

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Blue Cross Blue Shield of South Carolina Federal Government Programs

ADDRESS (number and street)

Interstate 20 at Alpine Road

Check if different
than previously
reported. (ACC)

Columbia

SC

29214

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00406850

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

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

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

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

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

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2020

through

M M M / D D D / Y Y Y Y Y Y
03 31 2020

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

Mason, Dave, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Mason, Dave, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 06 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Blue Cross Blue Shield of South Carolina Federal Government Programs

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2020 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2020		25671.32
(b) Cash on Hand at Beginning of Reporting Period.....	25671.32	
(c) Total Receipts (from Line 19)	22285.58	22285.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	47956.90	47956.90
7. Total Disbursements (from Line 31).....	14913.85	14913.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	33043.05	33043.05
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Blue Cross Blue Shield of South Carolina Federal Government Programs

Report Covering the Period:

From:

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

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7995.15	7995.15
(ii) Unitemized	14290.43	14290.43
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	22285.58	22285.58
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	22285.58	22285.58
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	22285.58	22285.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22285.58	22285.58

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	442.35	442.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	442.35	442.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	14500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	- 28.50	- 28.50
(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)).....	- 28.50	- 28.50
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	14913.85	14913.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14913.85	14913.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	22285.58	22285.58
34. Total Contribution Refunds (from Line 28(d))	- 28.50	- 28.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22314.08	22314.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	442.35	442.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	442.35	442.35

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

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

FOR LINE NUMBER: PAGE 6 OF 15
 (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 Blue Shield of South Carolina Federal Government Programs

A. Pankau, David, S, , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 20 Possum Run City Columbia State SC Zip Code 29223-3017 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) 001 BlueCross and BlueShield of South Occupation (for Individual) PRESIDENT/CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 875.00			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2020 Transaction ID : A2C1EE6B5BB184189BDE Amount of Each Receipt this Period 875.00 <input type="checkbox"/> Memo Item Payroll Deduction: \$125.00/Bi-Weekly
B. Graves, Wesley, S, , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 910 Sardis Ct City Blythewood State SC Zip Code 29016-9584 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) 001 BlueCross and BlueShield of South Occupation (for Individual) President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1344.00			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2020 Transaction ID : A186BA76240DE41C0B9D Amount of Each Receipt this Period 1344.00 <input type="checkbox"/> Memo Item Payroll Deduction: \$192.00/Bi-Weekly
C. Bloom, John, A, , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1289 Rockwood Road City Columbia State SC Zip Code 29209-2474 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) 001 BlueCross and BlueShield of South Occupation (for Individual) AVP, Public Policy and Political Affai Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 875.00			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2020 Transaction ID : A6B6DB18F6ED842CD83D Amount of Each Receipt this Period 875.00 <input type="checkbox"/> Memo Item Payroll Deduction: \$125.00/Bi-Weekly
SUBTOTAL of Receipts This Page (optional)..... ▶			3094.00
TOTAL This Period (last page this line number only)..... ▶			

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

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

FOR LINE NUMBER: PAGE 7 OF 15
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of South Carolina Federal Government Programs

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shaffer, Matthew, M, ,

Mailing Address 426 Turkey Point Cir

City
Columbia

State
SC

Zip Code
29223-8141

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
001 BlueCross and BlueShield of South

Occupation (for Individual)
Senior VP, Major Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2020

Transaction ID : A8EBA32C629F24299B0D

Amount of Each Receipt this Period

840.00

☐ Memo Item

Payroll Deduction: \$120.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Peace, Terry, A, ,

Mailing Address 120 at Alpine Rd

City
Columbia

State
SC

Zip Code
29219-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
001 BlueCross and BlueShield of South

Occupation (for Individual)
Senior Vice President

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
01 / 17 / 2020

Transaction ID : AF619A4CAC48A4FAA906

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction: \$125.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fischer, Diane, , ,

Mailing Address 151 Mayhaw Drive

City
Columbia

State
SC

Zip Code
29206-1375

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
001 BlueCross and BlueShield of South

Occupation (for Individual)
VP/CFO, Companion Life

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2020

Transaction ID : AA101B5D9AA314AC5B09

Amount of Each Receipt this Period

525.00

☐ Memo Item

Payroll Deduction: \$75.00/Bi-Weekly

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

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

1615.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of South Carolina Federal Government Programs

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. D'Alessio, James, , ,

Mailing Address Alpine Rd Inte 20AT Inte 20AT Inte
Inte 20AT

City
Columbia

State
SC

Zip Code
29219-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

001 BlueCross and BlueShield of South

Occupation (for Individual)

