

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

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 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 / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer Kathryn Millican

Signature of Treasurer Kathryn Millican [Electronically Filed] Date / /

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

**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="2016"/>		<input type="text" value="163821.49"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="163821.49"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="33466.42"/>	<input type="text" value="33466.42"/>
(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="197287.91"/>	<input type="text" value="197287.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="82850.00"/>	<input type="text" value="82850.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="114437.91"/>	<input type="text" value="114437.91"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21202.99	21202.99
(ii) Unitemized	12263.43	12263.43
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	33466.42	33466.42
(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)	33466.42	33466.42
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))..... ▶	33466.42	33466.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33466.42	33466.42

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.....	8000.00	8000.00
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	74850.00	74850.00
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)) ..	82850.00	82850.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	82850.00	82850.00

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)	33466.42	33466.42
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33466.42	33466.42
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 85
	<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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.94**

Date of Receipt **01 / 22 / 2016**

Transaction ID : SA11AI.115265

Amount of Each Receipt this Period **138.47**

Memo Item

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **415.41**

Date of Receipt **02 / 05 / 2016**

Transaction ID : SA11AI.115373

Amount of Each Receipt this Period **138.47**

Memo Item

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **553.88**

Date of Receipt **02 / 19 / 2016**

Transaction ID : SA11AI.115479

Amount of Each Receipt this Period **138.47**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **415.41**

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 7 OF 85
	<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 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 ▼ 692.35	

Date of Receipt
03 / 04 / 2016
Transaction ID : SA11Al.115585

Amount of Each Receipt this Period
138.47

Memo Item

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 ▼ 830.82	

Date of Receipt
03 / 18 / 2016
Transaction ID : SA11Al.115690

Amount of Each Receipt this Period
138.47

Memo Item

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

City Charlotte	State NC	Zip Code 28277
FEC ID number of contributing federal political committee. C		
Name of Employer BCBSNC	Occupation Regional Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 267.90	

Date of Receipt
02 / 05 / 2016
Transaction ID : SA11Al.115377

Amount of Each Receipt this Period
89.30

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	366.24
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 85
	<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. Daniel Atherton
 Full Name (Last, First, Middle Initial)
 Mailing Address 8800 Hatton Court
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation Regional Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 357.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : SA11AI.115483
 Amount of Each Receipt this Period 89.30
 Memo Item

B. Daniel Atherton
 Full Name (Last, First, Middle Initial)
 Mailing Address 8800 Hatton Court
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation Regional Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 446.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : SA11AI.115589
 Amount of Each Receipt this Period 89.30
 Memo Item

C. Daniel Atherton
 Full Name (Last, First, Middle Initial)
 Mailing Address 8800 Hatton Court
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation Regional Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 539.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2016
Transaction ID : SA11AI.115694
 Amount of Each Receipt this Period 92.76
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	271.36
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 9 OF 85
	<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. 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 ▼ 333.34

Date of Receipt 02 / 11 / 2016
Transaction ID : SA11AI.115894
Amount of Each Receipt this Period 166.67
 Memo Item contribution

B. 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 ▼ 500.01

Date of Receipt 03 / 15 / 2016
Transaction ID : SA11AI.115895
Amount of Each Receipt this Period 166.67
 Memo Item contribution

C. Joe Bastante
Full Name (Last, First, Middle Initial)
Mailing Address 508 Rose Point Dr
City Cary State NC Zip Code 27518
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation BCBSNC VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 02 / 05 / 2016
Transaction ID : SA11AI.115379
Amount of Each Receipt this Period 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 413.34
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 85
	<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. Joe Bastante
Full Name (Last, First, Middle Initial)
Mailing Address 508 Rose Point Dr

City Cary	State NC	Zip Code 27518
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FEC ID number of contributing federal political committee. **C**

Name of Employer BCBSNC	Occupation VP
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2016

Transaction ID : SA11AI.115485

Amount of Each Receipt this Period
80.00

Memo Item

B. Joe Bastante
Full Name (Last, First, Middle Initial)
Mailing Address 508 Rose Point Dr

City Cary	State NC	Zip Code 27518
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2016

Transaction ID : SA11AI.115591

Amount of Each Receipt this Period
80.00

Memo Item

C. Joe Bastante
Full Name (Last, First, Middle Initial)
Mailing Address 508 Rose Point Dr

City Cary	State NC	Zip Code 27518
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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 ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

Transaction ID : SA11AI.115696

Amount of Each Receipt this Period
80.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	240.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 85
	<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 **203.34**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11AI.115697
Amount of Each Receipt this Period **34.59**
 Memo Item

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 **216.09**

Date of Receipt **02 / 05 / 2016**
Transaction ID : SA11AI.115382
Amount of Each Receipt this Period **72.03**
 Memo Item

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 **288.12**

Date of Receipt **02 / 19 / 2016**
Transaction ID : SA11AI.115488
Amount of Each Receipt this Period **72.03**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	178.65
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 85
	<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. 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 **360.15**

Date of Receipt **03 / 04 / 2016**
Transaction ID : SA11AI.115594
Amount of Each Receipt this Period **72.03**
 Memo Item

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 **432.18**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11AI.115699
Amount of Each Receipt this Period **72.03**
 Memo Item

C. 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 **300.00**

Date of Receipt **03 / 15 / 2016**
Transaction ID : SA11AI.115899
Amount of Each Receipt this Period **100.00**
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... **244.06**
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 13 OF 85
	<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 ▼ 225.00

Date of Receipt **02 / 05 / 2016**
Transaction ID : SA11AI.115388
Amount of Each Receipt this Period 75.00
 Memo Item

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 ▼ 300.00

Date of Receipt **02 / 19 / 2016**
Transaction ID : SA11AI.115494
Amount of Each Receipt this Period 75.00
 Memo Item

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 ▼ 375.00

Date of Receipt **03 / 04 / 2016**
Transaction ID : SA11AI.115600
Amount of Each Receipt this Period 75.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 85
	<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. Samantha Bureau-Johnson
 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 ▼ 450.00

Date of Receipt 03 / 18 / 2016
Transaction ID : SA11AI.115705
 Amount of Each Receipt this Period 75.00
 Memo Item

