

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

ADDRESS (number and street) P.O. Box 2291 Check if different than previously reported. (ACC) Durham NC 27702

2. FEC IDENTIFICATION NUMBER C C00312223 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10 / 17 / 2014 through 11 / 24 / 2014

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 11 / 26 / 2014

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)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="84427.86"/>	<input type="text" value="84427.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19776.32"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="16995.69"/>	<input type="text" value="137094.32"/>
(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="36772.01"/>	<input type="text" value="221522.18"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2000.00"/>	<input type="text" value="186750.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="34772.01"/>	<input type="text" value="34772.01"/>
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

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).....	16589.07	116592.23
(ii) Unitemized	406.62	20502.09
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16995.69	137094.32
(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)	16995.69	137094.32
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))..... ▶	16995.69	137094.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16995.69	137094.32

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	15000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	-999.83
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	-999.83
29. Other Disbursements	2000.00	172750.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2000.00	186750.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	186750.17

DETAILED SUMMARY PAGE
of Disbursements

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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)	16995.69	137094.32
34. Total Contribution Refunds (from Line 28(d))	0.00	-999.83
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16995.69	138094.15
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: PAGE 6 OF 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. H Jorgenia Abernathy

Mailing Address 108 Hoteling Ct

City State Zip Code
 Chapel Hill NC 27514

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 ▼
 2823.49

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11Al.111187

Amount of Each Receipt this Period
 138.46

Full Name (Last, First, Middle Initial)
B. H Jorgenia Abernathy

Mailing Address 108 Hoteling Ct

City State Zip Code
 Chapel Hill NC 27514

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 ▼
 2961.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11Al.111307

Amount of Each Receipt this Period
 138.46

Full Name (Last, First, Middle Initial)
C. H Jorgenia Abernathy

Mailing Address 108 Hoteling Ct

City State Zip Code
 Chapel Hill NC 27514

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 ▼
 3100.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : SA11Al.111414

Amount of Each Receipt this Period
 138.46

SUBTOTAL of Receipts This Page (optional)..... ▶ **415.38**

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: PAGE 7 OF 89
(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. Bruce Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Braswell Road
 City Chapel Hill State NC Zip Code 27516
 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 ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11Al.111189
 Amount of Each Receipt this Period
 10.00

B. Bruce Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Braswell Road
 City Chapel Hill State NC Zip Code 27516
 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 ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11Al.111308
 Amount of Each Receipt this Period
 10.00

C. Bruce Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Braswell Road
 City Chapel Hill State NC Zip Code 27516
 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 ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : SA11Al.111415
 Amount of Each Receipt this Period
 10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John Armentrout		Date of Receipt
Mailing Address 108 Woodleaf Dr		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code Chapel Hill NC 27516		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.111190
Name of Employer Occupation BCBSNC Project Manager		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="10.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>		

Full Name (Last, First, Middle Initial) B. John Armentrout		Date of Receipt
Mailing Address 108 Woodleaf Dr		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code Chapel Hill NC 27516		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.111309
Name of Employer Occupation BCBSNC Project Manager		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="10.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>		

Full Name (Last, First, Middle Initial) C. John Armentrout		Date of Receipt
Mailing Address 108 Woodleaf Dr		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code Chapel Hill NC 27516		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.111416
Name of Employer Occupation BCBSNC Project Manager		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="10.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="230.00"/>		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 89
	<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. 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 ▼
1552.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2014

Transaction ID : SA11Al.111191

Amount of Each Receipt this Period
86.60

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1638.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2014

Transaction ID : SA11Al.111310

Amount of Each Receipt this Period
86.60

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

City Charlotte	State NC	Zip Code 28277
-------------------	-------------	-------------------

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 ▼
1725.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2014

Transaction ID : SA11Al.111417

Amount of Each Receipt this Period
86.60

SUBTOTAL of Receipts This Page (optional).....▶	259.80
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 10 OF 89
(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. 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 ▼
 1164.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2014
Transaction ID : SA11AI.111524
 Amount of Each Receipt this Period
 166.34
 PAC Contribution

B. H Kimberly Blair
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Crooked Creek Lane
 City Durham State NC Zip Code 27713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBSNC Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 358.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11AI.111193
 Amount of Each Receipt this Period
 32.13

C. H Kimberly Blair
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Crooked Creek Lane
 City Durham State NC Zip Code 27713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBSNC Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 390.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.111312
 Amount of Each Receipt this Period
 32.13

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.60
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 11 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. 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 ▼ 422.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : SA11AI.111419
 Amount of Each Receipt this Period
 32.13

B. Gary Bolt
 Full Name (Last, First, Middle Initial)
 Mailing Address 4801 Highgate Drive
 City Durham State NC Zip Code 27713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1505.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11AI.111195
 Amount of Each Receipt this Period
 72.03

C. Gary Bolt
 Full Name (Last, First, Middle Initial)
 Mailing Address 4801 Highgate Drive
 City Durham State NC Zip Code 27713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1577.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.111314
 Amount of Each Receipt this Period
 72.03

SUBTOTAL of Receipts This Page (optional).....▶	176.19
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 12 OF 89
	<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 **1649.44**

Date of Receipt **11 / 14 / 2014**
Transaction ID : SA11Al.111421
Amount of Each Receipt this Period **72.03**

B. Andrew Bonin
Full Name (Last, First, Middle Initial)
Mailing Address 10100 Old Warden Rd
City Raleigh State NC Zip Code 27615
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Medical Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 17 / 2014**
Transaction ID : SA11Al.111196
Amount of Each Receipt this Period **10.00**

C. Andrew Bonin
Full Name (Last, First, Middle Initial)
Mailing Address 10100 Old Warden Rd
City Raleigh State NC Zip Code 27615
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Medical Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **220.00**

Date of Receipt **10 / 31 / 2014**
Transaction ID : SA11Al.111315
Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **92.03**
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 13 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 10100 Old Warden Rd

City Raleigh State NC Zip Code 27615

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

Name of Employer BCBSNC Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
11 / 14 / 2014

Transaction ID : SA11Al.111422

Amount of Each Receipt this Period
100.00

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

Mailing Address 104 Ironwoods Drive

City Chapel Hill State NC Zip Code 27516

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

Name of Employer BCBSNC Occupation Program Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.98**

Date of Receipt
10 / 17 / 2014

Transaction ID : SA11Al.111197

Amount of Each Receipt this Period
18.03

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

Mailing Address 104 Ironwoods Drive

City Chapel Hill State NC Zip Code 27516

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

Name of Employer BCBSNC Occupation Program Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **394.01**

Date of Receipt
10 / 31 / 2014

Transaction ID : SA11Al.111316

Amount of Each Receipt this Period
18.03

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 89
	<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 Lewis Borman
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Ironwoods Drive
 City Chapel Hill State NC Zip Code 27516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 412.04

Date of Receipt 11 / 14 / 2014
Transaction ID : SA11Al.111423
 Amount of Each Receipt this Period 18.03
 PAC Contribution

B. Roberta Bowman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Stoney Park Lane
 City Bluffton State SC Zip Code 29910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Senior Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 11 / 10 / 2014
Transaction ID : SA11Al.111525
 Amount of Each Receipt this Period 100.00
 PAC Contribution

C. Danielle breslin
 Full Name (Last, First, Middle Initial)
 Mailing Address 7200 Waltridge Place
 City Holly Springs State NC Zip Code 27540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 17 / 2014
Transaction ID : SA11Al.111198
 Amount of Each Receipt this Period 20.00
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	138.03
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Danielle breslin
Full Name (Last, First, Middle Initial)

Mailing Address 7200 Waltridge Place

City State Zip Code
Holly Springs NC 27540

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 ▼
440.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : SA11Al.111317

