

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2012"/>		74097.03
(b) Cash on Hand at Beginning of Reporting Period.....	82550.14	
(c) Total Receipts (from Line 19)	17893.42	44846.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	100443.56	118943.56
7. Total Disbursements (from Line 31).....	30000.00	48500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	70443.56	70443.56
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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: / /

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).....	11646.42	19057.34
(ii) Unitemized	6247.00	25789.19
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17893.42	44846.53
(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)	17893.42	44846.53
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))..... ▶	17893.42	44846.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17893.42	44846.53

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	48500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30000.00	48500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30000.00	48500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17893.42	44846.53
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17893.42	44846.53
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 69
	<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. Ruben A. Acosta
 Full Name (Last, First, Middle Initial)
 Mailing Address Westside Corporate Center
 8400 NW 33rd Street
 City Miami State FL Zip Code 33122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Mid Mrkt Acct Exe - Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : 20120807165753-46
 Amount of Each Receipt this Period
 13.00

B. Ruben A. Acosta
 Full Name (Last, First, Middle Initial)
 Mailing Address Westside Corporate Center
 8400 NW 33rd Street
 City Miami State FL Zip Code 33122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Mid Mrkt Acct Exe - Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : 2012082116233-47
 Amount of Each Receipt this Period
 13.00

C. Ruben A. Acosta
 Full Name (Last, First, Middle Initial)
 Mailing Address Westside Corporate Center
 8400 NW 33rd Street
 City Miami State FL Zip Code 33122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Mid Mrkt Acct Exe - Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : 2012090417754-47
 Amount of Each Receipt this Period
 13.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 39.00
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 69
	<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)

Full Name (Last, First, Middle Initial) A. Ruben A. Acosta		Date of Receipt
Mailing Address Westside Corporate Center 8400 NW 33rd Street		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City Miami	State FL	Zip Code 33122
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 201209192735-47
Name of Employer Blue Cross Blue Shield of Fla	Occupation Mid Mrkt Acct Exe - Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="13.00"/>
	<input type="text" value="247.00"/>	

Full Name (Last, First, Middle Initial) B. Jonathan C. Anderson		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 300		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20120710163736-213
Name of Employer Blue Cross Blue Shield of Fla	Occupation VP Local Markets	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="19.13"/>
	<input type="text" value="363.47"/>	

Full Name (Last, First, Middle Initial) C. Jonathan C. Anderson		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 300		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20120724165234-212
Name of Employer Blue Cross Blue Shield of Fla	Occupation VP Local Markets	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="19.13"/>
	<input type="text" value="363.47"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="51.26"/>
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 8 OF 69
	<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)

Full Name (Last, First, Middle Initial) A. Jonathan C. Anderson		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>10</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	10	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	10	/	2012								
Mailing Address 4800 Deerwood Campus Parkway Building 300		Transaction ID : 20120807165753-213										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td>19.13</td> </tr> </table>	19.13									
19.13												
Name of Employer Blue Cross Blue Shield of Fla	Occupation VP Local Markets											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>363.47</td> </tr> </table>	363.47										
363.47												

Full Name (Last, First, Middle Initial) B. Jonathan C. Anderson		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>24</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	24	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	24	/	2012								
Mailing Address 4800 Deerwood Campus Parkway Building 300		Transaction ID : 2012082116233-213										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td>19.13</td> </tr> </table>	19.13									
19.13												
Name of Employer Blue Cross Blue Shield of Fla	Occupation VP Local Markets											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>363.47</td> </tr> </table>	363.47										
363.47												

Full Name (Last, First, Middle Initial) C. Jonathan C. Anderson		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>07</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	07	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	07	/	2012								
Mailing Address 4800 Deerwood Campus Parkway Building 300		Transaction ID : 2012090417754-215										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td>19.13</td> </tr> </table>	19.13									
19.13												
Name of Employer Blue Cross Blue Shield of Fla	Occupation VP Local Markets											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>363.47</td> </tr> </table>	363.47										
363.47												

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>57.39</td> </tr> </table>	57.39
57.39		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**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 69
	<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. Jonathan C. Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Local Markets
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **363.47**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : 201209192735-214
 Amount of Each Receipt this Period
19.13

B. Armindia M. Barker
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 800
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comp Options Insurance Co Inc Occupation CFO Comp Options
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : 20120710163736-218
 Amount of Each Receipt this Period
20.00

C. Armindia M. Barker
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 800
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comp Options Insurance Co Inc Occupation CFO Comp Options
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2012
Transaction ID : 20120724165234-217
 Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....	59.13
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 69
(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)

