

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Phil Jr Berger

Mailing Address 402 Greenway Dr

City Eden State NC Zip Code 27288

Purpose of Disbursement contribution

Candidate Name

Phil Jr Berger

Office Sought: House
 Senate
 President

State: NC District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Runoff

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2014

Transaction ID : SB23.108268

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Hon. Richard M. Burr

Mailing Address P.O. Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement contribution

Candidate Name

Hon. Richard M. Burr

Office Sought: House
 Senate
 President

State: NC District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2014

Transaction ID : SB23.108258

Amount of Each Disbursement this Period

1000.00

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) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

3000.00

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

3000.00