

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 FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

ADDRESS (number and street) P.O. Box 6936 4800 Deerwood Campus Parkwy, DC3-4 Jacksonville FL 32246 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00161141 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, 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 06 / 01 / 2018 through 06 / 30 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Healy, Gary, M., Mr., Type or Print Name of Treasurer

Signature of Treasurer Healy, Gary, M., Mr., [Electronically Filed] Date 07 / 10 / 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

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="2018"/>	<input type="text" value="151865.96"/>	<input type="text" value="151865.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="140300.37"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9875.22"/>	<input type="text" value="65809.63"/>
(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="150175.59"/>	<input type="text" value="217675.59"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4500.00"/>	<input type="text" value="72000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="145675.59"/>	<input type="text" value="145675.59"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

Report Covering the Period: From: M M / D D / Y Y Y Y
06 / 01 / 2018 To: M M / D D / Y Y Y Y
06 / 30 / 2018

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).....	5786.68	24732.39
(ii) Unitemized	4088.54	41077.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9875.22	65809.63
(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)	9875.22	65809.63
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)).....▶	9875.22	65809.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9875.22	65809.63

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	25000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	47000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4500.00	72000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4500.00	72000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9875.22	65809.63
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9875.22	65809.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Alligood, Jay, J, , Jr

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

Mailing Address 4800 Deerwood Campus Pkwy
Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Chief Audit Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 08 / 2018

Transaction ID : 2018060517214-293

Amount of Each Receipt this Period 50.00

Memo Item

B. Alligood, Jay, J, , Jr

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

Mailing Address 4800 Deerwood Campus Pkwy
Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Chief Audit Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 22 / 2018

Transaction ID : 2018061916214-293

Amount of Each Receipt this Period 50.00

Memo Item

C. Anderson, Gary, D, ,

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

Mailing Address 4800 Deerwood Campus Pkwy
Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) SVP Chief Information Officer

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 08 / 2018

Transaction ID : 2018060517214-318

Amount of Each Receipt this Period 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.00
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 7 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Anderson, Gary, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) SVP Chief Information Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-318

Amount of Each Receipt this Period 25.00

Memo Item

B. Anderson, Thomas, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 32246

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) GuideWell Source Occupation (for Individual) Pres & CEO GW Alg-CLC & CO GWS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 201806088414-30

Amount of Each Receipt this Period 25.00

Memo Item

C. Anderson, Thomas, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 32246

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) GuideWell Source Occupation (for Individual) Pres & CEO GW Alg-CLC & CO GWS

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018062118214-18

Amount of Each Receipt this Period 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Bailey, Carl, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP CFO&Chief Actuary Comm Bus

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-300

Amount of Each Receipt this Period 25.00

Memo Item

B. Bailey, Carl, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP CFO&Chief Actuary Comm Bus

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-300

Amount of Each Receipt this Period 25.00

Memo Item

C. Beck, James, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Dir External Audits

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-40

Amount of Each Receipt this Period 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Beck, James, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Dir External Audits

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-40

Amount of Each Receipt this Period 20.00

Memo Item

B. Bedenbaugh, Jeffrey, Yates, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Dir - Advanced Analytics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-211

Amount of Each Receipt this Period 25.00

Memo Item

C. Bedenbaugh, Jeffrey, Yates, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Dir - Advanced Analytics

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-211

Amount of Each Receipt this Period 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Brennan, Colleen, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Chief Integ&Compliance Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 06 / 08 / 2018
Transaction ID : 2018060517214-313

Amount of Each Receipt this Period
 50.00

Memo Item

B. Brennan, Colleen, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Chief Integ&Compliance Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 06 / 22 / 2018
Transaction ID : 2018061916214-313

Amount of Each Receipt this Period
 50.00

Memo Item

C. Bryant, Scott, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Director Consumer Sales

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 06 / 08 / 2018
Transaction ID : 2018060517214-172

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Bryant, Scott, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Director Consumer Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-172
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Carroll, Andrew, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Strategic Account Exec - Combo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-123
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Carroll, Andrew, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Strategic Account Exec - Combo
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-123
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.00
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 12 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Cassaro, Daniel, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 600

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr IT Business Sys Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-167

Amount of Each Receipt this Period 20.00

Memo Item

B. Cassaro, Daniel, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 600

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr IT Business Sys Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-167

Amount of Each Receipt this Period 20.00

Memo Item

C. Coats, William, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Chief Investment Officer&Tr

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-288

Amount of Each Receipt this Period 50.00

Memo Item

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 13 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Coats, William, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Chief Investment Officer&Tr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-288