Full Name (Last, First, Middle Initial)
A. Armindia M. Barker

Mailing Address 4800 Deerwood Campus Parkway
 Building 800

City Jacksonville State FL Zip Code 32246

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

Name of Employer: Comp Options Insurance Co Inc
 Occupation: CFO Comp Options

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 08 / 10 / 2012
Transaction ID : 20120807165753-218

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. Armindia M. Barker

Mailing Address 4800 Deerwood Campus Parkway
 Building 800

City Jacksonville State FL Zip Code 32246

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

Name of Employer: Comp Options Insurance Co Inc
 Occupation: CFO Comp Options

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 08 / 24 / 2012
Transaction ID : 2012082116233-217

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. Armindia M. Barker

Mailing Address 4800 Deerwood Campus Parkway
 Building 800

City Jacksonville State FL Zip Code 32246

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

Name of Employer: Comp Options Insurance Co Inc
 Occupation: CFO Comp Options

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 09 / 07 / 2012
Transaction ID : 2012090417754-219

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **60.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 69
<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)

Full Name (Last, First, Middle Initial)
A. Armindia M. Barker

Mailing Address 4800 Deerwood Campus Parkway
 Building 800

City Jacksonville State FL Zip Code 32246

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

Name of Employer Comp Options Insurance Co Inc Occupation CFO Comp Options

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2012

Transaction ID : 201209192735-218

Amount of Each Receipt this Period
20.00

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

Mailing Address 1806 38th Ave E

City Bradenton State FL Zip Code 34208-4708

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

Name of Employer Blue Cross Blue Shield of Florida Occupation Board of Directors

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2012

Transaction ID : 49CD26E474DDF327ACF

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Daniel M. Cassaro

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation Business Architect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : 20120710163736-160

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	1040.00
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 69
	<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. Daniel M. Cassaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Business Architect
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2012
Transaction ID : 20120724165234-160
 Amount of Each Receipt this Period
 20.00

B. Daniel M. Cassaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Business Architect
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : 20120807165753-160
 Amount of Each Receipt this Period
 20.00

C. Daniel M. Cassaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Business Architect
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : 2012082116233-161
 Amount of Each Receipt this Period
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 69
	<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
-----------------------------	-----------------------------	-----------------------------

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. Daniel M. Cassaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Business Architect
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : 2012090417754-162
 Amount of Each Receipt this Period
 20.00

B. Daniel M. Cassaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Business Architect
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : 201209192735-162
 Amount of Each Receipt this Period
 20.00

C. Sandra Coston
 Full Name (Last, First, Middle Initial)
 Mailing Address 1663 Harrington Park Dr
 City Jacksonville State FL Zip Code 32225-4938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FCSSO Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2012
Transaction ID : 4DB6FCCAB47DFE2F690
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	340.00
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 69
	<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. Sandra Coston
 Full Name (Last, First, Middle Initial)
 Mailing Address 1663 Harrington Park Dr
 City Jacksonville State FL Zip Code 32225-4938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FCSO Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2700.00**

Date of Receipt **08 / 01 / 2012**
Transaction ID : 318C6E741CD3BAFFD6
 Amount of Each Receipt this Period **300.00**

B. Sandra Coston
 Full Name (Last, First, Middle Initial)
 Mailing Address 1663 Harrington Park Dr
 City Jacksonville State FL Zip Code 32225-4938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FCSO Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2700.00**

Date of Receipt **09 / 08 / 2012**
Transaction ID : 4CD60B04DFE43378C4B
 Amount of Each Receipt this Period **300.00**

C. Harvey Dikter
 Full Name (Last, First, Middle Initial)
 Mailing Address 655 S Preserve Vw
 City Ponte Vedra State FL Zip Code 32081-5014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FCSO Occupation Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **07 / 02 / 2012**
Transaction ID : 2C1F00C87F3DA9631DE
 Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional)..... **630.00**
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 69
	<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)

Full Name (Last, First, Middle Initial) A. Harvey Dikter		Date of Receipt
Mailing Address 655 S Preserve Vw		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Ponte Vedra	FL	32081-5014
FEC ID number of contributing federal political committee.		Transaction ID : B54270C5C811A36B0A9
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
FCSO	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Harvey Dikter		Date of Receipt
Mailing Address 655 S Preserve Vw		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code
Ponte Vedra	FL	32081-5014
FEC ID number of contributing federal political committee.		Transaction ID : D26D41F0FDFE9241DB5
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
FCSO	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. R. Chris Doerr		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Jacksonville	FL	32246
FEC ID number of contributing federal political committee.		Transaction ID : 20120710163736-203
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="23.91"/>
Name of Employer	Occupation	
Blue Cross Blue Shield of Fla	EVP Chief Admin Officer & CFO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="454.29"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="83.91"/>
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 16 OF 69
	<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)

