/>
<b>TOTAL</b> 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 41 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. M Karen Hausser</b>		Date of Receipt
Mailing Address		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City State Zip Code		<b>Transaction ID : SA11AI.111813</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="36.18"/>
Name of Employer BCBSNC	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="827.94"/>	

Full Name (Last, First, Middle Initial) <b>B. M Karen Hausser</b>		Date of Receipt
Mailing Address		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City State Zip Code		<b>Transaction ID : SA11AI.111924</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="36.18"/>
Name of Employer BCBSNC	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="864.12"/>	

Full Name (Last, First, Middle Initial) <b>C. M Karen Hausser</b>		Date of Receipt
Mailing Address		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City State Zip Code		<b>Transaction ID : SA11AI.112034</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="36.18"/>
Name of Employer BCBSNC	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="900.30"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="108.54"/>
<b>TOTAL</b> 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 42 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Ms Susan Helm-Murtagh</b>			Date of Receipt
Mailing Address 117 Oldham Place			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.111814</b>
Chapel Hill	NC	27516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="112.54"/>
Name of Employer	Occupation		
BCBSNC	Resource Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2642.95"/>		

Full Name (Last, First, Middle Initial) <b>B. Ms Susan Helm-Murtagh</b>			Date of Receipt
Mailing Address 117 Oldham Place			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.111925</b>
Chapel Hill	NC	27516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="112.54"/>
Name of Employer	Occupation		
BCBSNC	Resource Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2755.49"/>		

Full Name (Last, First, Middle Initial) <b>C. Ms Susan Helm-Murtagh</b>			Date of Receipt
Mailing Address 117 Oldham Place			<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.112035</b>
Chapel Hill	NC	27516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="112.54"/>
Name of Employer	Occupation		
BCBSNC	Resource Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2868.03"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="337.62"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Ms Kathryn Higgins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 734 Crabtree Crossing  
City Cary State NC Zip Code 27513  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Sr. Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 936.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 28 / 2014  
**Transaction ID : SA11Al.111815**  
Amount of Each Receipt this Period  
39.00

**B. Ms Kathryn Higgins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 734 Crabtree Crossing  
City Cary State NC Zip Code 27513  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Sr. Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 12 / 2014  
**Transaction ID : SA11Al.111926**  
Amount of Each Receipt this Period  
39.00

**C. Ms Kathryn Higgins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 734 Crabtree Crossing  
City Cary State NC Zip Code 27513  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Sr. Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 26 / 2014  
**Transaction ID : SA11Al.112036**  
Amount of Each Receipt this Period  
39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Frank Holding**

Mailing Address PO Box 29549

City Raleigh State NC Zip Code 27604

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

Name of Employer Occupation  
CEO First Citizens

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3328.00

Date of Receipt  
12 / 03 / 2014  
**Transaction ID : SA11Al.111542**

Amount of Each Receipt this Period  
416.00  
contribution

Full Name (Last, First, Middle Initial)  
**B. Daryl Hollis**

Mailing Address 356 Brannon Rd

City Horse Shoe State NC Zip Code 28742

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

Name of Employer Occupation  
Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
664.00

Date of Receipt  
12 / 03 / 2014  
**Transaction ID : SA11Al.111543**

Amount of Each Receipt this Period  
83.00  
contribution

Full Name (Last, First, Middle Initial)  
**C. E William Hotchkiss**

Mailing Address

City State Zip Code

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

Name of Employer Occupation  
BCBSNC Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
11 / 28 / 2014  
**Transaction ID : SA11Al.111817**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 524.00

**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 45 OF 87  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. E William Hotchkiss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: BCBSNC   Occupation: Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **625.00**

Date of Receipt: **12 / 12 / 2014**  
**Transaction ID : SA11AI.111928**  
 Amount of Each Receipt this Period: **25.00**

**B. E William Hotchkiss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: BCBSNC   Occupation: Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **650.00**

Date of Receipt: **12 / 26 / 2014**  
**Transaction ID : SA11AI.112038**  
 Amount of Each Receipt this Period: **25.00**

**C. Alan Hughes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 3604 Nightfall Ct  
 City: Raleigh   State: NC   Zip Code: 27607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: BCBSNC   Occupation: SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **4603.57**

Date of Receipt: **11 / 28 / 2014**  
**Transaction ID : SA11AI.111819**  
 Amount of Each Receipt this Period: **192.30**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **242.30**  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Alan Hughes</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2014
Mailing Address 3604 Nightfall Ct			<b>Transaction ID : SA11AI.111930</b>
City Raleigh	State NC	Zip Code 27607	Amount of Each Receipt this Period 192.30
FEC ID number of contributing federal political committee. C			
Name of Employer BCBSNC	Occupation SVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4795.87		