Amount of Each Receipt this Period 50.00

Memo Item

B. Coffey, Jacquelyn, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Telemarketing GWC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-285

Amount of Each Receipt this Period 25.00

Memo Item

C. Coffey, Jacquelyn, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Telemarketing GWC

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-285

Amount of Each Receipt this Period 25.00

Memo Item

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: (check only one)	PAGE 14 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Coston, Sandra, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 32246

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Occupation (for Individual)
 GuideWell Source Chairperson & CEO GWS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 1950.00

Date of Receipt
 06 / 08 / 2018
Transaction ID : 201806088414-26

Amount of Each Receipt this Period
 150.00

Memo Item

B. Coston, Sandra, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 32246

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Occupation (for Individual)
 GuideWell Source Chairperson & CEO GWS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 1950.00

Date of Receipt
 06 / 22 / 2018
Transaction ID : 2018062118214-22

Amount of Each Receipt this Period
 150.00

Memo Item

C. Cronin, Timothy, Bosley, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Occupation (for Individual)
 Blue Cross Blue Shield of Fla VP Chief Procurement Officer

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 06 / 08 / 2018
Transaction ID : 2018060517214-314

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 15 OF 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Cronin, Timothy, Bosley, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Chief Procurement Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-314

Amount of Each Receipt this Period 50.00

Memo Item

B. Dees, Lisa, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 32246

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) GuideWell Source Occupation (for Individual) Asst General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 201806088414-32

Amount of Each Receipt this Period 25.00

Memo Item

C. Dees, Lisa, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 32246

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) GuideWell Source Occupation (for Individual) Asst General Counsel

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018062118214-37

Amount of Each Receipt this Period 25.00

Memo Item

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: (check only one)	PAGE 16 OF 54
<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Divita, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) EVP Commercial Markets & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2018
Transaction ID : 2018060517214-312
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Divita, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) EVP Commercial Markets & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2018
Transaction ID : 2018061916214-312
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Evans, Angela, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 200
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) IT Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 354.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2018
Transaction ID : 2018060517214-207
 Amount of Each Receipt this Period
 27.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	127.47
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 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Evans, Angela, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 200

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) IT Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 354.43

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-207

Amount of Each Receipt this Period 27.47

Memo Item

B. France, Andrew, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Actuary Medicare

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 299.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-297

Amount of Each Receipt this Period 23.00

Memo Item

C. France, Andrew, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Actuary Medicare

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 299.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-297

Amount of Each Receipt this Period 23.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 73.47

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 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Gamble, Latonya, Harrell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 300
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Medicare Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-30
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Gamble, Latonya, Harrell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 300
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Medicare Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-30
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Geraghty, Patrick, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) CEO GuideWell & Florida Blue
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2491.58

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-311
 Amount of Each Receipt this Period 191.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	231.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Geraghty, Patrick, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) CEO GuideWell & Florida Blue

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2491.58

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-311

Amount of Each Receipt this Period 191.66

Memo Item

B. Giles, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Federal Govt Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 847.71

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-232

Amount of Each Receipt this Period 65.75

Memo Item

C. Giles, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Federal Govt Relations

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 847.71

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-232

Amount of Each Receipt this Period 65.75

Memo Item

SUBTOTAL of Receipts This Page (optional).....	323.16
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 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Gill, David, Jess, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Mgr Compensation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-237
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Gill, David, Jess, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Mgr Compensation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-237
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Gonzalez, Sharon, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 300
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Mgr b - Contact
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-27
 Amount of Each Receipt this Period 20.00
 Memo Item

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 21 OF 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Gonzalez, Sharon, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 300

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Mgr b - Contact

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-27

Amount of Each Receipt this Period 20.00

Memo Item

B. Gregor, Joseph, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Commercial Segments

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-307

Amount of Each Receipt this Period 50.00

Memo Item

C. Gregor, Joseph, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Commercial Segments

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-307

Amount of Each Receipt this Period 50.00

Memo Item

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 22 OF 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Griffin, Cynthia, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 900

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Pharmacy Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-302

Amount of Each Receipt this Period 25.00

Memo Item

B. Griffin, Cynthia, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 900

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Pharmacy Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-302

Amount of Each Receipt this Period 25.00

Memo Item

C. Hall, Allen, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Counsel Hth Sv Section Head

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.25

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-157

Amount of Each Receipt this Period 19.25

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 69.25

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 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Hall, Allen, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Counsel Hth Sv Section Head