Amount of Each Receipt this Period
20.00

B. Danielle breslin
Full Name (Last, First, Middle Initial)

Mailing Address 7200 Waltridge Place

City State Zip Code
Holly Springs NC 27540

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 ▼
460.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014
Transaction ID : SA11Al.111424

Amount of Each Receipt this Period
20.00

C. L Wade Brown
Full Name (Last, First, Middle Initial)

Mailing Address 389 Highland Dr

City State Zip Code
Lexington NC 27292

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

Name of Employer Occupation
BCBSNC Producer Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014
Transaction ID : SA11Al.111201

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. L Wade Brown
Full Name (Last, First, Middle Initial)
Mailing Address 389 Highland Dr
City Lexington State NC Zip Code 27292
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Producer Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : SA11AI.111320
Amount of Each Receipt this Period
25.00

B. L Wade Brown
Full Name (Last, First, Middle Initial)
Mailing Address 389 Highland Dr
City Lexington State NC Zip Code 27292
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Producer Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 575.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014
Transaction ID : SA11AI.111427
Amount of Each Receipt this Period
25.00

C. William Bryan
Full Name (Last, First, Middle Initial)
Mailing Address One Cumcumber Blvd
City Mt Olive State NC Zip Code 28365
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation President- Mt Olive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2014
Transaction ID : SA11AI.111526
Amount of Each Receipt this Period
200.00
PAC Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 3919 Juniper Rd

City Baltimore State MD Zip Code 21218

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

Name of Employer BCBSNC Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2302.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014

Transaction ID : SA11AI.111202

Amount of Each Receipt this Period
 109.62

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

Mailing Address 3919 Juniper Rd

City Baltimore State MD Zip Code 21218

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

Name of Employer BCBSNC Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2411.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11AI.111321

Amount of Each Receipt this Period
 109.62

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

Mailing Address 3919 Juniper Rd

City Baltimore State MD Zip Code 21218

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

Name of Employer BCBSNC Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2521.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014

Transaction ID : SA11AI.111428

Amount of Each Receipt this Period
 109.62

SUBTOTAL of Receipts This Page (optional).....▶	328.86
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 18 OF 89
	<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 ▼ 1575.00

Date of Receipt
10 / 17 / 2014
Transaction ID : SA11AI.111203
Amount of Each Receipt this Period 75.00

B. Samantha Bureau-Johnsonn
Full Name (Last, First, Middle Initial)
Mailing Address 300 Hillsboro St
City Pittsboro State NC Zip Code 27312
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
10 / 31 / 2014
Transaction ID : SA11AI.111322
Amount of Each Receipt this Period 75.00

C. Samantha Bureau-Johnsonn
Full Name (Last, First, Middle Initial)
Mailing Address 300 Hillsboro St
City Pittsboro State NC Zip Code 27312
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1725.00

Date of Receipt
11 / 14 / 2014
Transaction ID : SA11AI.111429
Amount of Each Receipt this Period 75.00

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:	PAGE 19 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. L Lisa Cade		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014 Transaction ID : SA11AI.111205
Mailing Address 104 Ackworth Court		Amount of Each Receipt this Period 130.77
City Cary	State NC	Zip Code 27519
FEC ID number of contributing federal political committee. C		
Name of Employer BCBSNC	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2537.86	

Full Name (Last, First, Middle Initial) B. L Lisa Cade		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014 Transaction ID : SA11AI.111324
Mailing Address 104 Ackworth Court		Amount of Each Receipt this Period 130.77
City Cary	State NC	Zip Code 27519
FEC ID number of contributing federal political committee. C		
Name of Employer BCBSNC	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2668.63	

Full Name (Last, First, Middle Initial) C. L Lisa Cade		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014 Transaction ID : SA11AI.111431
Mailing Address 104 Ackworth Court		Amount of Each Receipt this Period 130.77
City Cary	State NC	Zip Code 27519
FEC ID number of contributing federal political committee. C		
Name of Employer BCBSNC	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2799.40	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Lisa Carey		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2014 Transaction ID : SA11Al.111527
Mailing Address 170 Manning Drive Campus Box 7305		Amount of Each Receipt this Period 100.00
City Chapel Hill	State NC	Zip Code 27599
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	PAC Contribution
	Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	700.00	

Full Name (Last, First, Middle Initial) B. Brian Caveney		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2014 Transaction ID : SA11Al.111208
Mailing Address 3138 Cornwall Rd		Amount of Each Receipt this Period 10.00
City Durham	State NC	Zip Code 27707
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
BCBSNC	Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	210.00	

Full Name (Last, First, Middle Initial) C. Brian Caveney		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2014 Transaction ID : SA11Al.111327
Mailing Address 3138 Cornwall Rd		Amount of Each Receipt this Period 10.00
City Durham	State NC	Zip Code 27707
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
BCBSNC	Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	220.00	

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Brian Caveney		Date of Receipt
Mailing Address 3138 Cornwall Rd		M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014
City	State	Zip Code
Durham	NC	27707
FEC ID number of contributing federal political committee. C		Transaction ID : SA11Al.111434
Name of Employer BCBSNC		Amount of Each Receipt this Period
Occupation Director		10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	230.00	

Full Name (Last, First, Middle Initial) B. Steven Cherrier		Date of Receipt
Mailing Address 1207 Holly Creek Lane		M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
City	State	Zip Code
Chapel Hill	NC	27516
FEC ID number of contributing federal political committee. C		Transaction ID : SA11Al.111209
Name of Employer BCBSNC		Amount of Each Receipt this Period
Occupation Director		20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	420.00	

Full Name (Last, First, Middle Initial) C. Alexander Chu		Date of Receipt
Mailing Address 206 Legendss Way		M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
City	State	Zip Code
Chapel Hill	NC	27516
FEC ID number of contributing federal political committee. C		Transaction ID : SA11Al.111210
Name of Employer BCBSNC		Amount of Each Receipt this Period
Occupation Attorney		10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	210.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 89
	<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. Alexander Chu		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2014 Transaction ID : SA11AI.111328
Mailing Address 206 Legendss Way		Amount of Each Receipt this Period 10.00
City Chapel Hill	State NC	Zip Code 27516
FEC ID number of contributing federal political committee. C	Name of Employer BCBSNC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Alexander Chu		Date of Receipt M M / D D / Y Y Y Y Y 11 / 14 / 2014 Transaction ID : SA11AI.111435
Mailing Address 206 Legendss Way		Amount of Each Receipt this Period 10.00
City Chapel Hill	State NC	Zip Code 27516
FEC ID number of contributing federal political committee. C	Name of Employer BCBSNC	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. Ellen Chu		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2014 Transaction ID : SA11AI.111211
Mailing Address 206 Legendss Way		Amount of Each Receipt this Period 10.00
City Chapel Hill	State NC	Zip Code 27231
FEC ID number of contributing federal political committee. C	Name of Employer BCBSNC	Occupation Program mgr
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 89
	<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. Ellen Chu		Date of Receipt
Mailing Address 206 Legends Way		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chapel Hill	NC	27231
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.111329
Name of Employer BCBSNC		Amount of Each Receipt this Period
Occupation Program mgr		<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ellen Chu		Date of Receipt
Mailing Address 206 Legends Way		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chapel Hill	NC	27231
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.111436
Name of Employer BCBSNC		Amount of Each Receipt this Period
Occupation Program mgr		<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Cimo		Date of Receipt
Mailing Address 301 Helmsdale Drive		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chapel Hill	NC	27517
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.111212
Name of Employer BCBSNC		Amount of Each Receipt this Period
Occupation VP		<input type="text" value="78.57"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1638.42"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="98.57"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 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. Robert Cimo		Date of Receipt
Mailing Address 301 Helmsdale Drive		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chapel Hill	NC	27517
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.111330
Amount of Each Receipt this Period		<input type="text" value="78.57"/>
Name of Employer	Occupation	
BCBSNC	VP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1716.99"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert Cimo		Date of Receipt
Mailing Address 301 Helmsdale Drive		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chapel Hill	NC	27517
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.111437
Amount of Each Receipt this Period		<input type="text" value="78.57"/>
Name of Employer	Occupation	
BCBSNC	VP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1795.56"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ellison Clary		Date of Receipt
Mailing Address 415 North Church St Unit 113		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Charlotte	NC	28202
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.111213
Amount of Each Receipt this Period		<input type="text" value="49.91"/>
Name of Employer	Occupation	
BCBSNC	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1040.86"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="207.05"/>
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 25 OF 89
	<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. Ellison Clary		Date of Receipt
Mailing Address 415 North Church St Unit 113		M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
City	State	Zip Code
Charlotte	NC	28202
FEC ID number of contributing federal political committee.	C	Transaction ID : SA11Al.111331
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	Manager	49.91
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1090.77	