VP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.00

Date of Receipt

03 / 27 / 2020

Transaction ID : AAC93C11D280E4F529DF

Amount of Each Receipt this Period

441.00

☐ Memo Item

Payroll Deduction: \$63.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Andrews, Kay, L, ,

Mailing Address 514 Prestwick Drive

City

Florence

State

SC

Zip Code

29501-8735

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

001 BlueCross and BlueShield of South

Occupation (for Individual)

President/COO PGBA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.17

Date of Receipt

03 / 27 / 2020

Transaction ID : A97DC658304DB4B959B3

Amount of Each Receipt this Period

366.17

☐ Memo Item

Payroll Deduction: \$52.31/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Williams, Jeffrey, B, ,

Mailing Address 411 Cartgate Circle

City

Blythewood

State

SC

Zip Code

29016-8805

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

001 BlueCross and BlueShield of South

Occupation (for Individual)

SVP, Actuary and Healthcare Regulation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

03 / 27 / 2020

Transaction ID : AF6345FA1A2EE41D9B67

Amount of Each Receipt this Period

385.00

☐ Memo Item

Payroll Deduction: \$55.00/Bi-Weekly

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

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

1192.17

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 15
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of South Carolina Federal Government Programs

A. Flock, Michael, D, , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 4 Due West Dr City Lexington State SC Zip Code 29072-7474 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) 001 BlueCross and BlueShield of South Occupation (for Individual) Vice President, Companion Life Operati Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2020 Transaction ID : A2C1511DBEA2940AA88B Amount of Each Receipt this Period 350.00 <input type="checkbox"/> Memo Item Payroll Deduction: \$50.00/Bi-Weekly
B. Kennedy, Larry, L, , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 7016 Legacy Dr City Antioch State TN Zip Code 37013-3924 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) 260 CGS Administrators, LLC Occupation (for Individual) Manager, Audit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2020 Transaction ID : A7C6EF9982E58402E99B Amount of Each Receipt this Period 350.00 <input type="checkbox"/> Memo Item Payroll Deduction: \$50.00/Bi-Weekly
C. Smith, Steven, B, , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1234 Overton Circle City Gallatin State TN Zip Code 37066-7603 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) 260 CGS Administrators, LLC Occupation (for Individual) President/COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 308.28			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2020 Transaction ID : A862F51C078AE4F69BFD Amount of Each Receipt this Period 308.28 <input type="checkbox"/> Memo Item Payroll Deduction: \$44.04/Bi-Weekly
SUBTOTAL of Receipts This Page (optional)..... ▶			1008.28
TOTAL This Period (last page this line number only)..... ▶			

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of South Carolina Federal Government Programs

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kimball, John, F, ,

Mailing Address 1534 Indian Meadows Dr

City
Franklin

State
TN

Zip Code
37064-9636

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
260 CGS Administrators, LLC

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.03

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 27 / 2020

Transaction ID : A2BD58704163643CC842

Amount of Each Receipt this Period

247.03

☐ Memo Item

Payroll Deduction: \$35.29/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Huntington, David, J, ,

Mailing Address P O Box 210

City
Little Mtn

State
SC

Zip Code
29075-0210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
001 BlueCross and BlueShield of South

Occupation (for Individual)
President/COO PAI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 27 / 2020

Transaction ID : A4B9CCD6AE8D4371B97

Amount of Each Receipt this Period

210.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Batten, Vincent, W, ,

Mailing Address 119 Duchess Trail

City
Lexington

State
SC

Zip Code
29073-9700

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
001 BlueCross and BlueShield of South

Occupation (for Individual)
Director, Database Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 27 / 2020

Transaction ID : A14F7266AFF0844CE984

Amount of Each Receipt this Period

210.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

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

667.03

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of South Carolina Federal Government Programs

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Rowell, William, F, ,			Date of Receipt MM / DD / YYYY 03 / 27 / 2020	
Mailing Address 508 Litchfield Ln			Transaction ID : AE49669F7F52B434DA74	
City Lexington	State SC	Zip Code 29072-2358	Amount of Each Receipt this Period 210.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) 220 Companion Data Services		Occupation (for Individual) VP, Information Systems	Payroll Deduction: \$30.00/Bi-Weekly	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Stansell, Robert, A, ,			Date of Receipt MM / DD / YYYY 03 / 27 / 2020	
Mailing Address 104 Camp Creek Cir			Transaction ID : ABE2E0BB5896F48B8BB6	
City Hendersonvill	State TN	Zip Code 37075-6700	Amount of Each Receipt this Period 208.67	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) 260 CGS Administrators, LLC		Occupation (for Individual) Vice President	Payroll Deduction: \$29.81/Bi-Weekly	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.67		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.			Date of Receipt MM / DD / YYYY	
Mailing Address				
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual)		Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼		