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 ▼ 274.64

Date of Receipt 01 / 22 / 2016
Transaction ID : SA11AI.115285
 Amount of Each Receipt this Period 137.32
 Memo Item

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 ▼ 411.96

Date of Receipt 02 / 05 / 2016
Transaction ID : SA11AI.115391
 Amount of Each Receipt this Period 137.32
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	349.64
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 85
	<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 ▼
549.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2016

Transaction ID : SA11AI.115497

Amount of Each Receipt this Period
137.32

Memo Item

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 ▼
686.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2016

Transaction ID : SA11AI.115603

Amount of Each Receipt this Period
137.32

Memo Item

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 ▼
829.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

Transaction ID : SA11AI.115708

Amount of Each Receipt this Period
143.09

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	417.73
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 85
	<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. John Campbell
Full Name (Last, First, Middle Initial)

Mailing Address 2910 Roylea Forrest Drive

City Raleigh State NC Zip Code 27614

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 03 / 18 / 2016
Transaction ID : SA11AI.115710

Amount of Each Receipt this Period 40.00

Memo Item

B. 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 ▼ 300.00

Date of Receipt 03 / 15 / 2016
Transaction ID : SA11AI.115902

Amount of Each Receipt this Period 100.00

Memo Item contribution

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 BCBSNC Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 328.48

Date of Receipt 03 / 18 / 2016
Transaction ID : SA11AI.115711

Amount of Each Receipt this Period 144.24

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 284.24

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

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

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

FOR LINE NUMBER: PAGE 17 OF 85
(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. Brad Clark

Mailing Address 24 Margaret Mann Way

City State Zip Code
 Pittsboro NC 27312

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
 03 / 04 / 2016
Transaction ID : SA11AI.115608

Amount of Each Receipt this Period
 40.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Brad Clark

Mailing Address 24 Margaret Mann Way

City State Zip Code
 Pittsboro NC 27312

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 ▼
 280.00

Date of Receipt
 03 / 18 / 2016
Transaction ID : SA11AI.115713

Amount of Each Receipt this Period
 40.00

Memo Item

Full Name (Last, First, Middle Initial)
C. K Steven Crist

Mailing Address 100 Chariot Court

City State Zip Code
 Cary NC 27519

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

Name of Employer Occupation
 BCBSNC VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 207.72

Date of Receipt
 02 / 05 / 2016
Transaction ID : SA11AI.115398

Amount of Each Receipt this Period
 69.24

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 149.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 85
	<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. 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 **276.96**

Date of Receipt **02 / 19 / 2016**
Transaction ID : SA11AI.115504
 Amount of Each Receipt this Period **69.24**
 Memo Item

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 **346.20**

Date of Receipt **03 / 04 / 2016**
Transaction ID : SA11AI.115610
 Amount of Each Receipt this Period **69.24**
 Memo Item

C. 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 **415.44**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11AI.115715
 Amount of Each Receipt this Period **69.24**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	207.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 85
	<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. 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 13 / 2016
Transaction ID : SA11AI.115903

Amount of Each Receipt this Period
 250.00

Memo Item contribution

B. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2016
Transaction ID : SA11AI.115904

Amount of Each Receipt this Period
 250.00

Memo Item contribution

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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2016
Transaction ID : SA11AI.115905

Amount of Each Receipt this Period
 250.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 20 OF 85
	<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. 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 **258.00**

Date of Receipt **02 / 05 / 2016**
Transaction ID : SA11Al.115402
Amount of Each Receipt this Period **86.00**
 Memo Item

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 **344.00**

Date of Receipt **02 / 19 / 2016**
Transaction ID : SA11Al.115508
Amount of Each Receipt this Period **86.00**
 Memo Item

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 **430.00**

Date of Receipt **03 / 04 / 2016**
Transaction ID : SA11Al.115614
Amount of Each Receipt this Period **86.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **258.00**
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 85
	<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. 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 ▼ **517.93**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.115719

Amount of Each Receipt this Period
87.93

Memo Item

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 ▼ **220.02**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2016

Transaction ID : SA11AI.115299

Amount of Each Receipt this Period
110.01

Memo Item

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 ▼ **330.03**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 05 / 2016

Transaction ID : SA11AI.115405

Amount of Each Receipt this Period
110.01

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	307.95
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 85
	<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. 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 **440.04**

Date of Receipt **02 / 19 / 2016**
Transaction ID : SA11AI.115511
 Amount of Each Receipt this Period **110.01**
 Memo Item

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 **550.05**

Date of Receipt **03 / 04 / 2016**
Transaction ID : SA11AI.115617
 Amount of Each Receipt this Period **110.01**
 Memo Item

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 **660.06**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11AI.115722
 Amount of Each Receipt this Period **110.01**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	330.03
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 23 OF 85
	<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 233.80

Date of Receipt 03 / 04 / 2016
Transaction ID : SA11AI.115619
Amount of Each Receipt this Period 46.76
 Memo Item

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 282.43

Date of Receipt 03 / 18 / 2016
Transaction ID : SA11AI.115724
Amount of Each Receipt this Period 48.63
 Memo Item

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 259.62

Date of Receipt 02 / 05 / 2016
Transaction ID : SA11AI.115408
Amount of Each Receipt this Period 86.54
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 181.93
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 24 OF 85
	<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 ▼
346.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2016

Transaction ID : SA11Al.115514

Amount of Each Receipt this Period
86.54

Memo Item

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 ▼
432.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2016

Transaction ID : SA11Al.115620

Amount of Each Receipt this Period
86.54

Memo Item

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 ▼
521.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

Transaction ID : SA11Al.115725

Amount of Each Receipt this Period
88.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	261.55
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 85
	<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. John Fong
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Lintel Dr
 City McMurry State PA Zip Code 15317
 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 **234.22**

Date of Receipt **01 / 22 / 2016**
Transaction ID : SA11AI.115304
 Amount of Each Receipt this Period **117.11**
 Memo Item

B. John Fong
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Lintel Dr
 City McMurry State PA Zip Code 15317
 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 **351.33**

Date of Receipt **02 / 05 / 2016**
Transaction ID : SA11AI.115410
 Amount of Each Receipt this Period **117.11**
 Memo Item

C. John Fong
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Lintel Dr
 City McMurry State PA Zip Code 15317
 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 **468.44**