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.25

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-157

Amount of Each Receipt this Period 19.25

Memo Item

B. Hall, Shanrika, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sourcing Manager Procurement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 503.57

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-229

Amount of Each Receipt this Period 38.97

Memo Item

C. Hall, Shanrika, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sourcing Manager Procurement

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 503.57

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-229

Amount of Each Receipt this Period 38.97

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 97.19

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 24 OF 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Haramboure, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 32246

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) GuideWell Source Occupation (for Individual) Sr VP & Chief Admin Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 201806088414-25

Amount of Each Receipt this Period 25.00

Memo Item

B. Haramboure, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 32246

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) GuideWell Source Occupation (for Individual) Sr VP & Chief Admin Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018062118214-23

Amount of Each Receipt this Period 25.00

Memo Item

C. Harrison, Camille, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) SVP Chief Customer Officer

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-310

Amount of Each Receipt this Period 100.00

Memo Item

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 25 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Harrison, Camille, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) SVP Chief Customer Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-310

Amount of Each Receipt this Period 100.00

Memo Item

B. Healy, Gary, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Corporate Tax

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-291

Amount of Each Receipt this Period 20.00

Memo Item

C. Healy, Gary, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Corporate Tax

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-291

Amount of Each Receipt this Period 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00

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 26 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Hinkson, Thomas, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 32246

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) GWS Occupation (for Individual) VP Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018062118214-30

Amount of Each Receipt this Period 50.00

Memo Item

B. Hobgood, Carlton, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 248.69

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-287

Amount of Each Receipt this Period 19.13

Memo Item

C. Hobgood, Carlton, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Sales

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 248.69

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-287

Amount of Each Receipt this Period 19.13

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	88.26
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Holton, Tammy, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Mgr Business Ethics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-66

Amount of Each Receipt this Period 25.00

Memo Item

B. Holton, Tammy, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Mgr Business Ethics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-66

Amount of Each Receipt this Period 25.00

Memo Item

C. Holubowicz, Steven, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 32246

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Novitas Solutions Occupation (for Individual) Sr Dir Prov Audit & Reimb

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 201806088414-57

Amount of Each Receipt this Period 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Holubowicz, Steven, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 32246

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Novitas Solutions Occupation (for Individual) Sr Dir Prov Audit & Reimb

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018062118214-59

Amount of Each Receipt this Period 25.00

Memo Item

B. Horne, Suzanne, U, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Sr Counsel & Board Govern

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-280

Amount of Each Receipt this Period 25.00

Memo Item

C. Horne, Suzanne, U, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Sr Counsel & Board Govern

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-280

Amount of Each Receipt this Period 25.00

Memo Item

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

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

75.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Iselin, Sarah, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) SVP Chief Strategy Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-321

Amount of Each Receipt this Period 100.00

Memo Item

B. Iselin, Sarah, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) SVP Chief Strategy Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-321

Amount of Each Receipt this Period 100.00

Memo Item

C. Jamerson, Thomas, Lee, , II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 32246

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) GuideWell Source Occupation (for Individual) Sr Dir Comp Benefits & HRIS

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 201806088414-37

Amount of Each Receipt this Period 40.00

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. James, Robert, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Dir FL Blue Ctr for Health Pol

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-18

Amount of Each Receipt this Period 20.00

Memo Item

B. James, Robert, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Dir FL Blue Ctr for Health Pol

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-18

Amount of Each Receipt this Period 20.00

Memo Item

C. Jamison, Robin, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Mgr Marketing

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 244.67

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-166

Amount of Each Receipt this Period 18.99

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	58.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Jamison, Robin, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Mgr Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 244.67

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-166

Amount of Each Receipt this Period 18.99

Memo Item

B. Joseph, Charles, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) SVP Gen Counsel & Corp Sec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-286

Amount of Each Receipt this Period 40.00

Memo Item

C. Joseph, Charles, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) SVP Gen Counsel & Corp Sec

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-286

Amount of Each Receipt this Period 40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	98.99
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 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Kirksey, Christine, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 32246

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Occupation (for Individual)
 First Coast Service Options Mgr Appeals

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 06 / 08 / 2018
Transaction ID : 201806088414-4

Amount of Each Receipt this Period
 20.00

Memo Item

B. Kirksey, Christine, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 32246

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Occupation (for Individual)
 First Coast Service Options Mgr Appeals

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 06 / 22 / 2018
Transaction ID : 2018062118214-10