Full Name (Last, First, Middle Initial) B. Ellison Clary		Date of Receipt
Mailing Address 415 North Church St Unit 113		M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014
City	State	Zip Code
Charlotte	NC	28202
FEC ID number of contributing federal political committee.	C	Transaction ID : SA11Al.111438
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	Manager	49.91
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1140.68	

Full Name (Last, First, Middle Initial) C. K Steven Crist		Date of Receipt
Mailing Address 100 Chariot Court		M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
City	State	Zip Code
Cary	NC	27519
FEC ID number of contributing federal political committee.	C	Transaction ID : SA11Al.111215
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	VP	69.23
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1380.39	

SUBTOTAL of Receipts This Page (optional).....▶	169.05
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:	PAGE 26 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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. K Steven Crist		Date of Receipt
Mailing Address 100 Chariot Court		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Cary	NC	27519
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.111333
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	VP	<input type="text" value="69.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1449.62"/>	

Full Name (Last, First, Middle Initial) B. K Steven Crist		Date of Receipt
Mailing Address 100 Chariot Court		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Cary	NC	27519
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.111440
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	VP	<input type="text" value="69.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1518.85"/>	

Full Name (Last, First, Middle Initial) C. Walter Davenport		Date of Receipt
Mailing Address 4929 Harbour Towne Dr		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Raleigh	NC	27604
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.111528
Name of Employer	Occupation	Amount of Each Receipt this Period
	Retired	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	PAC Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1750.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="388.46"/>
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 27 OF 89
	<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 ▼ 1789.45

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014
Transaction ID : SA11AI.111218
Amount of Each Receipt this Period
86.00

B. G Diane DeGroff
Full Name (Last, First, Middle Initial)
Mailing Address 100 Cobart Ridge Rd
City Hillsborough State NC Zip Code 27278
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1875.45

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : SA11AI.111336
Amount of Each Receipt this Period
86.00

C. G Diane DeGroff
Full Name (Last, First, Middle Initial)
Mailing Address 100 Cobart Ridge Rd
City Hillsborough State NC Zip Code 27278
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1961.45

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014
Transaction ID : SA11AI.111443
Amount of Each Receipt this Period
86.00

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 28 OF 89
	<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. Hugh Donohue
Full Name (Last, First, Middle Initial)
Mailing Address 102 Cabernet Circle

City Cary	State NC	Zip Code 27511
--------------	-------------	-------------------

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 ▼
1296.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2014

Transaction ID : SA11AI.111219

Amount of Each Receipt this Period
62.17

B. Hugh Donohue
Full Name (Last, First, Middle Initial)
Mailing Address 102 Cabernet Circle

City Cary	State NC	Zip Code 27511
--------------	-------------	-------------------

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 ▼
1358.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2014

Transaction ID : SA11AI.111337

Amount of Each Receipt this Period
62.17

C. Hugh Donohue
Full Name (Last, First, Middle Initial)
Mailing Address 102 Cabernet Circle

City Cary	State NC	Zip Code 27511
--------------	-------------	-------------------

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 ▼
1420.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2014

Transaction ID : SA11AI.111444

Amount of Each Receipt this Period
62.17

SUBTOTAL of Receipts This Page (optional).....▶	186.51
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 29 OF 89
(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. Michelle Douglas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 Canterbury Rd
 City Raleigh State NC Zip Code 27608
 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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11AI.111221
 Amount of Each Receipt this Period
 20.00

B. Michelle Douglas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 Canterbury Rd
 City Raleigh State NC Zip Code 27608
 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 ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.111338
 Amount of Each Receipt this Period
 20.00

C. Michelle Douglas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 Canterbury Rd
 City Raleigh State NC Zip Code 27608
 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 ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : SA11AI.111445
 Amount of Each Receipt this Period
 20.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 89
	<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. James Emmons			Date of Receipt
Mailing Address 105 Vyne Court			<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.111223
Cary	NC	27519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="110.00"/>
Name of Employer	Occupation		
BCBSNC	VP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2257.12"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. James Emmons			Date of Receipt
Mailing Address 105 Vyne Court			<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.111340
Cary	NC	27519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="110.00"/>
Name of Employer	Occupation		
BCBSNC	VP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2367.12"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. James Emmons			Date of Receipt
Mailing Address 105 Vyne Court			<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.111447
Cary	NC	27519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="110.00"/>
Name of Employer	Occupation		
BCBSNC	VP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2477.12"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="330.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 31 OF 89
(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. 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 ▼ 878.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11AI.111225
 Amount of Each Receipt this Period
 42.12

B. A Christine Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 606 W. Aycock Street
 City Raleigh State NC Zip Code 27608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.111342
 Amount of Each Receipt this Period
 42.12

C. A Christine Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 606 W. Aycock Street
 City Raleigh State NC Zip Code 27608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 962.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : SA11AI.111449
 Amount of Each Receipt this Period
 42.12

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 89
	<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 ▼
1409.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2014

Transaction ID : SA11AI.111226

Amount of Each Receipt this Period
86.54

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1496.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2014

Transaction ID : SA11AI.111343

Amount of Each Receipt this Period
86.54

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1582.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2014

Transaction ID : SA11AI.111450

Amount of Each Receipt this Period
86.54

SUBTOTAL of Receipts This Page (optional).....▶	259.62
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 89
	<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. W Charlene Foley			Date of Receipt
Mailing Address 3607 Medford Rd			<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11Al.111227
Durham	NC	27705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
BCBSNC	Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. W Charlene Foley			Date of Receipt
Mailing Address 3607 Medford Rd			<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11Al.111344
Durham	NC	27705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
BCBSNC	Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. W Charlene Foley			Date of Receipt
Mailing Address 3607 Medford Rd			<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11Al.111451
Durham	NC	27705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
BCBSNC	Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>		
<input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 89
	<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. 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 ▼ 2373.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11AI.111228
 Amount of Each Receipt this Period
 113.69

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 ▼ 2486.73

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.111345
 Amount of Each Receipt this Period
 113.69

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 ▼ 2600.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : SA11AI.111452
 Amount of Each Receipt this Period
 113.69

SUBTOTAL of Receipts This Page (optional).....▶	341.07
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 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1060.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2014

Transaction ID : SA11Al.111229

Amount of Each Receipt this Period
50.51

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1111.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2014

Transaction ID : SA11Al.111346

Amount of Each Receipt this Period
50.51

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1161.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2014

Transaction ID : SA11Al.111453

Amount of Each Receipt this Period
50.51

SUBTOTAL of Receipts This Page (optional).....▶	151.53
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 89
	<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. Katrina Gesh-Wilson		Date of Receipt
Mailing Address 2110 S. Pecan Trail Drive		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City Richmond State TX Zip Code 77406		Transaction ID : SA11AI.111230
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer BCBSNC Occupation VP		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2031.91"/>	