Full Name (Last, First, Middle Initial) <b>B. Alan Hughes</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2014
Mailing Address 3604 Nightfall Ct			<b>Transaction ID : SA11AI.112040</b>
City Raleigh	State NC	Zip Code 27607	Amount of Each Receipt this Period 192.30
FEC ID number of contributing federal political committee. C			
Name of Employer BCBSNC	Occupation SVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4988.17		

Full Name (Last, First, Middle Initial) <b>C. Susan Jackson</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2014
Mailing Address 200 Cherry Laurel Dr			<b>Transaction ID : SA11AI.111820</b>
City Clayton	State NC	Zip Code 27527	Amount of Each Receipt this Period 76.92
FEC ID number of contributing federal political committee. C			
Name of Employer BCBSNC	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	461.52
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Susan Jackson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 Cherry Laurel Dr  
City Clayton State NC Zip Code 27527  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 538.44

Date of Receipt  
12 / 12 / 2014  
**Transaction ID : SA11AI.111931**  
Amount of Each Receipt this Period  
76.92

**B. Susan Jackson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 Cherry Laurel Dr  
City Clayton State NC Zip Code 27527  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 615.36

Date of Receipt  
12 / 26 / 2014  
**Transaction ID : SA11AI.112041**  
Amount of Each Receipt this Period  
76.92

**C. Stanley Jenkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5436 Chimney Swift Dr  
City Wake Forest State NC Zip Code 27587  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Enterprise Architech  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 933.08

Date of Receipt  
11 / 28 / 2014  
**Transaction ID : SA11AI.111821**  
Amount of Each Receipt this Period  
39.93

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 193.77  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Stanley Jenkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5436 Chimney Swift Dr

City Wake Forest	State NC	Zip Code 27587
---------------------	-------------	-------------------

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

Name of Employer BCBSNC	Occupation Enterprise Architech
----------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **973.01**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

**Transaction ID : SA11AI.111932**

Amount of Each Receipt this Period  

39.93
-------

**B. Stanley Jenkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5436 Chimney Swift Dr

City Wake Forest	State NC	Zip Code 27587
---------------------	-------------	-------------------

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

Name of Employer BCBSNC	Occupation Enterprise Architech
----------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1012.94**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2014

**Transaction ID : SA11AI.112042**

Amount of Each Receipt this Period  

39.93
-------

**C. Sean Kerns**  
Full Name (Last, First, Middle Initial)  
Mailing Address 106 Caymus Ct

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

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

Name of Employer BCBSNC	Occupation VP
----------------------------	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2014

**Transaction ID : SA11AI.111824**

Amount of Each Receipt this Period  

40.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>119.86</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Sean Kerns**  
Full Name (Last, First, Middle Initial)  
Mailing Address 106 Caymus Ct  
City Cary State NC Zip Code 27519  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation VP  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 12 / 2014**  
**Transaction ID : SA11AI.111935**  
Amount of Each Receipt this Period **40.00**

**B. Sean Kerns**  
Full Name (Last, First, Middle Initial)  
Mailing Address 106 Caymus Ct  
City Cary State NC Zip Code 27519  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation VP  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1040.00**

Date of Receipt **12 / 26 / 2014**  
**Transaction ID : SA11AI.112045**  
Amount of Each Receipt this Period **40.00**

**C. David Kochman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4129 Worley Drive  
City Raleigh State NC Zip Code 27613  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 28 / 2014**  
**Transaction ID : SA11AI.111825**  
Amount of Each Receipt this Period **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. David Kochman**  
Full Name (Last, First, Middle Initial)

Mailing Address 4129 Worley Drive

City Raleigh State NC Zip Code 27613

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

Name of Employer BCBSNC Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : SA11AI.111936**

Amount of Each Receipt this Period  
 10.00

**B. David Kochman**  
Full Name (Last, First, Middle Initial)

Mailing Address 4129 Worley Drive

City Raleigh State NC Zip Code 27613

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

Name of Employer BCBSNC Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : SA11AI.112046**

Amount of Each Receipt this Period  
 10.00

**C. William Lawrence**  
Full Name (Last, First, Middle Initial)

Mailing Address 2300 Baileys Landing Drive

City Raleigh State NC Zip Code 27606

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

Name of Employer BCBSNC Occupation Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : SA11AI.111826**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00

**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 51 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. William Lawrence**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2300 Baileys Landing Drive  
City Raleigh State NC Zip Code 27606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Medical Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
12 / 12 / 2014  
**Transaction ID : SA11AI.111937**  
Amount of Each Receipt this Period  
20.00

**B. William Lawrence**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2300 Baileys Landing Drive  
City Raleigh State NC Zip Code 27606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Medical Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
12 / 26 / 2014  
**Transaction ID : SA11AI.112047**  
Amount of Each Receipt this Period  
20.00