Date of Receipt **02 / 19 / 2016**
Transaction ID : SA11AI.115516
 Amount of Each Receipt this Period **117.11**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	351.33
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 85
	<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. John Fong
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Lintel Dr
 City McMurry State PA Zip Code 15317
 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 ▼ 585.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : SA11AI.115622
 Amount of Each Receipt this Period
 117.11
 Memo Item

B. John Fong
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Lintel Dr
 City McMurry State PA Zip Code 15317
 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 ▼ 702.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2016
Transaction ID : SA11AI.115727
 Amount of Each Receipt this Period
 117.11
 Memo Item

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 ▼ 204.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : SA11AI.115517
 Amount of Each Receipt this Period
 51.02
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	285.24
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 85
	<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. 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 ▼
255.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2016

Transaction ID : SA11AI.115623

Amount of Each Receipt this Period
51.02

Memo Item

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 ▼
306.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

Transaction ID : SA11AI.115728

Amount of Each Receipt this Period
51.02

Memo Item

C. 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 ▼
307.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2016

Transaction ID : SA11AI.115306

Amount of Each Receipt this Period
153.85

Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.89
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 28 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. K Patrick Getzen
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Chilcott
 City State Zip Code
 Apex NC 27502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBSNC VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 461.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2016
Transaction ID : SA11AI.115412
 Amount of Each Receipt this Period
 153.85
 Memo Item

B. K Patrick Getzen
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Chilcott
 City State Zip Code
 Apex NC 27502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBSNC VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 615.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : SA11AI.115518
 Amount of Each Receipt this Period
 153.85
 Memo Item

C. K Patrick Getzen
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Chilcott
 City State Zip Code
 Apex NC 27502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBSNC VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 769.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : SA11AI.115624
 Amount of Each Receipt this Period
 153.85
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	461.55
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 29 OF 85
	<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 State Zip Code
Apex NC 27502
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
BCBSNC VP
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
923.10

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2016
Transaction ID : SA11AI.115729
Amount of Each Receipt this Period
153.85
 Memo Item

B. Robert Gofourth
Full Name (Last, First, Middle Initial)
Mailing Address 206 N Duke Street
City State Zip Code
Durham NC 27701
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
BCBSNC VP
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2016
Transaction ID : SA11AI.115413
Amount of Each Receipt this Period
70.00
 Memo Item

C. Robert Gofourth
Full Name (Last, First, Middle Initial)
Mailing Address 206 N Duke Street
City State Zip Code
Durham NC 27701
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
BCBSNC VP
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2016
Transaction ID : SA11AI.115519
Amount of Each Receipt this Period
70.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	293.85
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 85
	<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. Robert Gofourth
Full Name (Last, First, Middle Initial)

Mailing Address 206 N Duke Street

City Durham State NC Zip Code 27701

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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : SA11Al.115625

Amount of Each Receipt this Period
 70.00

Memo Item

B. Robert Gofourth
Full Name (Last, First, Middle Initial)

Mailing Address 206 N Duke Street

City Durham State NC Zip Code 27701

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 ▼ 421.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2016
Transaction ID : SA11Al.115730

Amount of Each Receipt this Period
 71.93

Memo Item

C. Laura Gorry
Full Name (Last, First, Middle Initial)

Mailing Address 2566 Ironwood Drive

City Hickory State NC Zip Code 28602

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

Name of Employer BCBSNC Occupation Regional Service Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : SA11Al.115520

Amount of Each Receipt this Period
 50.27

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	192.20
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 85
	<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. Laura Gorry
Full Name (Last, First, Middle Initial)

Mailing Address 2566 Ironwood Drive

City State Zip Code
Hickory NC 28602

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

Name of Employer Occupation
BCBSNC Regional Service Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.35

Date of Receipt
MM / DD / YYYY
03 / 04 / 2016
Transaction ID : SA11AI.115626

Amount of Each Receipt this Period
50.27

Memo Item

B. Laura Gorry
Full Name (Last, First, Middle Initial)

Mailing Address 2566 Ironwood Drive

City State Zip Code
Hickory NC 28602

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

Name of Employer Occupation
BCBSNC Regional Service Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
303.06

Date of Receipt
MM / DD / YYYY
03 / 18 / 2016
Transaction ID : SA11AI.115731

Amount of Each Receipt this Period
51.71

Memo Item

C. Ms Kathryn Higgins
Full Name (Last, First, Middle Initial)

Mailing Address 734 Crabtree Crossing

City State Zip Code
Cary NC 27513

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

Name of Employer Occupation
BCBSNC Sr. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2016
Transaction ID : SA11AI.115417

Amount of Each Receipt this Period
90.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 191.98

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 32 OF 85
	<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. 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 **360.00**

Date of Receipt **02 / 19 / 2016**
Transaction ID : SA11AI.115523
 Amount of Each Receipt this Period **90.00**
 Memo Item

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 **450.00**

Date of Receipt **03 / 04 / 2016**
Transaction ID : SA11AI.115629
 Amount of Each Receipt this Period **90.00**
 Memo Item

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 **540.00**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11AI.115734
 Amount of Each Receipt this Period **90.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	270.00
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 85
	<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. Frank Holding
 Full Name (Last, First, Middle Initial)
 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 ▼ 416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 13 / 2016
Transaction ID : SA11AI.115906
 Amount of Each Receipt this Period
 416.00
 Memo Item contribution

B. Frank Holding
 Full Name (Last, First, Middle Initial)
 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 ▼ 832.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2016
Transaction ID : SA11AI.115907
 Amount of Each Receipt this Period
 416.00
 Memo Item contribution

C. Frank Holding
 Full Name (Last, First, Middle Initial)
 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 ▼ 1248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2016
Transaction ID : SA11AI.115908
 Amount of Each Receipt this Period
 416.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1248.00
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 34 OF 85
	<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. 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 ▼ 384.60

Date of Receipt 01 / 22 / 2016
Transaction ID : SA11Al.115315

Amount of Each Receipt this Period 192.30

Memo Item

B. 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 ▼ 576.90

Date of Receipt 02 / 05 / 2016
Transaction ID : SA11Al.115421

Amount of Each Receipt this Period 192.30

Memo Item

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 ▼ 769.20

Date of Receipt 02 / 19 / 2016
Transaction ID : SA11Al.115527

Amount of Each Receipt this Period 192.30

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 85
	<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. 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 **961.50**