Full Name (Last, First, Middle Initial) B. Katrina Gesh-Wilson		Date of Receipt
Mailing Address 2110 S. Pecan Trail Drive		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Richmond State TX Zip Code 77406		Transaction ID : SA11AI.111347
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer BCBSNC Occupation VP		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2131.91"/>	

Full Name (Last, First, Middle Initial) C. Katrina Gesh-Wilson		Date of Receipt
Mailing Address 2110 S. Pecan Trail Drive		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Richmond State TX Zip Code 77406		Transaction ID : SA11AI.111454
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer BCBSNC Occupation VP		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2231.91"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. K Patrick Getzen
Full Name (Last, First, Middle Initial)
Mailing Address 205 Chilcott
City Apex State NC Zip Code 27502
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 **3087.35**

Date of Receipt **10 / 17 / 2014**
Transaction ID : SA11AI.111231
Amount of Each Receipt this Period **153.85**

B. K Patrick Getzen
Full Name (Last, First, Middle Initial)
Mailing Address 205 Chilcott
City Apex State NC Zip Code 27502
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **3241.20**

Date of Receipt **10 / 31 / 2014**
Transaction ID : SA11AI.111348
Amount of Each Receipt this Period **153.85**

C. K Patrick Getzen
Full Name (Last, First, Middle Initial)
Mailing Address 205 Chilcott
City Apex State NC Zip Code 27502
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 **3395.05**

Date of Receipt **11 / 14 / 2014**
Transaction ID : SA11AI.111455
Amount of Each Receipt this Period **153.85**

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 38 OF 89
	<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 ▼
1049.36

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014
Transaction ID : SA11AI.111232

Amount of Each Receipt this Period
50.26

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 ▼
1099.62

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : SA11AI.111349

Amount of Each Receipt this Period
50.26

C. 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 ▼
1149.88

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014
Transaction ID : SA11AI.111456

Amount of Each Receipt this Period
50.26

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.78

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 89
	<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. Estay Green
Full Name (Last, First, Middle Initial)
Mailing Address 1004 Fullbright Dr
City Morrisville State NC Zip Code 27560
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 ▼ 420.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014
Transaction ID : SA11AI.111233
Amount of Each Receipt this Period
20.00

B. Estay Green
Full Name (Last, First, Middle Initial)
Mailing Address 1004 Fullbright Dr
City Morrisville State NC Zip Code 27560
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 ▼ 440.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : SA11AI.111350
Amount of Each Receipt this Period
20.00

C. Estay Green
Full Name (Last, First, Middle Initial)
Mailing Address 1004 Fullbright Dr
City Morrisville State NC Zip Code 27560
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 ▼ 460.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014
Transaction ID : SA11AI.111457
Amount of Each Receipt this Period
20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1105 New Hampshire Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **363.51**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10	/	17	/	2014

Transaction ID : SA11AI.111234

Amount of Each Receipt this Period

17.31

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

Mailing Address 1105 New Hampshire Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.82**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10	/	31	/	2014

Transaction ID : SA11AI.111351

Amount of Each Receipt this Period

17.31

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

Mailing Address 1105 New Hampshire Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **398.13**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11	/	14	/	2014

Transaction ID : SA11AI.111458

Amount of Each Receipt this Period

17.31

SUBTOTAL of Receipts This Page (optional).....▶	51.93
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 41 OF 89
	<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. Latisha Hamilton-Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 546 Heswan Court
 City Roseville State NC Zip Code 27571
 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 ▼ 1701.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11AI.111235
 Amount of Each Receipt this Period
 81.00

B. Latisha Hamilton-Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 546 Heswan Court
 City Roseville State NC Zip Code 27571
 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 ▼ 1782.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.111352
 Amount of Each Receipt this Period
 81.00

C. Latisha Hamilton-Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 546 Heswan Court
 City Roseville State NC Zip Code 27571
 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 ▼ 1863.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : SA11AI.111459
 Amount of Each Receipt this Period
 81.00

SUBTOTAL of Receipts This Page (optional).....▶	243.00
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 42 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. M Karen Hausser		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014 Transaction ID : SA11AI.111237
Mailing Address		Amount of Each Receipt this Period 36.18
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer BCBSNC	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 719.40	

Full Name (Last, First, Middle Initial) B. M Karen Hausser		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014 Transaction ID : SA11AI.111353
Mailing Address		Amount of Each Receipt this Period 36.18
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer BCBSNC	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 755.58	

Full Name (Last, First, Middle Initial) C. M Karen Hausser		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014 Transaction ID : SA11AI.111460
Mailing Address		Amount of Each Receipt this Period 36.18
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer BCBSNC	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 791.76	

SUBTOTAL of Receipts This Page (optional).....▶	108.54
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 43 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Ms Susan Helm-Murtagh
Full Name (Last, First, Middle Initial)

Mailing Address 117 Oldham Place

City Chapel Hill State NC Zip Code 27516

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

Name of Employer BCBSNC Occupation Resource Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2305.33**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014

Transaction ID : SA11AI.111238

Amount of Each Receipt this Period
112.54

B. Ms Susan Helm-Murtagh
Full Name (Last, First, Middle Initial)

Mailing Address 117 Oldham Place

City Chapel Hill State NC Zip Code 27516

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

Name of Employer BCBSNC Occupation Resource Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2417.87**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.111354

Amount of Each Receipt this Period
112.54

C. Ms Susan Helm-Murtagh
Full Name (Last, First, Middle Initial)

Mailing Address 117 Oldham Place

City Chapel Hill State NC Zip Code 27516

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

Name of Employer BCBSNC Occupation Resource Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2530.41**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014

Transaction ID : SA11AI.111461

Amount of Each Receipt this Period
112.54

SUBTOTAL of Receipts This Page (optional)..... ▶ **337.62**

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 89
	<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. 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 ▼ 819.00

Date of Receipt 10 / 17 / 2014
Transaction ID : SA11AI.111239
Amount of Each Receipt this Period 39.00

B. Ms Kathryn Higgins
Full Name (Last, First, Middle Initial)
Mailing Address 734 Crabtree Crossing
City Cary State NC Zip Code 27513
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Sr. Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 858.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11AI.111355
Amount of Each Receipt this Period 39.00

C. Ms Kathryn Higgins
Full Name (Last, First, Middle Initial)
Mailing Address 734 Crabtree Crossing
City Cary State NC Zip Code 27513
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Sr. Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 14 / 2014
Transaction ID : SA11AI.111462
Amount of Each Receipt this Period 39.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 89
	<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. Frank Holding		Date of Receipt
Mailing Address PO Box 29549		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Raleigh	NC	27604
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.111529
Name of Employer	Occupation	Amount of Each Receipt this Period
	CEO First Citizens	<input type="text" value="416.00"/>
Receipt For:	Aggregate Year-to-Date ▼	PAC Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2912.00"/>	

Full Name (Last, First, Middle Initial) B. Daryl Hollis		Date of Receipt
Mailing Address 356 Brannon Rd		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Horse Shoe	NC	28742
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.111530
Name of Employer	Occupation	Amount of Each Receipt this Period
	Consultant	<input type="text" value="83.00"/>
Receipt For:	Aggregate Year-to-Date ▼	PAC Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="581.00"/>	

Full Name (Last, First, Middle Initial) C. E William Hotchkiss		Date of Receipt
Mailing Address		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.111241
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	Director	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	PAC Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="525.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="524.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. E William Hotchkiss		Date of Receipt
Mailing Address		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City State Zip Code		Transaction ID : SA11Al.111357
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer: BCBSNC Occupation: Director		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="550.00"/>	