**C. Adrienna Maisonet-Morales**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Village Circle Way #1201  
City Durham State NC Zip Code 27713  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
11 / 28 / 2014  
**Transaction ID : SA11AI.111828**  
Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Adrienna Maisonet-Morales**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Village Circle Way #1201

City Durham State NC Zip Code 27713

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

Name of Employer BCBSNC Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : SA11AI.111939**

Amount of Each Receipt this Period  
**20.00**

**B. Adrienna Maisonet-Morales**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Village Circle Way #1201

City Durham State NC Zip Code 27713

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

Name of Employer BCBSNC Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : SA11AI.112049**

Amount of Each Receipt this Period  
**20.00**

**C. C Ralph Mazza**  
Full Name (Last, First, Middle Initial)

Mailing Address 938 Alden Bridge

City Cary State NC Zip Code 27519

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

Name of Employer BCBSNC Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1130.89**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : SA11AI.111829**

Amount of Each Receipt this Period  
**47.36**

**SUBTOTAL** of Receipts This Page (optional)..... **87.36**

**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 53 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. C Ralph Mazza</b>			Date of Receipt
Mailing Address 938 Alden Bridge			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.111940</b>
Cary	NC	27519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="47.36"/>
Name of Employer	Occupation		
BCBSNC	Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1178.25"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. C Ralph Mazza</b>			Date of Receipt
Mailing Address 938 Alden Bridge			<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.112050</b>
Cary	NC	27519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="47.36"/>
Name of Employer	Occupation		
BCBSNC	Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1225.61"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. L Janet McCauley</b>			Date of Receipt
Mailing Address 941 Old Lystra Road			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.111830</b>
Chapel Hill	NC	27517	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="101.41"/>
Name of Employer	Occupation		
BCBSNC	Medical Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2423.84"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="196.13"/>
<b>TOTAL</b> 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 54 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. L Janet McCauley**  
Full Name (Last, First, Middle Initial)

Mailing Address 941 Old Lystra Road

City Chapel Hill State NC Zip Code 27517

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

Name of Employer BCBSNC Occupation Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2525.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : SA11AI.111941**

Amount of Each Receipt this Period  
 101.41

**B. L Janet McCauley**  
Full Name (Last, First, Middle Initial)

Mailing Address 941 Old Lystra Road

City Chapel Hill State NC Zip Code 27517

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

Name of Employer BCBSNC Occupation Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2626.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : SA11AI.112051**

Amount of Each Receipt this Period  
 101.41

**C. Lynn McNeal**  
Full Name (Last, First, Middle Initial)

Mailing Address 185 Swansea Lane

City Chapel Hill State NC Zip Code 27516

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

Name of Employer BCBSNC Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2512.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : SA11AI.111832**

Amount of Each Receipt this Period  
 105.11

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	307.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Lynn McNeal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 185 Swansea Lane

City Chapel Hill	State NC	Zip Code 27516
---------------------	-------------	-------------------

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

Name of Employer BCBSNC	Occupation VP
----------------------------	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2617.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

**Transaction ID : SA11Al.111943**

Amount of Each Receipt this Period  
105.11

**B. Lynn McNeal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 185 Swansea Lane

City Chapel Hill	State NC	Zip Code 27516
---------------------	-------------	-------------------

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

Name of Employer BCBSNC	Occupation VP
----------------------------	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2722.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2014

**Transaction ID : SA11Al.112053**

Amount of Each Receipt this Period  
105.11

**C. Debra Miller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1712 Fairway Drive

City Newton	State NC	Zip Code 28658
----------------	-------------	-------------------

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

Name of Employer BCBSNC	Occupation VP
----------------------------	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
816.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2014

**Transaction ID : SA11Al.111834**

Amount of Each Receipt this Period  
34.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	244.22
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Debra Miller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1712 Fairway Drive  
City Newton State NC Zip Code 28658  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
12 / 12 / 2014  
**Transaction ID : SA11AI.111945**  
Amount of Each Receipt this Period  
34.00

**B. Debra Miller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1712 Fairway Drive  
City Newton State NC Zip Code 28658  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 884.00

Date of Receipt  
12 / 26 / 2014  
**Transaction ID : SA11AI.112055**  
Amount of Each Receipt this Period  
34.00

**C. Robin Miller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10504 Saltsby Ct  
City Raleigh State NC Zip Code 27615  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
11 / 28 / 2014  
**Transaction ID : SA11AI.111835**  
Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.00  
**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 57 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Robin Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 10504 Saltsby Ct

City Raleigh State NC Zip Code 27615

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

Name of Employer BCBSNC Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : SA11AI.111946**