Amount of Each Receipt this Period
 20.00

Memo Item

C. Lampon, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2190 Airport Blvd
 Ste 3000

City Pensacola State FL Zip Code 32504-5908

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

Name of Employer (for Individual) Occupation (for Individual)
 Blue Cross Blue Shield of Fla Regional Medical Dir

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 455.00

Date of Receipt
 06 / 08 / 2018
Transaction ID : 2018060517214-98

Amount of Each Receipt this Period
 35.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Lampone, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2190 Airport Blvd
 Ste 3000

City Pensacola State FL Zip Code 32504-5908

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Regional Medical Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-98

Amount of Each Receipt this Period 35.00

Memo Item

B. Lothes, Martin, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 32246

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) First Coast Service Options Occupation (for Individual) Sr Dir Fin Ops & Medicare CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 201806088414-17

Amount of Each Receipt this Period 25.00

Memo Item

C. Lothes, Martin, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 32246

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) First Coast Service Options Occupation (for Individual) Sr Dir Fin Ops & Medicare CFO

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018062118214-2

Amount of Each Receipt this Period 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Lucas, Marymargaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-183

Amount of Each Receipt this Period 25.00

Memo Item

B. Lucas, Marymargaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-183

Amount of Each Receipt this Period 25.00

Memo Item

C. Martinez, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Risk Adj Field Review Spec

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-265

Amount of Each Receipt this Period 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Martinez, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Risk Adj Field Review Spec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-265

Amount of Each Receipt this Period 20.00

Memo Item

B. McCurdy, Michelle, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Comm Pgrms & Prod Comp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-33

Amount of Each Receipt this Period 25.00

Memo Item

C. McCurdy, Michelle, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Comm Pgrms & Prod Comp

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-33

Amount of Each Receipt this Period 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. McLaughlin, Michael, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) HR Business Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-73

Amount of Each Receipt this Period 25.00

Memo Item

B. McLaughlin, Michael, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) HR Business Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-73

Amount of Each Receipt this Period 25.00

Memo Item

C. Miller, Kathleen, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Talent Mgmt Program Mgr

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-208

Amount of Each Receipt this Period 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 37 OF 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Miller, Kathleen, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Talent Mgmt Program Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-208

Amount of Each Receipt this Period 25.00

Memo Item

B. Naidoo, Allen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Chief Analytics Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-315

Amount of Each Receipt this Period 50.00

Memo Item

C. Naidoo, Allen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Chief Analytics Officer

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-315

Amount of Each Receipt this Period 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 38 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Orenchuk, Michael, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 32246

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Occupation (for Individual)
 GuideWell Source VP Chief Info Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 06 / 08 / 2018
Transaction ID : 201806088414-31

Amount of Each Receipt this Period
 25.00

Memo Item

B. Orenchuk, Michael, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 32246

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Occupation (for Individual)
 GuideWell Source VP Chief Info Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 06 / 22 / 2018
Transaction ID : 2018062118214-31

Amount of Each Receipt this Period
 25.00

Memo Item

C. Ozanne-Tolman, Dawn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Occupation (for Individual)
 Blue Cross Blue Shield of Fla Sr Director Procurement

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 307.79

Date of Receipt
 06 / 08 / 2018
Transaction ID : 2018060517214-144

Amount of Each Receipt this Period
 23.86

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	73.86
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 39 OF 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Ozanne-Tolman, Dawn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Director Procurement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 307.79

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-144

Amount of Each Receipt this Period 23.86

Memo Item

B. Platt, Mearl, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-35

Amount of Each Receipt this Period 40.00

Memo Item

C. Platt, Mearl, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Actuary

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-35

Amount of Each Receipt this Period 40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	103.86
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 40 OF 54
<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Porter, Gayeta, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 32246
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 GWS Dir Medicare Contract Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 06 / 22 / 2018
Transaction ID : 2018062118214-29
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Ramsey, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Blue Cross Blue Shield of Fla Dir Actuary II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 06 / 08 / 2018
Transaction ID : 2018060517214-238
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Ramsey, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Blue Cross Blue Shield of Fla Dir Actuary II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 06 / 22 / 2018
Transaction ID : 2018061916214-238
 Amount of Each Receipt this Period
 25.00
 Memo Item

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: (check only one)	PAGE 41 OF 54
<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Ruth, Amy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) SVP HSG & Chief HR Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-306
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Ruth, Amy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) SVP HSG & Chief HR Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-306
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Schrader, Elana, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Pres GWH&SVP Chief Med Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1646.88