Date of Receipt **03 / 04 / 2016**
Transaction ID : SA11Al.115632
Amount of Each Receipt this Period **192.30**
 Memo Item

B. 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 **1153.80**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11Al.115737
Amount of Each Receipt this Period **192.30**
 Memo Item

C. 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 **241.77**

Date of Receipt **02 / 05 / 2016**
Transaction ID : SA11Al.115423
Amount of Each Receipt this Period **80.59**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	465.19
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 36 OF 85
	<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 **322.36**

Date of Receipt **02 / 19 / 2016**
Transaction ID : SA11AI.115529
Amount of Each Receipt this Period **80.59**
 Memo Item

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 **402.95**

Date of Receipt **03 / 04 / 2016**
Transaction ID : SA11AI.115634
Amount of Each Receipt this Period **80.59**
 Memo Item

C. 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 **488.15**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11AI.115739
Amount of Each Receipt this Period **85.20**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **246.38**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 85
	<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 ▼ 203.65

Date of Receipt
 03 / 04 / 2016
Transaction ID : SA11AI.115635

Amount of Each Receipt this Period
 40.73

Memo Item

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 ▼ 244.79

Date of Receipt
 03 / 18 / 2016
Transaction ID : SA11AI.115740

Amount of Each Receipt this Period
 41.14

Memo Item

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 ▼ 240.00

Date of Receipt
 03 / 18 / 2016
Transaction ID : SA11AI.115742

Amount of Each Receipt this Period
 40.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 121.87

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 38 OF 85
	<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. 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 ▼
241.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2016

Transaction ID : SA11AI.115642

Amount of Each Receipt this Period
48.32

Memo Item

B. 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 ▼
290.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

Transaction ID : SA11AI.115747

Amount of Each Receipt this Period
49.04

Memo Item

C. 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 ▼
204.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2016

Transaction ID : SA11AI.115326

Amount of Each Receipt this Period
102.43

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	199.79
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 39 OF 85
	<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. 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 **307.29**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2016
Transaction ID : SA11AI.115432
 Amount of Each Receipt this Period
 102.43
 Memo Item

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 **409.72**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : SA11AI.115538
 Amount of Each Receipt this Period
 102.43
 Memo Item

C. 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 **512.15**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016
Transaction ID : SA11AI.115643
 Amount of Each Receipt this Period
 102.43
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	307.29
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 40 OF 85
	<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. 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 **618.68**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11AI.115748
 Amount of Each Receipt this Period **106.53**
 Memo Item

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 **210.22**

Date of Receipt **01 / 22 / 2016**
Transaction ID : SA11AI.115328
 Amount of Each Receipt this Period **105.11**
 Memo Item

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 **315.33**

Date of Receipt **02 / 05 / 2016**
Transaction ID : SA11AI.115434
 Amount of Each Receipt this Period **105.11**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	316.75
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 41 OF 85
	<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. 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 **420.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2016
Transaction ID : SA11AI.115540
 Amount of Each Receipt this Period
105.11
 Memo Item

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 **525.55**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2016
Transaction ID : SA11AI.115645
 Amount of Each Receipt this Period
105.11
 Memo Item

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 **630.66**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2016
Transaction ID : SA11AI.115750
 Amount of Each Receipt this Period
105.11
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	315.33
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 42 OF 85
	<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 ▼
222.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2016

Transaction ID : SA11AI.115436

Amount of Each Receipt this Period
74.13

Memo Item

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 ▼
296.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2016

Transaction ID : SA11AI.115442

Amount of Each Receipt this Period
74.13

Memo Item

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 ▼
370.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2016

Transaction ID : SA11AI.115647

Amount of Each Receipt this Period
74.13

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	222.39
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 43 OF 85
	<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 **444.78**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11AI.115752
Amount of Each Receipt this Period **74.13**
 Memo Item

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 **222.85**

Date of Receipt **03 / 04 / 2016**
Transaction ID : SA11AI.115649
Amount of Each Receipt this Period **44.57**
 Memo Item

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 **268.54**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11AI.115754
Amount of Each Receipt this Period **45.69**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **164.39**
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 85
	<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 **294.84**

Date of Receipt **02 / 05 / 2016**
Transaction ID : SA11AI.115439
 Amount of Each Receipt this Period **98.28**
 Memo Item

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 **393.12**

Date of Receipt **02 / 19 / 2016**
Transaction ID : SA11AI.115545
 Amount of Each Receipt this Period **98.28**
 Memo Item

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 **491.40**

Date of Receipt **03 / 04 / 2016**
Transaction ID : SA11AI.115650
 Amount of Each Receipt this Period **98.28**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	294.84
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 45 OF 85
	<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. 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 **591.60**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11AI.115755
 Amount of Each Receipt this Period **100.20**
 Memo Item

B. 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 **333.34**

Date of Receipt **02 / 11 / 2016**
Transaction ID : SA11AI.115912
 Amount of Each Receipt this Period **166.67**
 Memo Item contribution

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 **500.01**

Date of Receipt **03 / 15 / 2016**
Transaction ID : SA11AI.115913
 Amount of Each Receipt this Period **166.67**
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	433.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 85
	<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. Maureen OConnor
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Beeston Ct.
 City Morrisville State NC Zip Code 27560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : SA11AI.115337
 Amount of Each Receipt this Period
 192.30
 Memo Item

B. Maureen OConnor
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Beeston Ct.
 City Morrisville State NC Zip Code 27560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2016
Transaction ID : SA11AI.115443
 Amount of Each Receipt this Period
 192.30
 Memo Item

C. Maureen OConnor
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Beeston Ct.
 City Morrisville State NC Zip Code 27560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : SA11AI.115549
 Amount of Each Receipt this Period
 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 85
	<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. Maureen OConnor
Full Name (Last, First, Middle Initial)
Mailing Address 104 Beeston Ct.
City Morrisville State NC Zip Code 27560
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation SVP
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **961.50**

Date of Receipt **03 / 04 / 2016**
Transaction ID : SA11AI.115654
Amount of Each Receipt this Period **192.30**
 Memo Item