Full Name (Last, First, Middle Initial) B. E William Hotchkiss		Date of Receipt
Mailing Address		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City State Zip Code		Transaction ID : SA11Al.111464
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer: BCBSNC Occupation: Director		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="575.00"/>	

Full Name (Last, First, Middle Initial) C. Alan Hughes		Date of Receipt
Mailing Address 3604 Nightfall Ct		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City State Zip Code Raleigh NC 27607		Transaction ID : SA11Al.111243
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer: BCBSNC Occupation: SVP		<input type="text" value="205.77"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="4013.50"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="255.77"/>
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 47 OF 89
	<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. Alan Hughes			Date of Receipt
Mailing Address 3604 Nightfall Ct			<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11Al.111359
Raleigh	NC	27607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="205.77"/>
Name of Employer	Occupation		
BCBSNC	SVP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4219.27"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Alan Hughes			Date of Receipt
Mailing Address 3604 Nightfall Ct			<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11Al.111466
Raleigh	NC	27607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="192.00"/>
Name of Employer	Occupation		
BCBSNC	SVP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4411.27"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Susan Jackson			Date of Receipt
Mailing Address 200 Cherry Laurel Dr			<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11Al.111244
Clayton	NC	27527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="76.92"/>
Name of Employer	Occupation		
BCBSNC	VP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.76"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="474.69"/>
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 48 OF 89
	<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 ▼ 307.68

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : SA11AI.111360
Amount of Each Receipt this Period
76.92

B. Susan Jackson
Full Name (Last, First, Middle Initial)
Mailing Address 200 Cherry Laurel Dr
City Clayton State NC Zip Code 27527
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 384.60

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014
Transaction ID : SA11AI.111467
Amount of Each Receipt this Period
76.92

C. Stanley Jenkins
Full Name (Last, First, Middle Initial)
Mailing Address 5436 Chimney Swift Dr
City Wake Forest State NC Zip Code 27587
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Enterprise Architech
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 813.29

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014
Transaction ID : SA11AI.111245
Amount of Each Receipt this Period
39.93

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 89
	<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 ▼ 853.22

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : SA11AI.111361
Amount of Each Receipt this Period
39.93

B. Stanley Jenkins
Full Name (Last, First, Middle Initial)
Mailing Address 5436 Chimney Swift Dr
City Wake Forest State NC Zip Code 27587
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Enterprise Architech
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 893.15

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014
Transaction ID : SA11AI.111468
Amount of Each Receipt this Period
39.93

C. Sean Kerns
Full Name (Last, First, Middle Initial)
Mailing Address 106 Caymus Ct
City Cary State NC Zip Code 27519
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014
Transaction ID : SA11AI.111248
Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 119.86
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 50 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Sean Kerns
Full Name (Last, First, Middle Initial)
Mailing Address 106 Caymus Ct
City Cary State NC Zip Code 27519
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation VP
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **880.00**

Date of Receipt **10 / 31 / 2014**
Transaction ID : SA11AI.111363
Amount of Each Receipt this Period **40.00**

B. Sean Kerns
Full Name (Last, First, Middle Initial)
Mailing Address 106 Caymus Ct
City Cary State NC Zip Code 27519
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation VP
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **920.00**

Date of Receipt **11 / 14 / 2014**
Transaction ID : SA11AI.111472
Amount of Each Receipt this Period **40.00**

C. David Kochman
Full Name (Last, First, Middle Initial)
Mailing Address 4129 Worley Drive
City Raleigh State NC Zip Code 27613
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 17 / 2014**
Transaction ID : SA11AI.111249
Amount of Each Receipt this Period **10.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David Kochman
Full Name (Last, First, Middle Initial)
Mailing Address 4129 Worley Drive

City Raleigh	State NC	Zip Code 27613
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10	/	31	/	2014

Transaction ID : SA11AI.111364

Amount of Each Receipt this Period
10.00

B. David Kochman
Full Name (Last, First, Middle Initial)
Mailing Address 4129 Worley Drive

City Raleigh	State NC	Zip Code 27613
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11	/	14	/	2014

Transaction ID : SA11AI.111473

Amount of Each Receipt this Period
10.00

C. William Lawrence
Full Name (Last, First, Middle Initial)
Mailing Address 2300 Baileys Landing Drive

City Raleigh	State NC	Zip Code 27606
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10	/	17	/	2014

Transaction ID : SA11AI.111250

Amount of Each Receipt this Period
20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. William Lawrence
Full Name (Last, First, Middle Initial)
Mailing Address 2300 Baileys Landing Drive
City Raleigh State NC Zip Code 27606
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Medical Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11AI.111365
Amount of Each Receipt this Period 20.00

B. William Lawrence
Full Name (Last, First, Middle Initial)
Mailing Address 2300 Baileys Landing Drive
City Raleigh State NC Zip Code 27606
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Medical Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 14 / 2014
Transaction ID : SA11AI.111474
Amount of Each Receipt this Period 20.00

C. Adrienna Maisonet-Morales
Full Name (Last, First, Middle Initial)
Mailing Address 100 Village Circle Way #1201
City Durham State NC Zip Code 27713
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 17 / 2014
Transaction ID : SA11AI.111252
Amount of Each Receipt this Period 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 89
	<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. Adrienna Maisonet-Morales
Full Name (Last, First, Middle Initial)

Mailing Address 100 Village Circle Way #1201

City Durham State NC Zip Code 27713

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

Name of Employer BCBSNC Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11Al.111367

Amount of Each Receipt this Period
20.00

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

Mailing Address 100 Village Circle Way #1201

City Durham State NC Zip Code 27713

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

Name of Employer BCBSNC Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014

Transaction ID : SA11Al.111476

Amount of Each Receipt this Period
20.00

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

Mailing Address 938 Alden Bridge

City Cary State NC Zip Code 27519

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

Name of Employer BCBSNC Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **988.81**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014

Transaction ID : SA11Al.111254

Amount of Each Receipt this Period
47.36

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 89
	<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. C Ralph Mazza			Date of Receipt
Mailing Address 938 Alden Bridge			<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.111368
Cary	NC	27519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="47.36"/>
Name of Employer	Occupation		
BCBSNC	Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1036.17"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. C Ralph Mazza			Date of Receipt
Mailing Address 938 Alden Bridge			<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.111477
Cary	NC	27519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="47.36"/>
Name of Employer	Occupation		
BCBSNC	Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1083.53"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. L Janet McCauley			Date of Receipt
Mailing Address 941 Old Lystra Road			<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.111255
Chapel Hill	NC	27517	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="101.41"/>
Name of Employer	Occupation		
BCBSNC	Medical Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2119.61"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="196.13"/>
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 55 OF 89
	<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 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 ▼ 2221.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.111369
 Amount of Each Receipt this Period
 101.41

B. L Janet McCauley
 Full Name (Last, First, Middle Initial)
 Mailing Address 941 Old Lystra Road
 City Chapel Hill State NC Zip Code 27517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2322.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : SA11AI.111478
 Amount of Each Receipt this Period
 101.41

C. Lynn McNeal
 Full Name (Last, First, Middle Initial)
 Mailing Address 185 Swansea Lane
 City Chapel Hill State NC Zip Code 27516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2196.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11AI.111257
 Amount of Each Receipt this Period
 105.11

SUBTOTAL of Receipts This Page (optional).....▶	307.93
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 56 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2302.07

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2014

Transaction ID : SA11Al.111371

Amount of Each Receipt this Period
105.11

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2407.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2014

Transaction ID : SA11Al.111480

Amount of Each Receipt this Period
105.11

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
714.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2014