Amount of Each Receipt this Period  
 10.00

**B. Robin Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 10504 Saltsby Ct

City Raleigh State NC Zip Code 27615

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

Name of Employer BCBSNC Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : SA11AI.112056**

Amount of Each Receipt this Period  
 10.00

**C. Kathryn Millican**  
Full Name (Last, First, Middle Initial)

Mailing Address 1632 Lorraine Road

City Raleigh State NC Zip Code 27607

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

Name of Employer BCBSNC Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 996.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : SA11AI.111836**

Amount of Each Receipt this Period  
 43.27

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 63.27

**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 58 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Kathryn Millican**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1632 Lorraine Road  
City Raleigh State NC Zip Code 27607  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1039.96

Date of Receipt  
12 / 12 / 2014  
**Transaction ID : SA11AI.111947**  
Amount of Each Receipt this Period  
43.27

**B. Kathryn Millican**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1632 Lorraine Road  
City Raleigh State NC Zip Code 27607  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1083.23

Date of Receipt  
12 / 26 / 2014  
**Transaction ID : SA11AI.112057**  
Amount of Each Receipt this Period  
43.27

**C. Barbara Morales-Burke**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5624 Bennetwood Ct  
City Raleigh State NC Zip Code 27612  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2335.08

Date of Receipt  
11 / 28 / 2014  
**Transaction ID : SA11AI.111837**  
Amount of Each Receipt this Period  
98.27

**SUBTOTAL** of Receipts This Page (optional).....▶ 184.81  
**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 59 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Barbara Morales-Burke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5624 Bennetwood Ct  
 City Raleigh State NC Zip Code 27612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2433.35

Date of Receipt  
 12 / 12 / 2014  
**Transaction ID : SA11AI.111948**  
 Amount of Each Receipt this Period  
 98.27

**B. Barbara Morales-Burke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5624 Bennetwood Ct  
 City Raleigh State NC Zip Code 27612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2531.62

Date of Receipt  
 12 / 26 / 2014  
**Transaction ID : SA11AI.112058**  
 Amount of Each Receipt this Period  
 98.27

**C. Steve Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Flagstone Court  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1330.72

Date of Receipt  
 12 / 03 / 2014  
**Transaction ID : SA11AI.111544**  
 Amount of Each Receipt this Period  
 166.34  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 362.88  
**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 60 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Maureen OConnor</b>			Date of Receipt
Mailing Address 104 Beeston Ct.			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11Al.111840</b>
Morrisville	NC	27560	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="192.30"/>
Name of Employer	Occupation		
BCBSNC	SVP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4614.60"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Maureen OConnor</b>			Date of Receipt
Mailing Address 104 Beeston Ct.			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11Al.111951</b>
Morrisville	NC	27560	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="192.30"/>
Name of Employer	Occupation		
BCBSNC	SVP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4806.90"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Maureen OConnor</b>			Date of Receipt
Mailing Address 104 Beeston Ct.			<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11Al.112061</b>
Morrisville	NC	27560	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="192.30"/>
Name of Employer	Occupation		
BCBSNC	SVP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4999.20"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="576.90"/>
<b>TOTAL</b> 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 61 OF 87  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Troy Page**  
 Mailing Address 504 Robert Hunt Drive  
 City Carrboro State NC Zip Code 27510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : SA11Al.111841**  
 Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Troy Page**  
 Mailing Address 504 Robert Hunt Drive  
 City Carrboro State NC Zip Code 27510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : SA11Al.111952**  
 Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Troy Page**  
 Mailing Address 504 Robert Hunt Drive  
 City Carrboro State NC Zip Code 27510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : SA11Al.112062**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 OF 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Fara Palumbo</b>		Date of Receipt
Mailing Address 1000 Gloucester Ct		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chapel Hill	NC	27516
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.111842</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	VP	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3600.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Fara Palumbo</b>		Date of Receipt
Mailing Address 1000 Gloucester Ct		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chapel Hill	NC	27516
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.111953</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	VP	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3750.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Fara Palumbo</b>		Date of Receipt
Mailing Address 1000 Gloucester Ct		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chapel Hill	NC	27516
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.112063</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	VP	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3900.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
<b>TOTAL</b> 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 63 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Michael J Parkerson</b>		Date of Receipt
Mailing Address 7504 Clayshant Court		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Wake Forest State NC Zip Code 27587		<b>Transaction ID : SA11Al.111843</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="134.62"/>
Name of Employer BCBSNC	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2969.11"/>	

Full Name (Last, First, Middle Initial) <b>B. Michael J Parkerson</b>		Date of Receipt
Mailing Address 7504 Clayshant Court		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City Wake Forest State NC Zip Code 27587		<b>Transaction ID : SA11Al.111954</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="134.62"/>
Name of Employer BCBSNC	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3103.73"/>	