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-290
 Amount of Each Receipt this Period 127.92
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	177.92
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 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Schrader, Elana, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Pres GWH&SVP Chief Med Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1646.88**

Date of Receipt **06 / 22 / 2018**

Transaction ID : 2018061916214-290

Amount of Each Receipt this Period **127.92**

Memo Item

B. Shaffer, Penelope, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8400 NW 33rd St
 Westside Corporate Center

City Doral State FL Zip Code 33122-1937

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Market President - South FL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1247.94**

Date of Receipt **06 / 08 / 2018**

Transaction ID : 2018060517214-304

Amount of Each Receipt this Period **95.52**

Memo Item

C. Shaffer, Penelope, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8400 NW 33rd St
 Westside Corporate Center

City Doral State FL Zip Code 33122-1937

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Market President - South FL

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **1247.94**

Date of Receipt **06 / 22 / 2018**

Transaction ID : 2018061916214-304

Amount of Each Receipt this Period **95.52**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	318.96
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 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Smith, Darnell, , ,		Date of Receipt
Mailing Address 4800 Deerwood Campus Pkwy Bldg 100		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2018"/>
City Jacksonville	State FL	Zip Code 32246-6498
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2018060517214-283
Name of Employer (for Individual) Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period <input type="text" value="75.00"/>
Occupation (for Individual) Market President - North FL		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="975.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Smith, Darnell, , ,		Date of Receipt
Mailing Address 4800 Deerwood Campus Pkwy Bldg 100		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2018"/>
City Jacksonville	State FL	Zip Code 32246-6498
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2018061916214-283
Name of Employer (for Individual) Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period <input type="text" value="75.00"/>
Occupation (for Individual) Market President - North FL		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="975.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Somers, Erin, S, ,		Date of Receipt
Mailing Address 4800 Deerwood Campus Pkwy Bldg 100		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2018"/>
City Jacksonville	State FL	Zip Code 32246-6498
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2018060517214-316
Name of Employer (for Individual) Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period <input type="text" value="57.69"/>
Occupation (for Individual) Chief Communications Officer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="726.93"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="207.69"/>
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 44 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Somers, Erin, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Chief Communications Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 726.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2018
Transaction ID : 2018061916214-316
 Amount of Each Receipt this Period
 57.69
 Memo Item

B. Strayer-Herbert, Martina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 32246
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GuideWell Source Occupation (for Individual) Dir Quality & Operational Impr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2018
Transaction ID : 201806088414-28
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Strayer-Herbert, Martina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 32246
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GuideWell Source Occupation (for Individual) Dir Quality & Operational Impr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2018
Transaction ID : 2018062118214-20
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	137.69
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 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Sweet, Jennifer, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 200

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Medicaid Segment

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-263

Amount of Each Receipt this Period 25.00

Memo Item

B. Sweet, Jennifer, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 200

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Medicaid Segment

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-263

Amount of Each Receipt this Period 25.00

Memo Item

C. Tidwell, Mi'chell, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 200

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Mgr EM&B Financial Ops

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-186

Amount of Each Receipt this Period 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Tidwell, Mi'chell, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 400

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Mgr EM&B Financial Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-186

Amount of Each Receipt this Period 20.00

Memo Item

B. Trevathan, John, Enver, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 200

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Corporate Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-317

Amount of Each Receipt this Period 20.00

Memo Item

C. Trevathan, John, Enver, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 200

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Corporate Services

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-187

Amount of Each Receipt this Period 20.00

Memo Item

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

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

60.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Trotter-Mitchell, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 610 Crescent Executive Ct
 Ste 600

City Lake Mary State FL Zip Code 32746-2113

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Network Strategy & Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 975.00

Date of Receipt
 06 / 08 / 2018
Transaction ID : 2018060517214-305

Amount of Each Receipt this Period
 75.00

Memo Item

B. Trotter-Mitchell, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 610 Crescent Executive Ct
 Ste 600

City Lake Mary State FL Zip Code 32746-2113

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Network Strategy & Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 975.00

Date of Receipt
 06 / 22 / 2018
Transaction ID : 2018061916214-305

Amount of Each Receipt this Period
 75.00

Memo Item

C. Tucker, Sondra, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 900

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Corp Dev & Strategic Invmts

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 06 / 08 / 2018
Transaction ID : 2018060517214-292

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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 48 OF 54
<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Tucker, Sondra, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 900

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Corp Dev & Strategic Invmts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-292