B. Maureen OConnor
Full Name (Last, First, Middle Initial)
Mailing Address 104 Beeston Ct.
City Morrisville State NC Zip Code 27560
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation SVP
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1153.80**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11AI.115759
Amount of Each Receipt this Period **192.30**
 Memo Item

C. Fara Palumbo
Full Name (Last, First, Middle Initial)
Mailing Address 1000 Gloucester Ct
City Chapel Hill State NC Zip Code 27516
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation VP
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 22 / 2016**
Transaction ID : SA11AI.115339
Amount of Each Receipt this Period **150.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **534.60**
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 85
	<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. Fara Palumbo
Full Name (Last, First, Middle Initial)
Mailing Address 1000 Gloucester Ct

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2016

Transaction ID : SA11AI.115445

Amount of Each Receipt this Period
150.00

Memo Item

B. Fara Palumbo
Full Name (Last, First, Middle Initial)
Mailing Address 1000 Gloucester Ct

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2016

Transaction ID : SA11AI.115551

Amount of Each Receipt this Period
150.00

Memo Item

C. Fara Palumbo
Full Name (Last, First, Middle Initial)
Mailing Address 1000 Gloucester Ct

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2016

Transaction ID : SA11AI.115656

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 49 OF 85
	<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. Fara Palumbo
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Gloucester Ct

City Chapel Hill State NC Zip Code 27516

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

Name of Employer BCBSNC Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11Al.115761

Amount of Each Receipt this Period
150.00

Memo Item

B. Michael J Parkerson
Full Name (Last, First, Middle Initial)

Mailing Address 7504 Clayshant Court

City Wake Forest State NC Zip Code 27587

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

Name of Employer BCBSNC Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 22 / 2016

Transaction ID : SA11Al.115340

Amount of Each Receipt this Period
134.62

Memo Item

C. Michael J Parkerson
Full Name (Last, First, Middle Initial)

Mailing Address 7504 Clayshant Court

City Wake Forest State NC Zip Code 27587

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

Name of Employer BCBSNC Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.86**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2016

Transaction ID : SA11Al.115446

Amount of Each Receipt this Period
134.62

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	419.24
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 85
	<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. Michael J Parkerson
Full Name (Last, First, Middle Initial)

Mailing Address 7504 Clayshant Court

City Wake Forest State NC Zip Code 27587

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

Name of Employer BCBSNC Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **538.48**

Date of Receipt
02 / 19 / 2016
Transaction ID : SA11Al.115552

Amount of Each Receipt this Period
134.62

Memo Item

B. Michael J Parkerson
Full Name (Last, First, Middle Initial)

Mailing Address 7504 Clayshant Court

City Wake Forest State NC Zip Code 27587

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

Name of Employer BCBSNC Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **673.10**

Date of Receipt
03 / 04 / 2016
Transaction ID : SA11Al.115657

Amount of Each Receipt this Period
134.62

Memo Item

C. Michael J Parkerson
Full Name (Last, First, Middle Initial)

Mailing Address 7504 Clayshant Court

City Wake Forest State NC Zip Code 27587

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

Name of Employer BCBSNC Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.72**

Date of Receipt
03 / 18 / 2016
Transaction ID : SA11Al.115762

Amount of Each Receipt this Period
134.62

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	403.86
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 85
	<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. IV Louis Patalano
Full Name (Last, First, Middle Initial)
Mailing Address 117 Bethabara Lane

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

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

Name of Employer: BCBSNC
Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
271.17

Date of Receipt
MM / DD / YYYY
02 / 05 / 2016
Transaction ID : SA11AI.115447

Amount of Each Receipt this Period
90.39

Memo Item

B. IV Louis Patalano
Full Name (Last, First, Middle Initial)
Mailing Address 117 Bethabara Lane

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

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

Name of Employer: BCBSNC
Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
361.56

Date of Receipt
MM / DD / YYYY
02 / 19 / 2016
Transaction ID : SA11AI.115553

Amount of Each Receipt this Period
90.39

Memo Item

C. IV Louis Patalano
Full Name (Last, First, Middle Initial)
Mailing Address 117 Bethabara Lane

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

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

Name of Employer: BCBSNC
Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
451.95

Date of Receipt
MM / DD / YYYY
03 / 04 / 2016
Transaction ID : SA11AI.115658

Amount of Each Receipt this Period
90.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	271.17
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 52 OF 85
(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. IV Louis Patalano
 Full Name (Last, First, Middle Initial)
 Mailing Address 117 Bethabara Lane
 City Cary State NC Zip Code 27513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 542.34

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016
Transaction ID : SA11AI.115763
 Amount of Each Receipt this Period
 90.39
 Memo Item

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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : SA11AI.115343
 Amount of Each Receipt this Period
 125.00
 Memo Item

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 ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2016
Transaction ID : SA11AI.115449
 Amount of Each Receipt this Period
 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 340.39
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 85
	<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 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 **500.00**

Date of Receipt **02 / 19 / 2016**
Transaction ID : SA11AI.115555
Amount of Each Receipt this Period **125.00**
 Memo Item

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 **625.00**

Date of Receipt **03 / 04 / 2016**
Transaction ID : SA11AI.115660
Amount of Each Receipt this Period **125.00**
 Memo Item

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 **753.85**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11AI.115765
Amount of Each Receipt this Period **128.85**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **378.85**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 85
	<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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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. Gerald Petkau
Full Name (Last, First, Middle Initial)
Mailing Address 402 Troycott Place

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 ▼
384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2016

Transaction ID : SA11AI.115344

Amount of Each Receipt this Period
192.30

Memo Item

B. Gerald Petkau
Full Name (Last, First, Middle Initial)
Mailing Address 402 Troycott Place

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 ▼
576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2016

Transaction ID : SA11AI.115450

Amount of Each Receipt this Period
192.30

Memo Item

C. Gerald Petkau
Full Name (Last, First, Middle Initial)
Mailing Address 402 Troycott Place

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 ▼
769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2016

Transaction ID : SA11AI.115556

Amount of Each Receipt this Period
192.30

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 85
	<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. Gerald Petkau
Full Name (Last, First, Middle Initial)

Mailing Address 402 Troycott Place

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 ▼ **961.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2016