Transaction ID : SA11Al.111259

Amount of Each Receipt this Period
34.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 89
	<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. Debra Miller			Date of Receipt
Mailing Address 1712 Fairway Drive			<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.111373
Newton	NC	28658	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="34.00"/>
Name of Employer	Occupation		
BCBSNC	VP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="748.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Debra Miller			Date of Receipt
Mailing Address 1712 Fairway Drive			<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.111482
Newton	NC	28658	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="34.00"/>
Name of Employer	Occupation		
BCBSNC	VP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="782.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Robin Miller			Date of Receipt
Mailing Address 10504 Saltsby Ct			<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.111260
Raleigh	NC	27615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
BCBSNC	VP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="78.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Robin Miller
Full Name (Last, First, Middle Initial)
Mailing Address 10504 Saltsby Ct
City Raleigh State NC Zip Code 27615
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : SA11AI.111374
Amount of Each Receipt this Period
10.00

B. Robin Miller
Full Name (Last, First, Middle Initial)
Mailing Address 10504 Saltsby Ct
City Raleigh State NC Zip Code 27615
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014
Transaction ID : SA11AI.111483
Amount of Each Receipt this Period
10.00

C. Kathryn Millican
Full Name (Last, First, Middle Initial)
Mailing Address 1632 Lorraine Road
City Raleigh State NC Zip Code 27607
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 866.88

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014
Transaction ID : SA11AI.111261
Amount of Each Receipt this Period
43.27

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.27
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kathryn Millican
Full Name (Last, First, Middle Initial)
Mailing Address 1632 Lorraine Road
City Raleigh State NC Zip Code 27607
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 910.15

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11AI.111375
Amount of Each Receipt this Period 43.27

B. Kathryn Millican
Full Name (Last, First, Middle Initial)
Mailing Address 1632 Lorraine Road
City Raleigh State NC Zip Code 27607
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 953.42

Date of Receipt 11 / 14 / 2014
Transaction ID : SA11AI.111484
Amount of Each Receipt this Period 43.27

C. Barbara Morales-Burke
Full Name (Last, First, Middle Initial)
Mailing Address 5624 Bennetwood Ct
City Raleigh State NC Zip Code 27612
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2040.27

Date of Receipt 10 / 17 / 2014
Transaction ID : SA11AI.111263
Amount of Each Receipt this Period 98.27

SUBTOTAL of Receipts This Page (optional)..... ▶ 184.81
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 89
	<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 **2138.54**

Date of Receipt **10 / 31 / 2014**
Transaction ID : SA11Al.111376
Amount of Each Receipt this Period **98.27**

B. Barbara Morales-Burke
Full Name (Last, First, Middle Initial)
Mailing Address 5624 Bennetwood Ct
City Raleigh State NC Zip Code 27612
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2236.81**

Date of Receipt **11 / 14 / 2014**
Transaction ID : SA11Al.111485
Amount of Each Receipt this Period **98.27**

C. Steve Nelson
Full Name (Last, First, Middle Initial)
Mailing Address 101 Flagstone Court
City Chapel Hill State NC Zip Code 27517
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Managing Partner
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1164.38**

Date of Receipt **11 / 10 / 2014**
Transaction ID : SA11Al.111531
Amount of Each Receipt this Period **166.34**
PAC Contribution

SUBTOTAL of Receipts This Page (optional)..... **362.88**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Denis Oconnell		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2014 Transaction ID : SA11Al.111266
Mailing Address 3200 Quail Landing Ct		Amount of Each Receipt this Period 50.00
City Raleigh	State NC	Zip Code 27612
FEC ID number of contributing federal political committee.	C	
Name of Employer BCBSNC	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) B. Maureen OConnor		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2014 Transaction ID : SA11Al.111267
Mailing Address 104 Beeston Ct.		Amount of Each Receipt this Period 192.30
City Morrisville	State NC	Zip Code 27560
FEC ID number of contributing federal political committee.	C	
Name of Employer BCBSNC	Occupation SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.30	

Full Name (Last, First, Middle Initial) C. Maureen OConnor		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2014 Transaction ID : SA11Al.111378
Mailing Address 104 Beeston Ct.		Amount of Each Receipt this Period 192.00
City Morrisville	State NC	Zip Code 27560
FEC ID number of contributing federal political committee.	C	
Name of Employer BCBSNC	Occupation SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4230.30	

SUBTOTAL of Receipts This Page (optional).....▶	434.30
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 89
	<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 4422.30

Date of Receipt 11 / 14 / 2014
Transaction ID : SA11Al.111487
Amount of Each Receipt this Period 192.00

B. Troy Page
Full Name (Last, First, Middle Initial)
Mailing Address 504 Robert Hunt Drive
City Carrboro State NC Zip Code 27510
FEC ID number of contributing federal political committee. C
Name of Employer BCBSNC Occupation Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 420.00

Date of Receipt 10 / 17 / 2014
Transaction ID : SA11Al.111268
Amount of Each Receipt this Period 20.00

C. Troy Page
Full Name (Last, First, Middle Initial)
Mailing Address 504 Robert Hunt Drive
City Carrboro State NC Zip Code 27510
FEC ID number of contributing federal political committee. C
Name of Employer BCBSNC Occupation Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 440.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11Al.111379
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... 232.00
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 63 OF 89
	<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. Troy Page
 Full Name (Last, First, Middle Initial)
 Mailing Address 504 Robert Hunt Drive
 City Carrboro State NC Zip Code 27510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : SA11AI.111488
 Amount of Each Receipt this Period
 20.00

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 ▼ 3150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11AI.111269
 Amount of Each Receipt this Period
 150.00

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 ▼ 3300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.111380
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 320.00
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 64 OF 89
	<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 ▼ 3450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : SA11Al.111489

Amount of Each Receipt this Period
 150.00

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 ▼ 2565.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11Al.111270

Amount of Each Receipt this Period
 134.62

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 ▼ 2699.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11Al.111381

Amount of Each Receipt this Period
 134.62

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 65 OF 89
	<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 ▼
2834.49

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : SA11AI.111490

Amount of Each Receipt this Period
 134.62

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 ▼
2542.25

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11AI.111272

Amount of Each Receipt this Period
 125.00

C. W Mitchell Perry
Full Name (Last, First, Middle Initial)

Mailing Address 1909 Rangecrest Rd

City Raleigh State NC Zip Code 27612

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

Name of Employer BCBSNC Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2667.25

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.111383

Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 384.62

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 66 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. W Mitchell Perry		Date of Receipt
Mailing Address 1909 Rangecrest Rd		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Raleigh	State NC	Zip Code 27612
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.111492
Name of Employer BCBSNC		Occupation VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2792.25"/>	
		Amount of Each Receipt this Period <input type="text" value="125.00"/>

Full Name (Last, First, Middle Initial) B. Gerald Petkau		Date of Receipt
Mailing Address 402 Troycott Place		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City Cary	State NC	Zip Code 27519
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.111273
Name of Employer BCBSNC		Occupation VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="4038.30"/>	
		Amount of Each Receipt this Period <input type="text" value="192.30"/>

Full Name (Last, First, Middle Initial) C. Gerald Petkau		Date of Receipt
Mailing Address 402 Troycott Place		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Cary	State NC	Zip Code 27519
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.111384
Name of Employer BCBSNC		Occupation VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="4230.30"/>	
		Amount of Each Receipt this Period <input type="text" value="192.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="509.30"/>
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 67 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Gerald Petkau		Date of Receipt
Mailing Address 402 Troycott Place		M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014
City	State	Zip Code
Cary	NC	27519
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.111493
Name of Employer BCBSNC		Amount of Each Receipt this Period
Occupation VP		192.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		4422.30