Amount of Each Receipt this Period 50.00

Memo Item

B. Urbanek, Jon, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) SVP Commercial Markets

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-282

Amount of Each Receipt this Period 100.00

Memo Item

C. Urbanek, Jon, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) SVP Commercial Markets

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-282

Amount of Each Receipt this Period 100.00

Memo Item

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 49 OF 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Wagner, Dianne, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Provider Network Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-52
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Wagner, Dianne, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Provider Network Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-52
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Wagner, Tammy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Mgr Delivery System
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-133
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Wagner, Tammy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Mgr Delivery System

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-133

Amount of Each Receipt this Period 20.00

Memo Item

B. Wall, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 900

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Business Operations GWH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-295

Amount of Each Receipt this Period 75.00

Memo Item

C. Wall, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 900

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Business Operations GWH

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 975.00

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-295

Amount of Each Receipt this Period 75.00

Memo Item

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 51 OF 54
	<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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Williams, Deborah, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP HR Shared Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 248.69

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-277

Amount of Each Receipt this Period 19.13

Memo Item

B. Williams, Deborah, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP HR Shared Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 248.69

Date of Receipt 06 / 22 / 2018
Transaction ID : 2018061916214-277

Amount of Each Receipt this Period 19.13

Memo Item

C. Zoller, Philip, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Talent Management

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 08 / 2018
Transaction ID : 2018060517214-281

Amount of Each Receipt this Period 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.26

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

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

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

FOR LINE NUMBER: PAGE 52 OF 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zoller, Philip, L, ,

Mailing Address **4800 Deerwood Campus Pkwy**
Bldg 100

City **Jacksonville** State **FL** Zip Code **32246-6498**

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

Name of Employer (for Individual) **Blue Cross Blue Shield of Fla** Occupation (for Individual) **VP Talent Management**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
06 / 22 / 2018

Transaction ID : 2018061916214-281

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	5786.68

**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"/> 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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

A. Citizens For John Rutherford

Full Name (Last, First, Middle Initial)
Mailing Address 3030 Hartley Rd
Ste 120

City Jacksonville State FL Zip Code 32257-8210

Purpose of Disbursement 2018 Primary

Candidate Name Rutherford, John, H., ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 04

Date of Disbursement 06 / 25 / 2018

FEC Identification Number C00615294
Transaction ID : 8BAA83760D
Amount of Each Disbursement this Period 1000.00

Category/Type 011

Memo Item

B. Mast For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3016

City Stuart State FL Zip Code 34995

Purpose of Disbursement 2018 Primary - As originally reported on m11 2017 monthly

Candidate Name Mast, Brian, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 18

Date of Disbursement 10 / 18 / 2017

FEC Identification Number C00632257
Transaction ID : A1BCB99CDc
Amount of Each Disbursement this Period 500.00

Category/Type 011

Memo Item

C. Mast For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3016

City Stuart State FL Zip Code 34995

Purpose of Disbursement 2018 Primary - As originally reported on m04 2018 Monthly

Candidate Name Mast, Brian, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 18

Date of Disbursement 03 / 08 / 2018

FEC Identification Number C00632257
Transaction ID : 4B1D218FD0
Amount of Each Disbursement this Period 1000.00

Category/Type 011

Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

Full Name (Last, First, Middle Initial) A. Mast For Congress		Date of Disbursement MM / DD / YYYY 06 / 12 / 2018	
Mailing Address PO Box 3016		FEC Identification Number C00632257 Transaction ID : 1C5BAFC5A2 Amount of Each Disbursement this Period 500.00	
City Stuart	State FL	Zip Code 34995	Category/ Type 011
Purpose of Disbursement 2018 General - Redesignation of 10/18/17 Disbursement		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Mast, Brian, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: FL District: 18		<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Mast For Congress		Date of Disbursement MM / DD / YYYY 06 / 12 / 2018	
Mailing Address PO Box 3016		FEC Identification Number C00632257 Transaction ID : 777C517F625 Amount of Each Disbursement this Period 1000.00	
City Stuart	State FL	Zip Code 34995	Category/ Type 011
Purpose of Disbursement 2018 General - Redesignation of 3/8/18 Disbursement		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Mast, Brian, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: FL District: 18		<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Mast For Congress		Date of Disbursement MM / DD / YYYY 06 / 19 / 2018	
Mailing Address PO Box 3016		FEC Identification Number C00632257 Transaction ID : E684B3AD65 Amount of Each Disbursement this Period 3500.00	
City Stuart	State FL	Zip Code 34995	Category/ Type 011
Purpose of Disbursement 2018 General		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Mast, Brian, , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: FL District: 18		<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	4500.00