Transaction ID : SA11AI.115661

Amount of Each Receipt this Period
192.30

Memo Item

B. Gerald Petkau
Full Name (Last, First, Middle Initial)

Mailing Address 402 Troycott Place

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 ▼ **1153.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.115766

Amount of Each Receipt this Period
192.30

Memo Item

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 BCBSNC Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **311.56**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 22 / 2016

Transaction ID : SA11AI.115347

Amount of Each Receipt this Period
155.78

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	540.38
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 85
	<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. 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 **467.34**

Date of Receipt **02 / 05 / 2016**
Transaction ID : SA11AI.115453
 Amount of Each Receipt this Period **155.78**
 Memo Item

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 BCBSNC Occupation VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **623.12**

Date of Receipt **02 / 19 / 2016**
Transaction ID : SA11AI.115559
 Amount of Each Receipt this Period **155.78**
 Memo Item

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 BCBSNC Occupation VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **778.90**

Date of Receipt **03 / 04 / 2016**
Transaction ID : SA11AI.115664
 Amount of Each Receipt this Period **155.78**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	467.34
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 85
	<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 **934.68**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11Al.115769
Amount of Each Receipt this Period **155.78**
 Memo Item

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 **209.14**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11Al.115772
Amount of Each Receipt this Period **35.44**
 Memo Item

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 **216.84**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11Al.115774
Amount of Each Receipt this Period **36.14**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **227.36**
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 58 OF 85
	<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. John Roos
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Draymore Way
 City Morrisville State NC Zip Code 27560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt
 01 / 22 / 2016
Transaction ID : SA11AI.115353
 Amount of Each Receipt this Period 192.30
 Memo Item

B. Mr. John Roos
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Draymore Way
 City Morrisville State NC Zip Code 27560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 02 / 05 / 2016
Transaction ID : SA11AI.115459
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Mr. John Roos
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Draymore Way
 City Morrisville State NC Zip Code 27560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt
 02 / 19 / 2016
Transaction ID : SA11AI.115565
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 85
	<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. Mr. John Roos
Full Name (Last, First, Middle Initial)
Mailing Address 119 Draymore Way
City Morrisville State NC Zip Code 27560
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation SVP
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **961.50**

Date of Receipt **03 / 04 / 2016**
Transaction ID : SA11Al.115670
Amount of Each Receipt this Period **192.30**
 Memo Item

B. Mr. John Roos
Full Name (Last, First, Middle Initial)
Mailing Address 119 Draymore Way
City Morrisville State NC Zip Code 27560
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation SVP
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1153.80**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11Al.115775
Amount of Each Receipt this Period **192.30**
 Memo Item

C. 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 **227.31**

Date of Receipt **02 / 05 / 2016**
Transaction ID : SA11Al.115460
Amount of Each Receipt this Period **75.77**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	460.37
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 85
	<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. 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 **303.08**

Date of Receipt **02 / 19 / 2016**
Transaction ID : SA11Al.115566
Amount of Each Receipt this Period **75.77**
 Memo Item

B. 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 **378.85**

Date of Receipt **03 / 04 / 2016**
Transaction ID : SA11Al.115671
Amount of Each Receipt this Period **75.77**
 Memo Item

C. 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 **456.55**

Date of Receipt **03 / 18 / 2016**
Transaction ID : SA11Al.115776
Amount of Each Receipt this Period **77.70**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **229.24**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 85
	<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. 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 ▼
259.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2016

Transaction ID : SA11Al.115465

Amount of Each Receipt this Period
86.35

Memo Item

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 ▼
345.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2016

Transaction ID : SA11Al.115571

Amount of Each Receipt this Period
86.35

Memo Item

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 ▼
431.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2016

Transaction ID : SA11Al.115676

Amount of Each Receipt this Period
86.35

Memo Item

SUBTOTAL of Receipts This Page (optional).....	259.05
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 62 OF 85
	<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) A. Maticia Sims			Date of Receipt
Mailing Address 8 Sandhills Lane			<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City	State	Zip Code	Transaction ID : SA11Al.115781
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	<input type="checkbox"/> Memo Item	
BCBSNC	VP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="518.10"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. J Pariyast Sinsangkeo			Date of Receipt
Mailing Address 1614 Morehead Rd			<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2016"/>
City	State	Zip Code	Transaction ID : SA11Al.115677
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	<input type="checkbox"/> Memo Item	
BCBSNC	VP		
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) ▼			

Full Name (Last, First, Middle Initial) C. J Pariyast Sinsangkeo			Date of Receipt
Mailing Address 1614 Morehead Rd			<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2016"/>
City	State	Zip Code	Transaction ID : SA11Al.115782
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	<input type="checkbox"/> Memo Item	
BCBSNC	VP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="186.35"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 85
	<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 206.85

Date of Receipt 02 / 05 / 2016
Transaction ID : SA11AI.115476
Amount of Each Receipt this Period 68.95
 Memo Item

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 275.80

Date of Receipt 02 / 19 / 2016
Transaction ID : SA11AI.115582
Amount of Each Receipt this Period 68.95
 Memo Item

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 344.75

Date of Receipt 03 / 04 / 2016
Transaction ID : SA11AI.115687
Amount of Each Receipt this Period 68.95
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 206.85
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 85
	<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 State Zip Code
 apex NC 27502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBSNC VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 413.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2016
Transaction ID : SA11AI.115792
 Amount of Each Receipt this Period
 68.95
 Memo Item

B. Mr. James Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 227 Midenhall Way
 City State Zip Code
 Cary NC 27513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBSNC SVP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2016
Transaction ID : SA11AI.115371
 Amount of Each Receipt this Period
 192.30
 Memo Item

C. Mr. James Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 227 Midenhall Way
 City State Zip Code
 Cary NC 27513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBSNC SVP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2016
Transaction ID : SA11AI.115477
 Amount of Each Receipt this Period
 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	453.55
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 85
	<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. 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 ▼ 769.20

Date of Receipt 02 / 19 / 2016
Transaction ID : SA11AI.115583

Amount of Each Receipt this Period 192.30

Memo Item

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 ▼ 961.50

Date of Receipt 03 / 04 / 2016
Transaction ID : SA11AI.115688

Amount of Each Receipt this Period 192.30

Memo Item

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 ▼ 1153.80

Date of Receipt 03 / 18 / 2016
Transaction ID : SA11AI.115793

Amount of Each Receipt this Period 192.30

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	21202.99

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. G.K. Butterfield

Mailing Address

City State Zip Code

Purpose of Disbursement contribution

Candidate Name

G.K. Butterfield

Office Sought: House
 Senate
 President

State: NC District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB23.115840