Full Name (Last, First, Middle Initial) <b>C. Michael J Parkerson</b>		Date of Receipt
Mailing Address 7504 Clayshant Court		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Wake Forest State NC Zip Code 27587		<b>Transaction ID : SA11Al.112064</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="134.62"/>
Name of Employer BCBSNC	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3238.35"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="403.86"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. W Mitchell Perry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1909 Rangecrest Rd  
City Raleigh State NC Zip Code 27612  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2917.25

Date of Receipt 11 / 28 / 2014  
**Transaction ID : SA11Al.111845**  
Amount of Each Receipt this Period 125.00

**B. W Mitchell Perry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1909 Rangecrest Rd  
City Raleigh State NC Zip Code 27612  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3042.25

Date of Receipt 12 / 12 / 2014  
**Transaction ID : SA11Al.111956**  
Amount of Each Receipt this Period 125.00

**C. W Mitchell Perry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1909 Rangecrest Rd  
City Raleigh State NC Zip Code 27612  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3167.25

Date of Receipt 12 / 26 / 2014  
**Transaction ID : SA11Al.112066**  
Amount of Each Receipt this Period 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**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 65 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Gerald Petkau</b>		Date of Receipt
Mailing Address 402 Troycott Place		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Cary	NC	27519
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.111846</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="192.30"/>
Name of Employer	Occupation	
BCBSNC	VP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4614.60"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Gerald Petkau</b>		Date of Receipt
Mailing Address 402 Troycott Place		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Cary	NC	27519
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.111957</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="192.30"/>
Name of Employer	Occupation	
BCBSNC	VP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4806.90"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Gerald Petkau</b>		Date of Receipt
Mailing Address 402 Troycott Place		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Cary	NC	27519
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.112067</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="192.30"/>
Name of Employer	Occupation	
BCBSNC	VP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4999.20"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="576.90"/>
<b>TOTAL</b> 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 66 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Jim Phillips**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 26000

City Greensboro State NC Zip Code 27420

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

Name of Employer Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2014  
**Transaction ID : SA11AI.111545**

Amount of Each Receipt this Period  
 150.00  
 contribution

**B. K Nathan Prather**  
Full Name (Last, First, Middle Initial)

Mailing Address 319 Montibello Drive

City Cary State NC Zip Code 27513

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

Name of Employer Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3495.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : SA11AI.111849**

Amount of Each Receipt this Period  
 148.05

**C. K Nathan Prather**  
Full Name (Last, First, Middle Initial)

Mailing Address 319 Montibello Drive

City Cary State NC Zip Code 27513

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

Name of Employer Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3643.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : SA11AI.111960**

Amount of Each Receipt this Period  
 148.05

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 446.10

**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 67 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. K Nathan Prather**  
Full Name (Last, First, Middle Initial)  
Mailing Address 319 Montibello Drive  
City Cary State NC Zip Code 27513  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation VP  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **3791.60**

Date of Receipt **12 / 26 / 2014**  
**Transaction ID : SA11AI.112070**  
Amount of Each Receipt this Period **148.05**

**B. B Christy Radcliff**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1005 Lexington Downs Dr  
City Greenville State NC Zip Code 27585  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Account Manager  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 28 / 2014**  
**Transaction ID : SA11AI.111850**  
Amount of Each Receipt this Period **10.00**

**C. B Christy Radcliff**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1005 Lexington Downs Dr  
City Greenville State NC Zip Code 27585  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Account Manager  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 12 / 2014**  
**Transaction ID : SA11AI.111961**  
Amount of Each Receipt this Period **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **168.05**  
**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 68 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. B Christy Radcliff**  
Full Name (Last, First, Middle Initial)

Mailing Address 1005 Lexington Downs Dr

City Greenville State NC Zip Code 27585

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

Name of Employer BCBSNC Occupation Account Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : SA11Al.112071**

Amount of Each Receipt this Period  
 10.00

**B. W David Raper**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 Swansboro Dr

City Cary State NC Zip Code 27519

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

Name of Employer BCBSNC Occupation Bus/Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : SA11Al.111851**

Amount of Each Receipt this Period  
 30.00

**C. W David Raper**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 Swansboro Dr

City Cary State NC Zip Code 27519

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

Name of Employer BCBSNC Occupation Bus/Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : SA11Al.111962**

Amount of Each Receipt this Period  
 30.00

**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 69 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. W David Raper**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 Swansboro Dr

City Cary State NC Zip Code 27519

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

Name of Employer BCBSNC Occupation Bus/Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 26 / 2014**