Full Name (Last, First, Middle Initial) B. Jim Phillips		Date of Receipt
Mailing Address PO Box 26000		M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014
City	State	Zip Code
Greensboro	NC	27420
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.111532
Name of Employer		Amount of Each Receipt this Period
Occupation Partner		150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAC Contribution
		Aggregate Year-to-Date ▼
		1050.00

Full Name (Last, First, Middle Initial) C. K Nathan Prather		Date of Receipt
Mailing Address 319 Montibello Drive		M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
City	State	Zip Code
Cary	NC	27513
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.111276
Name of Employer		Amount of Each Receipt this Period
Occupation VP		148.05
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		3051.35

SUBTOTAL of Receipts This Page (optional).....▶	490.05
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 89
	<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. K Nathan Prather		Date of Receipt
Mailing Address 319 Montibello Drive		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Cary	NC	27513
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.111387
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	VP	<input type="text" value="148.05"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3199.40"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. K Nathan Prather		Date of Receipt
Mailing Address 319 Montibello Drive		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Cary	NC	27513
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.111496
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	VP	<input type="text" value="148.05"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3347.45"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. B Christy Radcliff		Date of Receipt
Mailing Address 1005 Lexington Downs Dr		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Greenville	NC	27585
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.111277
Name of Employer	Occupation	Amount of Each Receipt this Period
BCBSNC	Account Manager	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="306.10"/>
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 69 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. B Christy Radcliff
Full Name (Last, First, Middle Initial)
Mailing Address 1005 Lexington Downs Dr
City Greenville State NC Zip Code 27585
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Account Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 31 / 2014
Transaction ID : SA11AI.111388
Amount of Each Receipt this Period
10.00

B. B Christy Radcliff
Full Name (Last, First, Middle Initial)
Mailing Address 1005 Lexington Downs Dr
City Greenville State NC Zip Code 27585
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Account Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 14 / 2014
Transaction ID : SA11AI.111497
Amount of Each Receipt this Period
10.00

C. W David Raper
Full Name (Last, First, Middle Initial)
Mailing Address 205 Swansboro Dr
City Cary State NC Zip Code 27519
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Bus/Analyst
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 630.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 17 / 2014
Transaction ID : SA11AI.111278
Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00
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 70 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. W David Raper
Full Name (Last, First, Middle Initial)
Mailing Address 205 Swansboro Dr
City Cary State NC Zip Code 27519
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Bus/Analyst
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 660.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : SA11AI.111389
Amount of Each Receipt this Period
30.00

B. W David Raper
Full Name (Last, First, Middle Initial)
Mailing Address 205 Swansboro Dr
City Cary State NC Zip Code 27519
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Bus/Analyst
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 690.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014
Transaction ID : SA11AI.111498
Amount of Each Receipt this Period
30.00

C. Paul Reeves
Full Name (Last, First, Middle Initial)
Mailing Address 236 Coachlight Trail
City Burlington State NC Zip Code 27215
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Project Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 716.69

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014
Transaction ID : SA11AI.111279
Amount of Each Receipt this Period
34.39

SUBTOTAL of Receipts This Page (optional)..... ▶ 94.39
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 71 OF 89
	<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. Paul Reeves		Date of Receipt
Mailing Address 236 Coachlight Trail		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Burlington	NC	27215
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.111390
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="34.39"/>
Name of Employer	Occupation	
BCBSNC	Project Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="751.08"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Paul Reeves		Date of Receipt
Mailing Address 236 Coachlight Trail		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Burlington	NC	27215
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.111499
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="34.39"/>
Name of Employer	Occupation	
BCBSNC	Project Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="785.47"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Melissa Robinson		Date of Receipt
Mailing Address 15 Willowspring Place		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chapel Hill	NC	27517
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.111281
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="35.77"/>
Name of Employer	Occupation	
BCBSNC	Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="731.27"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="104.55"/>
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 72 OF 89
	<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. 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 ▼ **767.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11Al.111392

Amount of Each Receipt this Period
35.77

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

Mailing Address 15 Willowspring Place

City Chapel Hill State NC Zip Code 27517

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

Name of Employer BCBSNC Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **802.81**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014

Transaction ID : SA11Al.111501

Amount of Each Receipt this Period
35.77

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 ▼ **4038.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014

Transaction ID : SA11Al.111282

Amount of Each Receipt this Period
192.30

SUBTOTAL of Receipts This Page (optional)..... ▶ **263.84**

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 73 OF 89
	<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 ▼ 4230.30

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : SA11AI.111393
Amount of Each Receipt this Period
192.00

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 ▼ 4422.30

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 14 / 2014
Transaction ID : SA11AI.111502
Amount of Each Receipt this Period
192.00

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 ▼ 1577.72

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2014
Transaction ID : SA11AI.111283
Amount of Each Receipt this Period
75.77

SUBTOTAL of Receipts This Page (optional).....▶	459.77
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 89
	<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. 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 ▼ 1653.49

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11Al.111394
Amount of Each Receipt this Period 75.77

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 ▼ 1729.26

Date of Receipt 11 / 14 / 2014
Transaction ID : SA11Al.111503
Amount of Each Receipt this Period 75.77

C. Todd Rupprecht
Full Name (Last, First, Middle Initial)
Mailing Address 4616 Carlton Crossing Dr
City Durham State NC Zip Code 27713
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Sr. App Syst
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2014
Transaction ID : SA11Al.111284
Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 161.54
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 75 OF 89
	<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. Todd Rupprecht		Date of Receipt
Mailing Address 4616 Carlton Crossing Dr		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.111395
Durham	NC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="10.00"/>
Name of Employer	Occupation	
BCBSNC	Sr. App Syst	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Todd Rupprecht		Date of Receipt
Mailing Address 4616 Carlton Crossing Dr		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.111504
Durham	NC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="10.00"/>
Name of Employer	Occupation	
BCBSNC	Sr. App Syst	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Maticia Sims		Date of Receipt
Mailing Address 8 Sandhills Lane		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.111287
Durham	NC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="86.35"/>
Name of Employer	Occupation	
BCBSNC	VP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1795.05"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="106.35"/>
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 76 OF 89
	<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 M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014 Transaction ID : SA11Al.111398
Mailing Address 8 Sandhills Lane		Amount of Each Receipt this Period 86.35
City Durham	State NC	Zip Code 27713
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 ▼ 1881.40	

Full Name (Last, First, Middle Initial) B. Maticia Sims		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014 Transaction ID : SA11Al.111507
Mailing Address 8 Sandhills Lane		Amount of Each Receipt this Period 86.35
City Durham	State NC	Zip Code 27713
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 ▼ 1967.75	

Full Name (Last, First, Middle Initial) C. J Pariyast Sinsangkeo		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014 Transaction ID : SA11Al.111288
Mailing Address 1614 Morehead Rd		Amount of Each Receipt this Period 50.00
City Chapel Hill	State NC	Zip Code 27517
FEC ID number of contributing federal political committee. C	Name of Employer BCBSNC	Occupation VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional).....▶	222.70
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 89
	<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. J Pariyast Sinsangkeo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1614 Morehead Rd
 City Chapel Hill State NC Zip Code 27517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : SA11AI.111508
 Amount of Each Receipt this Period
 100.00

B. R John Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 8320 Shiloh Creek Court
 City Raleigh State NC Zip Code 27616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11AI.111289
 Amount of Each Receipt this Period
 25.00

C. R John Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 8320 Shiloh Creek Court
 City Raleigh State NC Zip Code 27616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.111399
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 89
	<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. R John Smith
Full Name (Last, First, Middle Initial)

Mailing Address 8320 Shiloh Creek Court

City Raleigh State NC Zip Code 27616

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

Name of Employer BCBSNC Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt
11 / 14 / 2014
Transaction ID : SA11AI.111509