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Virginia Foxx

Mailing Address 11468 Hwy 105

City State Zip Code
Banner Elk NC 28604

Purpose of Disbursement contribution

Candidate Name

Virginia Foxx

Office Sought: House
 Senate
 President

State: NC District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB23.115841

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. George Holding

Mailing Address Po Box 97187

City State Zip Code
Raleigh NC 27624

Purpose of Disbursement contribution

Candidate Name

George Holding

Office Sought: House
 Senate
 President

State: NC District: 13

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB23.115842

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jay Adams

Mailing Address PO Box 217

City hickory State NC Zip Code 28603

Purpose of Disbursement
Contribution

Candidate Name

Jay Adams

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115794

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Gale Adcock

Mailing Address 300 Leagault Dr

City Cary State NC Zip Code 27513

Purpose of Disbursement
contribution

Candidate Name

Gale Adcock

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : SB29.115845

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Chad Barefoot

Mailing Address 3650 Rogers rd
Ste 193

City Wake Forest State NC Zip Code 27587

Purpose of Disbursement
contribution

Candidate Name

Chad Barefoot

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115823

Amount of Each Disbursement this Period

1000.00

Memo Item

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

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Tamara Barringer

Mailing Address PO Box 97275

City: raleigh State: NC Zip Code: 27624

Purpose of Disbursement: contribution

Candidate Name

Tamara Barringer

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115824

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tamara Barringer

Mailing Address PO Box 97275

City: raleigh State: NC Zip Code: 27624

Purpose of Disbursement: contribution

Candidate Name

Tamara Barringer

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : SB29.115859

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. John Bell

Mailing Address 501 Holland Hill Dr

City: Goldsboro State: NC Zip Code: 27530

Purpose of Disbursement: contribution

Candidate Name

John Bell

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115798

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dan Bishop

Mailing Address 2216 Whilden Ct

City Charlotte State NC Zip Code 28211

Purpose of Disbursement contribution

Candidate Name

Dan Bishop

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115837

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hugh Blackwell

Mailing Address 321 Mountain View Ave

City Valdese State NC Zip Code 28690

Purpose of Disbursement contribution

Candidate Name

Hugh Blackwell

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : SB29.115847

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Rep. Daniel Blue Jr.

Mailing Address P.O. Box 1730

City Raleigh State NC Zip Code 27602

Purpose of Disbursement contribution

Candidate Name

Rep. Daniel Blue Jr.

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115825

Amount of Each Disbursement this Period

5100.00

Memo Item

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

7100.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. John Blust

Mailing Address 1515 New Garden Road
1-C

City Greensboro State NC Zip Code 27410

Purpose of Disbursement
contribution

Candidate Name

John Blust

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115799

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. William Brawley

Mailing Address 13612 O'Toole Dr.

City Matthews State NC Zip Code 28105

Purpose of Disbursement
contribution

Candidate Name

William Brawley

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115800

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Harry Brown

Mailing Address 2223 N Marine Blvd

City Jacksonville State NC Zip Code 28546

Purpose of Disbursement
contribution

Candidate Name

Harry Brown

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 06

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : SB29.115826

Amount of Each Disbursement this Period

5100.00

Memo Item

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

7100.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Angela Bryant

Mailing Address

City State Zip Code

Purpose of Disbursement contribution

Candidate Name

Angela Bryant

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : SB29.115861

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dana Bumgardner

Mailing Address 3517 Lincoln Lane

City State Zip Code
Gastonia NC 28056

Purpose of Disbursement contribution

Candidate Name

Dana Bumgardner

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115801

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Ben Clark

Mailing Address 603 E Lake Ridge Rd

City State Zip Code
Raeford, NC 28376

Purpose of Disbursement contribution

Candidate Name

Ben Clark

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : SB29.115862

Amount of Each Disbursement this Period

500.00

Memo Item

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

2750.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jeff Collins

Mailing Address 1109 Culpepper Drive

City Rocky Mount State NC Zip Code 27803

Purpose of Disbursement contribution

Candidate Name

Jeff Collins

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115802

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kevin Corbin

Mailing Address PO Box 758

City Franklin State NC Zip Code 28744

Purpose of Disbursement contribution

Candidate Name

Kevin Corbin

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : SB29.115848

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Josh Dobson

Mailing Address 649 South Creek Rd

City Nebo State NC Zip Code 28761

Purpose of Disbursement contribution

Candidate Name

Josh Dobson

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : SB29.115850

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Mr. Nelson Dollar

Mailing Address PO Box 1369

City Cary State NC Zip Code 27512

Purpose of Disbursement Contribution

Candidate Name

Mr. Nelson Dollar

Office Sought: House Senate President
State: NC District: 36

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115803

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Chuck Edwards

Mailing Address 127 Berry Creek Dr

City Flat Rock State NC Zip Code 28731

Purpose of Disbursement Contribution

Candidate Name

Chuck Edwards

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : SB29.115863

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jeffrey Elmore

Mailing Address PO Box 522

City North Wilkesboro State NC Zip Code 28659

Purpose of Disbursement contribution

Candidate Name

Jeffrey Elmore

Office Sought: House Senate President
State: NC District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115804