**Transaction ID : SA11AI.112072**

Amount of Each Receipt this Period  
**30.00**

**B. Paul Reeves**  
Full Name (Last, First, Middle Initial)

Mailing Address 236 Coachlight Trail

City Burlington State NC Zip Code 27215

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

Name of Employer BCBSNC Occupation Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **819.86**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**11 / 28 / 2014**

**Transaction ID : SA11AI.111852**

Amount of Each Receipt this Period  
**34.39**

**C. Paul Reeves**  
Full Name (Last, First, Middle Initial)

Mailing Address 236 Coachlight Trail

City Burlington State NC Zip Code 27215

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

Name of Employer BCBSNC Occupation Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **854.25**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 12 / 2014**

**Transaction ID : SA11AI.111963**

Amount of Each Receipt this Period  
**34.39**

**SUBTOTAL** of Receipts This Page (optional)..... **98.78**

**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 70 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Paul Reeves**  
Full Name (Last, First, Middle Initial)

Mailing Address 236 Coachlight Trail

City Burlington State NC Zip Code 27215

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

Name of Employer BCBSNC Occupation Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **888.64**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 26 / 2014**

**Transaction ID : SA11AI.112073**

Amount of Each Receipt this Period  
**34.39**

**B. Melissa Robinson**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Willowspring Place

City Chapel Hill State NC Zip Code 27517

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

Name of Employer BCBSNC Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **838.58**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 28 / 2014**

**Transaction ID : SA11AI.111854**

Amount of Each Receipt this Period  
**35.77**

**C. Melissa Robinson**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Willowspring Place

City Chapel Hill State NC Zip Code 27517

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

Name of Employer BCBSNC Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **874.35**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 12 / 2014**

**Transaction ID : SA11AI.111965**

Amount of Each Receipt this Period  
**35.77**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **105.93**

**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 71 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Melissa Robinson</b>		Date of Receipt
Mailing Address 15 Willowspring Place		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chapel Hill	NC	27517
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.112075</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	Director	<input type="text" value="35.77"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="910.12"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. John Roos</b>		Date of Receipt
Mailing Address 119 Draymore Way		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Morrisville	NC	27560
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.111855</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	SVP	<input type="text" value="192.30"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4614.60"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. John Roos</b>		Date of Receipt
Mailing Address 119 Draymore Way		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Morrisville	NC	27560
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.111966</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	SVP	<input type="text" value="192.30"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4806.90"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="420.37"/>
<b>TOTAL</b> 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 72 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Mr. John Roos</b>		Date of Receipt
Mailing Address 119 Draymore Way		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Morrisville	NC	27560
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.112076</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="192.30"/>
Name of Employer	Occupation	
BCBSNC	SVP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4999.20"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. V Tarsha Rowland</b>		Date of Receipt
Mailing Address 5021 Robinwood Rd		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Durham	NC	27713
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.111856</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.77"/>
Name of Employer	Occupation	
BCBSNC	Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1805.03"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. V Tarsha Rowland</b>		Date of Receipt
Mailing Address 5021 Robinwood Rd		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Durham	NC	27713
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.111967</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.77"/>
Name of Employer	Occupation	
BCBSNC	Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1880.80"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="343.84"/>
<b>TOTAL</b> 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 73 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. V Tarsha Rowland**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5021 Robinwood Rd  
City Durham State NC Zip Code 27713  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1956.57**

Date of Receipt **12 / 26 / 2014**  
**Transaction ID : SA11AI.112077**  
Amount of Each Receipt this Period **75.77**

**B. Todd Rupprecht**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4616 Carlton Crossing Dr  
City Durham State NC Zip Code 27713  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Sr. App Syst  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 28 / 2014**  
**Transaction ID : SA11AI.111857**  
Amount of Each Receipt this Period **10.00**

**C. Todd Rupprecht**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4616 Carlton Crossing Dr  
City Durham State NC Zip Code 27713  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Sr. App Syst  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 12 / 2014**  
**Transaction ID : SA11AI.111968**  
Amount of Each Receipt this Period **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **95.77**  
**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 74 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Todd Rupprecht**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4616 Carlton Crossing Dr  
City Durham State NC Zip Code 27713  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Sr. App Syst  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 26 / 2014  
**Transaction ID : SA11AI.112078**  
Amount of Each Receipt this Period 10.00

**B. Maticia Sims**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8 Sandhills Lane  
City Durham State NC Zip Code 27713  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2054.10

Date of Receipt 11 / 28 / 2014  
**Transaction ID : SA11AI.111860**  
Amount of Each Receipt this Period 86.35

**C. Maticia Sims**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8 Sandhills Lane  
City Durham State NC Zip Code 27713  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2140.45

Date of Receipt 12 / 12 / 2014  
**Transaction ID : SA11AI.111971**  
Amount of Each Receipt this Period 86.35