Full Name (Last, First, Middle Initial) A. R. Chris Doerr		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>27</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		27		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
07		27		2012								
Mailing Address 4800 Deerwood Campus Parkway Building 100		Transaction ID : 20120724165234-203										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee.	C											
Name of Employer Blue Cross Blue Shield of Fla	Occupation EVP Chief Admin Officer & CFO											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 454.29											
		Amount of Each Receipt this Period 23.91										

Full Name (Last, First, Middle Initial) B. R. Chris Doerr		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>10</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		10		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08		10		2012								
Mailing Address 4800 Deerwood Campus Parkway Building 100		Transaction ID : 20120807165753-204										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee.	C											
Name of Employer Blue Cross Blue Shield of Fla	Occupation EVP Chief Admin Officer & CFO											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 454.29											
		Amount of Each Receipt this Period 23.91										

Full Name (Last, First, Middle Initial) C. R. Chris Doerr		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>24</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		24		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08		24		2012								
Mailing Address 4800 Deerwood Campus Parkway Building 100		Transaction ID : 2012082116233-204										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee.	C											
Name of Employer Blue Cross Blue Shield of Fla	Occupation EVP Chief Admin Officer & CFO											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 454.29											
		Amount of Each Receipt this Period 23.91										

SUBTOTAL of Receipts This Page (optional).....▶	71.73
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 69
	<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. R. Chris Doerr
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation EVP Chief Admin Officer & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 454.29

Date of Receipt 09 / 07 / 2012
Transaction ID : 2012090417754-206
 Amount of Each Receipt this Period 23.91

B. R. Chris Doerr
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation EVP Chief Admin Officer & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 454.29

Date of Receipt 09 / 21 / 2012
Transaction ID : 201209192735-205
 Amount of Each Receipt this Period 23.91

C. Jeannette W. Ekh
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Health Care Reform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt 07 / 13 / 2012
Transaction ID : 20120710163736-211
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional).....▶ 67.82
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 69
	<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)

Full Name (Last, First, Middle Initial) A. Jeannette W. Ekh		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td>/</td> <td>27</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07	/	27	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
07	/	27	/	2012								
Mailing Address 4800 Deerwood Campus Parkway Building 100		Transaction ID : 20120724165234-210										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer Blue Cross Blue Shield of Fla	Occupation SVP Health Care Reform											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00											

Full Name (Last, First, Middle Initial) B. Jeannette W. Ekh		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>10</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	10	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	10	/	2012								
Mailing Address 4800 Deerwood Campus Parkway Building 100		Transaction ID : 20120807165753-211										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer Blue Cross Blue Shield of Fla	Occupation SVP Health Care Reform											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00											

Full Name (Last, First, Middle Initial) C. Jeannette W. Ekh		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>24</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	24	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	24	/	2012								
Mailing Address 4800 Deerwood Campus Parkway Building 100		Transaction ID : 2012082116233-211										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer Blue Cross Blue Shield of Fla	Occupation SVP Health Care Reform											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00											

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 69
	<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. Jeannette W. Ekh
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Health Care Reform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : 2012090417754-213
 Amount of Each Receipt this Period
 20.00

B. Jeannette W. Ekh
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Health Care Reform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : 201209192735-212
 Amount of Each Receipt this Period
 20.00

C. Joseph D. Furry
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Public Pol Resrch & Edu Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : 20120710163736-112
 Amount of Each Receipt this Period
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 69
	<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)

Full Name (Last, First, Middle Initial) A. Joseph D. Furry		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>27</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		27		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
07		27		2012								
Mailing Address 4800 Deerwood Campus Parkway Building 300		Transaction ID : 20120724165234-112										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer Blue Cross Blue Shield of Fla	Occupation Public Pol Resrch & Edu Cnslt											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00											

Full Name (Last, First, Middle Initial) B. Joseph D. Furry		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>10</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		10		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08		10		2012								
Mailing Address 4800 Deerwood Campus Parkway Building 300		Transaction ID : 20120807165753-112										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer Blue Cross Blue Shield of Fla	Occupation Public Pol Resrch & Edu Cnslt											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00											

Full Name (Last, First, Middle Initial) C. Joseph D. Furry		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>24</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		24		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08		24		2012								
Mailing Address 4800 Deerwood Campus Parkway Building 300		Transaction ID : 2012082116233-113										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer Blue Cross Blue Shield of Fla	Occupation Public Pol Resrch & Edu Cnslt											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00											

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 69
	<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. Joseph D. Furry
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Public Pol Resrch & Edu Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : 2012090417754-114
 Amount of Each Receipt this Period
 20.00