Amount of Each Receipt this Period
25.00

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

Mailing Address 303 Lynden Valley Court

City Cary State NC Zip Code 27519

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

Name of Employer BCBSNC Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
10 / 17 / 2014
Transaction ID : SA11AI.111290

Amount of Each Receipt this Period
20.00

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

Mailing Address 303 Lynden Valley Court

City Cary State NC Zip Code 27519

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

Name of Employer BCBSNC Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt
10 / 31 / 2014
Transaction ID : SA11AI.111400

Amount of Each Receipt this Period
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 303 Lynden Valley Court

City Cary State NC Zip Code 27519

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

Name of Employer BCBSNC Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014

Transaction ID : SA11Al.111510

Amount of Each Receipt this Period
20.00

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

Mailing Address 1212 Fairfax Woods Drive

City Apex State NC Zip Code 27502

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

Name of Employer BCBSNC Occupation HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014

Transaction ID : SA11Al.111291

Amount of Each Receipt this Period
10.00

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

Mailing Address 1212 Fairfax Woods Drive

City Apex State NC Zip Code 27502

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

Name of Employer BCBSNC Occupation HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11Al.111401

Amount of Each Receipt this Period
10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1212 Fairfax Woods Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2014

Transaction ID : SA11Al.111511

Amount of Each Receipt this Period

10.00

B. Mark Stinneford
Full Name (Last, First, Middle Initial)

Mailing Address 104 Aborfield Court

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

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

Name of Employer BCBSNC	Occupation Manager
----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2014

Transaction ID : SA11Al.111293

Amount of Each Receipt this Period

10.00

C. Mark Stinneford
Full Name (Last, First, Middle Initial)

Mailing Address 104 Aborfield Court

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

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

Name of Employer BCBSNC	Occupation Manager
----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2014

Transaction ID : SA11Al.111403

Amount of Each Receipt this Period

10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Mark Stinneford
Full Name (Last, First, Middle Initial)
Mailing Address 104 Aborfield Court
City Cary State NC Zip Code 27513
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt
11 / 14 / 2014
Transaction ID : SA11Al.111513
Amount of Each Receipt this Period
10.00

B. Stran T Summers
Full Name (Last, First, Middle Initial)
Mailing Address 3618 Stoneybrook Drive
City Durham State NC Zip Code 27705
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
10 / 17 / 2014
Transaction ID : SA11Al.111296
Amount of Each Receipt this Period
10.00

C. Stran T Summers
Full Name (Last, First, Middle Initial)
Mailing Address 3618 Stoneybrook Drive
City Durham State NC Zip Code 27705
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBSNC Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt
10 / 31 / 2014
Transaction ID : SA11Al.111404
Amount of Each Receipt this Period
10.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 89
	<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. Stran T Summers		Date of Receipt
Mailing Address 3618 Stoneybrook Drive		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11Al.111514
Durham	NC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="10.00"/>
Name of Employer	Occupation	
BCBSNC	Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. S Patricia Therrien		Date of Receipt
Mailing Address 404 Knob Ct		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11Al.111297
Chapel Hill	NC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="10.00"/>
Name of Employer	Occupation	
BCBSNC	Mgr	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. S Patricia Therrien		Date of Receipt
Mailing Address 404 Knob Ct		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11Al.111405
Chapel Hill	NC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="10.00"/>
Name of Employer	Occupation	
BCBSNC	Mgr	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 89
	<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. S Patricia Therrien
Full Name (Last, First, Middle Initial)

Mailing Address 404 Knob Ct

City Chapel Hill State NC Zip Code 27517

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

Name of Employer BCBSNC Occupation Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : SA11Al.111515

Amount of Each Receipt this Period
 100.00

B. Susan Weaver
Full Name (Last, First, Middle Initial)

Mailing Address 811 Harvey St

City Raleigh State NC Zip Code 27608

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

Name of Employer BCBSNC Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1680.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11Al.111301

Amount of Each Receipt this Period
 80.00

C. Susan Weaver
Full Name (Last, First, Middle Initial)

Mailing Address 811 Harvey St

City Raleigh State NC Zip Code 27608

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

Name of Employer BCBSNC Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1760.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11Al.111408

Amount of Each Receipt this Period
 80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00

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 84 OF 89
	<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 Weaver
 Full Name (Last, First, Middle Initial)
 Mailing Address 811 Harvey St
 City Raleigh State NC Zip Code 27608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1840.00**

Date of Receipt **11 / 14 / 2014**
Transaction ID : SA11Al.111518
 Amount of Each Receipt this Period **80.00**

B. Dionne Wells
 Full Name (Last, First, Middle Initial)
 Mailing Address 9228 Cornwell Dr
 City Wake Forest State NC Zip Code 27587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 17 / 2014**
Transaction ID : SA11Al.111302
 Amount of Each Receipt this Period **10.00**

C. Dionne Wells
 Full Name (Last, First, Middle Initial)
 Mailing Address 9228 Cornwell Dr
 City Wake Forest State NC Zip Code 27587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBSNC Occupation Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **220.00**

Date of Receipt **10 / 31 / 2014**
Transaction ID : SA11Al.111409
 Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **100.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 9228 Cornwell Dr

City Wake Forest State NC Zip Code 27587

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

Name of Employer BCBSNC Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : SA11Al.111519

Amount of Each Receipt this Period
 100.00

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

Mailing Address 202 Witheridge Ct.

City apex State NC Zip Code 27502

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

Name of Employer BCBSNC Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 804.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11Al.111303

Amount of Each Receipt this Period
 67.50

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

Mailing Address 202 Witheridge Ct.

City apex State NC Zip Code 27502

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

Name of Employer BCBSNC Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 871.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11Al.111410

Amount of Each Receipt this Period
 67.50

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 89
	<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 ▼ 939.06

Date of Receipt 11 / 14 / 2014
Transaction ID : SA11AI.111520
Amount of Each Receipt this Period 67.50

B. Mr. James Wilson
Full Name (Last, First, Middle Initial)
Mailing Address 227 Midenhall Way
City Cary State NC Zip Code 27513
FEC ID number of contributing federal political committee. C
Name of Employer BCBSNC Occupation SVP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 17 / 2014
Transaction ID : SA11AI.111304
Amount of Each Receipt this Period 192.30

C. Mr. James Wilson
Full Name (Last, First, Middle Initial)
Mailing Address 227 Midenhall Way
City Cary State NC Zip Code 27513
FEC ID number of contributing federal political committee. C
Name of Employer BCBSNC Occupation SVP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 4230.30

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11AI.111411
Amount of Each Receipt this Period 192.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 451.80
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 87 OF 89
(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. 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 ▼
 4422.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : SA11AI.111521
 Amount of Each Receipt this Period
 192.00

B. Randy Winslow
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 Valley Creek Drive
 City State Zip Code
 Hillsborough NC 27278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBSNC Business Analyst
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11AI.111305
 Amount of Each Receipt this Period
 11.77

C. Randy Winslow
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 Valley Creek Drive
 City State Zip Code
 Hillsborough NC 27278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBSNC Business Analyst
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 283.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.111412
 Amount of Each Receipt this Period
 13.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 216.85
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 88 OF 89
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Randy Winslow

Mailing Address 1609 Valley Creek Drive

City Hillsborough State NC Zip Code 27278

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

Name of Employer BCBSNC Occupation Business Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 297.03

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : SA11AI.111522

Amount of Each Receipt this Period
 13.08

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	13.08
TOTAL This Period (last page this line number only).....▶	16589.07

**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. Tim Moore

Mailing Address 813 W. Mountain St.

City Kings Mountain State NC Zip Code 28086

Purpose of Disbursement
contribution

Candidate Name

Moore, Tim

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2014			

Transaction ID : SB29.111533

Amount of Each Disbursement this Period

2000.00

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	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

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

2000.00

2000.00