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 182.70  
**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 75 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Maticia Sims</b>			Date of Receipt
Mailing Address 8 Sandhills Lane			<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.112081</b>
Durham	NC	27713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="86.35"/>
Name of Employer	Occupation		
BCBSNC	VP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2226.80"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. J Pariyast Sinsangkeo</b>			Date of Receipt
Mailing Address 1614 Morehead Rd			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.111861</b>
Chapel Hill	NC	27517	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
BCBSNC	VP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. J Pariyast Sinsangkeo</b>			Date of Receipt
Mailing Address 1614 Morehead Rd			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.111972</b>
Chapel Hill	NC	27517	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
BCBSNC	VP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="650.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="186.35"/>
<b>TOTAL</b> 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 76 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. J Pariyast Sinsangkeo</b>		Date of Receipt
Mailing Address 1614 Morehead Rd		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chapel Hill	NC	27517
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.112082</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	VP	<input type="text" value="700.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="700.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. R John Smith</b>		Date of Receipt
Mailing Address 8320 Shiloh Creek Court		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Raleigh	NC	27616
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.111862</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	Medical Director	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. R John Smith</b>		Date of Receipt
Mailing Address 8320 Shiloh Creek Court		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Raleigh	NC	27616
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.111973</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	Medical Director	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="625.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="100.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. R John Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 8320 Shiloh Creek Court

City Raleigh State NC Zip Code 27616

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

Name of Employer BCBSNC Occupation Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 26 / 2014**

**Transaction ID : SA11AI.112083**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 303 Lynden Valley Court

City Cary State NC Zip Code 27519

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

Name of Employer BCBSNC Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 28 / 2014**

**Transaction ID : SA11AI.111863**

Amount of Each Receipt this Period  
**20.00**

**C. William Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 303 Lynden Valley Court

City Cary State NC Zip Code 27519

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

Name of Employer BCBSNC Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 12 / 2014**

**Transaction ID : SA11AI.111974**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **65.00**

**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 78 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

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

Mailing Address 303 Lynden Valley Court

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

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

Name of Employer BCBSNC	Occupation Director
----------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	26	/	2014

**Transaction ID : SA11AI.112084**

Amount of Each Receipt this Period  
20.00

**B. H Beverly Spillman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Fairfax Woods Drive

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

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

Name of Employer BCBSNC	Occupation HR
----------------------------	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	28	/	2014

**Transaction ID : SA11AI.111864**

Amount of Each Receipt this Period  
10.00

**C. H Beverly Spillman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Fairfax Woods Drive

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

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

Name of Employer BCBSNC	Occupation HR
----------------------------	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	12	/	2014

**Transaction ID : SA11AI.111975**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. H Beverly Spillman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1212 Fairfax Woods Drive

City	State	Zip Code
Apex	NC	27502

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

Name of Employer	Occupation
BCBSNC	HR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2014

**Transaction ID : SA11AI.112085**

Amount of Each Receipt this Period  

10.00
-------

**B. Mark Stinneford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 104 Aborfield Court

City	State	Zip Code
Cary	NC	27513

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

Name of Employer	Occupation
BCBSNC	Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2014

**Transaction ID : SA11AI.111866**

Amount of Each Receipt this Period  

10.00
-------

**C. Mark Stinneford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 104 Aborfield Court

City	State	Zip Code
Cary	NC	27513

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

Name of Employer	Occupation
BCBSNC	Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

**Transaction ID : SA11AI.111977**

Amount of Each Receipt this Period  

10.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Mark Stinneford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 104 Aborfield Court  
City Cary State NC Zip Code 27513  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 26 / 2014  
**Transaction ID : SA11AI.112087**  
Amount of Each Receipt this Period  
10.00

**B. Stran T Summers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3618 Stoneybrook Drive  
City Durham State NC Zip Code 27705  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2014  
**Transaction ID : SA11AI.111869**  
Amount of Each Receipt this Period  
10.00

**C. Stran T Summers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3618 Stoneybrook Drive  
City Durham State NC Zip Code 27705  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSNC Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2014  
**Transaction ID : SA11AI.111979**  
Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Stran T Summers</b>		Date of Receipt
Mailing Address 3618 Stoneybrook Drive		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
Durham	NC	27705
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.112089</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
BCBSNC	Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. S Patricia Therrien</b>		Date of Receipt
Mailing Address 404 Knob Ct		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chapel Hill	NC	27517
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.111870</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
BCBSNC	Mgr	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. S Patricia Therrien</b>		Date of Receipt
Mailing Address 404 Knob Ct		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chapel Hill	NC	27517
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.111980</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
BCBSNC	Mgr	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
<b>TOTAL</b> 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 82 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. S Patricia Therrien</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 26 / 2014 <b>Transaction ID : SA11AI.112090</b>
Mailing Address 404 Knob Ct		Amount of Each Receipt this Period 10.00
City Chapel Hill	State NC	Zip Code 27517
FEC ID number of contributing federal political committee. C		
Name of Employer BCBSNC	Occupation Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. Susan Weaver</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2014 <b>Transaction ID : SA11AI.111873</b>
Mailing Address 811 Harvey St		Amount of Each Receipt this Period 80.00
City Raleigh	State NC	Zip Code 27608
FEC ID number of contributing federal political committee. C		
Name of Employer BCBSNC	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1920.00	