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Ken Goodman

Mailing Address 832 Williamsburg Dr

City Rockingham State NC Zip Code 28379

Purpose of Disbursement contribution

Candidate Name

Ken Goodman

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2016

Transaction ID : SB29.115851

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Hager

Mailing Address 342 Walking Horse Trail

City Rutherfordton State NC Zip Code 28139

Purpose of Disbursement contribution

Candidate Name

Mike Hager

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	05	/	2016

Transaction ID : SB29.115806

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Larry Hall

Mailing Address PO Box 25308

City Durham State NC Zip Code 27702

Purpose of Disbursement contribution

Candidate Name

Larry Hall

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2016

Transaction ID : SB29.115852

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Susi Hamilton

Mailing Address 206 Nun St

City State Zip Code
Wilmington NC 28401

Purpose of Disbursement
contribution

Candidate Name

Susi Hamilton

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115807

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kathy Harrington

Mailing Address 3324 Lincoln Lane

City State Zip Code
Gastonia NC 28056

Purpose of Disbursement
contribution

Candidate Name

Kathy Harrington

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115827

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Ralph Hise

Mailing Address 44 Hemlock Ave

City State Zip Code
Spruce Pine NC 28777

Purpose of Disbursement
contribution

Candidate Name

Ralph Hise

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115828

Amount of Each Disbursement this Period

2000.00

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Yvonne Holley

Mailing Address 1505 Tierney Cir

City Raleigh State NC Zip Code 27610

Purpose of Disbursement contribution

Candidate Name

Yvonne Holley

Office Sought: House Senate President

State: NC District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115808

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Julia Howard

Mailing Address 203 Magnolia Avenue

City Mocksville State NC Zip Code 27028

Purpose of Disbursement Contribution

Candidate Name

Julia Howard

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115810

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Frank Iler

Mailing Address 2515 March Hen Dr

City Oak Island State NC Zip Code 28465

Purpose of Disbursement contribution

Candidate Name

Frank Iler

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : SB29.115853

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Verla Insko

Mailing Address 610 Surry Rd

City Chapel Hill State NC Zip Code 27514

Purpose of Disbursement contribution

Candidate Name

Verla Insko

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115812

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Brent Jackson

Mailing Address 2924 Ernest Williams Rd

City Autryville State NC Zip Code 28318

Purpose of Disbursement contribution

Candidate Name

Brent Jackson

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 29 / 2016

Transaction ID : SB29.115882

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jonathan Jordan

Mailing Address PO Box 744

City Jefferson State NC Zip Code 28640

Purpose of Disbursement contribution

Candidate Name

Jonathan Jordan

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115813

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Joyce Krawiec

Mailing Address 7030 Interlaken Dr

City Kenersville State NC Zip Code 27284

Purpose of Disbursement contribution

Candidate Name

Joyce Krawiec

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : SB29.115867

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Lee

Mailing Address 1929 Knollwood Rd

City Wilmington State NC Zip Code 28403

Purpose of Disbursement contribution

Candidate Name

Michael Lee

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : SB29.115869

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Pat McCrory

Mailing Address

City State Zip Code

Purpose of Disbursement contribution

Candidate Name

Pat McCrory

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : SB29.115881

Amount of Each Disbursement this Period

5100.00

Memo Item

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

6100.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Floyd McKissick

Mailing Address PO Box 51608

City Durham State NC Zip Code 27717

Purpose of Disbursement contribution

Candidate Name

Floyd McKissick

Office Sought: House Senate President

State: NC District:

Disbursement For: 2016 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : SB29.115873

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Wesley Meredith

Mailing Address P.O. Box 26210

City Fayetteville State NC Zip Code 28314

Purpose of Disbursement contribution

Candidate Name

Wesley Meredith

Office Sought: House Senate President

State: District:

Disbursement For: 2016 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115830

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Graig Meyer

Mailing Address P.O. Box 867

City Hillsborough State NC Zip Code 27278

Purpose of Disbursement contribution

Candidate Name

Graig Meyer

Office Sought: House Senate President

State: District:

Disbursement For: 2016 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115816

Amount of Each Disbursement this Period

500.00

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Rep. H.M. (Mickey) Michaux

Mailing Address 1722 Alfred Street

City Durham State NC Zip Code 27713

Purpose of Disbursement contribution

Candidate Name

Rep. H.M. (Mickey) Michaux

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : SB29.115855

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Chris Millis

Mailing Address PO Box 878

City Hampstead State NC Zip Code 28443

Purpose of Disbursement contribution

Candidate Name

Chris Millis

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115818

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Paul Newton

Mailing Address 3500 Little Buffalo

City Mount Pleasant State NC Zip Code 28124

Purpose of Disbursement contribution

Candidate Name

Paul Newton

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : SB29.115874

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Louis Pate

Mailing Address 102 Meredith St

City Mt. Olive State NC Zip Code 28365

Purpose of Disbursement contribution

Candidate Name

Louis Pate

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
2016

State: NC District: 11

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115832

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bill Rabon

Mailing Address 404 BrunswickSt

City Southport State NC Zip Code 28461

Purpose of Disbursement contribution

Candidate Name

Bill Rabon

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : SB29.115876

Amount of Each Disbursement this Period

5100.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jason Saine

Mailing Address 7465 Bluff Point Lane

City Denver State NC Zip Code 28037

Purpose of Disbursement contribution

Candidate Name

Jason Saine

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115819

Amount of Each Disbursement this Period

2000.00

Memo Item

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

8100.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael Speciale

Mailing Address 803 Stately Pines Rd

City State Zip Code
New Bern NC 28560

Purpose of Disbursement
contribution

Candidate Name

Michael Speciale

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115820

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Sarah Stevens

Mailing Address 2161 Margaret Dr

City State Zip Code
Mount Airy NC 27030

Purpose of Disbursement
contribution

Candidate Name

Sarah Stevens

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115822

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. John Szoka

Mailing Address 6922 Surrey Rd

City State Zip Code
Fayetteville NC 28306

Purpose of Disbursement
contribution

Candidate Name

John Szoka

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2016

Transaction ID : SB29.115883

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Tommy Tucker

Mailing Address 1206 Rosehill De

City Waxhaw State NC Zip Code 28173

Purpose of Disbursement contribution

Candidate Name

Tommy Tucker

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115833

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Terry Van Duyn

Mailing Address 27 Busbee Road

City Asheville State NC Zip Code 28803

Purpose of Disbursement contribution

Candidate Name

Terry Van Duyn

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : SB29.115834

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Woodard

Mailing Address 2009 Woodrow St

City Durham State NC Zip Code 27705

Purpose of Disbursement Contribution

Candidate Name

Mike Woodard

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : SB29.115877

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Larry Yarborough

Mailing Address 87 Duck Pointe Dr.

City Roxboro State NC Zip Code 27574

Purpose of Disbursement contribution

Candidate Name

Larry Yarborough

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2016

Transaction ID : SB29.115856

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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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

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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Memo Item

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

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

500.00

74650.00