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

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

418.67

7995.15

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

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

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of South Carolina Federal Government Programs

Full Name (Last, First, Middle Initial)

A. BB&T

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		21		2020

Mailing Address 205 Pennsylvania Ave SE

City
WashingtonState
DCZip Code
20003-1164Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

FEC Identification Number

C

Transaction ID : BAEB9FCE01

Amount of Each Disbursement this Period

131.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2020

Mailing Address 205 Pennsylvania Ave SE

City
WashingtonState
DCZip Code
20003-1164Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

FEC Identification Number

C

Transaction ID : BE3C6E62711

Amount of Each Disbursement this Period

132.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BB&T

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2020

Mailing Address 205 Pennsylvania Ave SE

City
WashingtonState
DCZip Code
20003-1164Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

FEC Identification Number

C

Transaction ID : B2FF148CC8

Amount of Each Disbursement this Period

178.56

☐ Memo Item

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

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

442.35

442.35

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

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

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of South Carolina Federal Government Programs

Full Name (Last, First, Middle Initial)

A. WILLIAM TIMMONS FOR CONGRESS

Mailing Address PO BOX 3416

City
GREENVILLEState
SCZip Code
29602Purpose of Disbursement
Political Contribution

Candidate Name

Timmons, William, R., , IV

Office Sought:



House



Senate



President

State: SC

District: 04

Disbursement For: 2020



Primary



General



Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C C00668491

Transaction ID : B29DF64D0A

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NRCC

Mailing Address 320 FIRST STREET SE.

City
WashingtonState
DCZip Code
20003-1838Purpose of Disbursement
Building Fund - Political Contribution Credit -Tom Rice

Candidate Name

NRCC

Office Sought:



House



Senate



President

State:

District:

Disbursement For: 2020



Primary



General



Other (specify)

Other

Category/
Type

Date of Disbursement

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

FEC Identification Number

C C00075820

Transaction ID : B90445E9B7C

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeff Duncan For Congress

Mailing Address PO Box 845

City
LaurensState
SCZip Code
29360-0845Purpose of Disbursement
Political Contribution

Candidate Name

Duncan, Jeff, D., ,

Office Sought:



House



Senate



President

State: SC

District: 03

Disbursement For: 2020



Primary



General



Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C C00460550

Transaction ID : B1EF675C58

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

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

9500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of South Carolina Federal Government Programs

Full Name (Last, First, Middle Initial)

A. Joe Wilson for Congress

Mailing Address P.O. Box 2145

City
West ColumbiaState
SCZip Code
29171-2145Purpose of Disbursement
Political Contribution

Candidate Name

Wilson, Joe, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State: SC

District: 02

Date of Disbursement

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

FEC Identification Number

C C00368522

Transaction ID : B68DEDE252

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joe Wilson for Congress

Mailing Address P.O. Box 2145

City
West ColumbiaState
SCZip Code
29171-2145Purpose of Disbursement
Political Contribution

Candidate Name

Wilson, Joe, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: SC

District: 02

Date of Disbursement

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

FEC Identification Number

C C00368522

Transaction ID : B27FD46E5A

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

14500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of South Carolina Federal Government Programs

Full Name (Last, First, Middle Initial)

A. Luther, Scarlett, L, ,

Mailing Address 633 Clover View Rd

City
ChapinState
SCZip Code
29036-7117Purpose of Disbursement
VOID of 11.20.2018 Contribution Refund

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B52BE4F873I

Amount of Each Disbursement this Period

- 4.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Johnson, Melissa, E, ,

Mailing Address 3426 Southbrook Cir

City
FlorenceState
SCZip Code
29505-5126Purpose of Disbursement
VOID of 09.20.2017 Contribution Refund

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B061A6F2810

Amount of Each Disbursement this Period

- 23.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Spears, Artelia, W, ,Mailing Address 842 S Parker Dr
Apt ACity
FlorenceState
SCZip Code
29501-6077Purpose of Disbursement
VOID of 9.20.2017 Contribution Refund

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B435B6EF43

Amount of Each Disbursement this Period

- 1.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

- 28.50

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

- 28.50