Full Name (Last, First, Middle Initial) <b>C. Susan Weaver</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2014 <b>Transaction ID : SA11AI.111983</b>
Mailing Address 811 Harvey St		Amount of Each Receipt this Period 80.00
City Raleigh	State NC	Zip Code 27608
FEC ID number of contributing federal political committee. C		
Name of Employer BCBSNC	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Susan Weaver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 811 Harvey St  
 City Raleigh State NC Zip Code 27608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation VP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2080.00**

Date of Receipt **12 / 26 / 2014**  
**Transaction ID : SA11AI.112092**  
 Amount of Each Receipt this Period **80.00**

**B. Dionne Wells**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9228 Cornwell Dr  
 City Wake Forest State NC Zip Code 27587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 28 / 2014**  
**Transaction ID : SA11AI.111874**  
 Amount of Each Receipt this Period **10.00**

**C. Dionne Wells**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9228 Cornwell Dr  
 City Wake Forest State NC Zip Code 27587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 12 / 2014**  
**Transaction ID : SA11AI.111984**  
 Amount of Each Receipt this Period **10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Dionne Wells**  
Full Name (Last, First, Middle Initial)

Mailing Address 9228 Cornwell Dr

City Wake Forest State NC Zip Code 27587

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

Name of Employer BCBSNC Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : SA11AI.112093**

Amount of Each Receipt this Period  
 10.00

**B. E Mark Werner**  
Full Name (Last, First, Middle Initial)

Mailing Address 202 Witheridge Ct.

City apex State NC Zip Code 27502

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

Name of Employer BCBSNC Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1006.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : SA11AI.111875**

Amount of Each Receipt this Period  
 67.50

**C. E Mark Werner**  
Full Name (Last, First, Middle Initial)

Mailing Address 202 Witheridge Ct.

City apex State NC Zip Code 27502

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

Name of Employer BCBSNC Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1074.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : SA11AI.111985**

Amount of Each Receipt this Period  
 67.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00

**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 85 OF 87
	<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)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. E Mark Werner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 202 Witheridge Ct.  
City apex State NC Zip Code 27502  
FEC ID number of contributing federal political committee. C  
Name of Employer BCBSNC Occupation VP  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date ▼ 1141.56

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 26 / 2014  
**Transaction ID : SA11AI.112094**  
Amount of Each Receipt this Period  
67.50

**B. Mr. James Wilson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 227 Midenhall Way  
City Cary State NC Zip Code 27513  
FEC ID number of contributing federal political committee. C  
Name of Employer BCBSNC Occupation SVP  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date ▼ 4614.60

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2014  
**Transaction ID : SA11AI.111876**  
Amount of Each Receipt this Period  
192.30

**C. Mr. James Wilson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 227 Midenhall Way  
City Cary State NC Zip Code 27513  
FEC ID number of contributing federal political committee. C  
Name of Employer BCBSNC Occupation SVP  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date ▼ 4806.90

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2014  
**Transaction ID : SA11AI.111986**  
Amount of Each Receipt this Period  
192.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 452.10  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A. Mr. James Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 227 Midenhall Way  
 City Cary State NC Zip Code 27513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : SA11AI.112095**  
 Amount of Each Receipt this Period  
 192.30

**B. Randy Winslow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1609 Valley Creek Drive  
 City Hillsborough State NC Zip Code 27278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation Business Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.11

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : SA11AI.111877**  
 Amount of Each Receipt this Period  
 13.08

**C. Randy Winslow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1609 Valley Creek Drive  
 City Hillsborough State NC Zip Code 27278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSNC Occupation Business Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 323.19

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : SA11AI.111987**  
 Amount of Each Receipt this Period  
 13.08

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	218.46
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 87 OF 87  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Blue Cross and Blue Shield of North Carolina Employee Political Action Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Randy Winslow**

Mailing Address 1609 Valley Creek Drive

City Hillsborough State NC Zip Code 27278

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

Name of Employer BCBSNC Occupation Business Analyst

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 336.83

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 26 / 2014  
**Transaction ID : SA11AI.112096**

Amount of Each Receipt this Period  
 13.64

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	13.64
<b>TOTAL</b> This Period (last page this line number only).....▶	16476.70