B. Joseph D. Furry
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Public Pol Resrch & Edu Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : 201209192735-114
 Amount of Each Receipt this Period
 20.00

C. Patrick J. Geraghty
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Chairman & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : 20120710163736-215
 Amount of Each Receipt this Period
 200.00

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 22 OF 69
	<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 (Last, First, Middle Initial) A. Patrick J. Geraghty		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>27</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		27		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
07		27		2012								
Mailing Address 4800 Deerwood Campus Parkway Building 100		Transaction ID : 20120724165234-214										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee.	C											
Name of Employer Blue Cross Blue Shield of Fla	Occupation Chairman & CEO											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3800.00											
		Amount of Each Receipt this Period 200.00										

Full Name (Last, First, Middle Initial) B. Patrick J. Geraghty		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>10</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		10		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08		10		2012								
Mailing Address 4800 Deerwood Campus Parkway Building 100		Transaction ID : 20120807165753-215										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee.	C											
Name of Employer Blue Cross Blue Shield of Fla	Occupation Chairman & CEO											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3800.00											
		Amount of Each Receipt this Period 200.00										

Full Name (Last, First, Middle Initial) C. Patrick J. Geraghty		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>24</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		24		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08		24		2012								
Mailing Address 4800 Deerwood Campus Parkway Building 100		Transaction ID : 2012082116233-215										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee.	C											
Name of Employer Blue Cross Blue Shield of Fla	Occupation Chairman & CEO											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3800.00											
		Amount of Each Receipt this Period 200.00										

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 69
	<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. Patrick J. Geraghty
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Chairman & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3800.00**

Date of Receipt **09 / 07 / 2012**
Transaction ID : 2012090417754-217
 Amount of Each Receipt this Period **200.00**

B. Patrick J. Geraghty
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Chairman & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3800.00**

Date of Receipt **09 / 21 / 2012**
Transaction ID : 201209192735-216
 Amount of Each Receipt this Period **200.00**

C. Steve Halverson
 Full Name (Last, First, Middle Initial)
 Mailing Address 825 Mapleton Ter
 City Jacksonville State FL Zip Code 32207-5204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Florida Occupation Board of Directors
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 13 / 2012**
Transaction ID : 6482AB7FB245409802C
 Amount of Each Receipt this Period **1000.00**
 Annual dues

SUBTOTAL of Receipts This Page (optional)..... **1400.00**
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 24 OF 69
	<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. Michael R. Hightower
 Full Name (Last, First, Middle Initial)

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation VP Govt & Legislative Relation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2012

Transaction ID : 2012082116233-190

Amount of Each Receipt this Period
11.96

B. Michael R. Hightower
 Full Name (Last, First, Middle Initial)

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation VP Govt & Legislative Relation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 07 / 2012

Transaction ID : 2012090417754-192

Amount of Each Receipt this Period
11.96

C. Michael R. Hightower
 Full Name (Last, First, Middle Initial)

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation VP Govt & Legislative Relation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2012

Transaction ID : 201209192735-191

Amount of Each Receipt this Period
11.96

SUBTOTAL of Receipts This Page (optional)..... **35.88**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 69
	<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. Carlton P. Hobgood
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Major Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 363.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : 20120710163736-202
 Amount of Each Receipt this Period
 19.13

B. Carlton P. Hobgood
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Major Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 363.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2012
Transaction ID : 20120724165234-202
 Amount of Each Receipt this Period
 19.13

C. Carlton P. Hobgood
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Major Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 363.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : 20120807165753-203
 Amount of Each Receipt this Period
 19.13

SUBTOTAL of Receipts This Page (optional).....▶	57.39
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 69
	<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)

Full Name (Last, First, Middle Initial)
A. Carlton P. Hobgood

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation VP Major Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **363.47**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2012

Transaction ID : 2012082116233-203

Amount of Each Receipt this Period
19.13

Full Name (Last, First, Middle Initial)
B. Carlton P. Hobgood

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation VP Major Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **363.47**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 07 / 2012

Transaction ID : 2012090417754-205

Amount of Each Receipt this Period
19.13

Full Name (Last, First, Middle Initial)
C. Carlton P. Hobgood

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation VP Major Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **363.47**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2012

Transaction ID : 201209192735-204

Amount of Each Receipt this Period
19.13

SUBTOTAL of Receipts This Page (optional)..... **57.39**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 69
	<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. Suzanne U. Horne
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Senior Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : 20120710163736-195
 Amount of Each Receipt this Period
 15.00

B. Suzanne U. Horne
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Senior Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2012
Transaction ID : 20120724165234-195
 Amount of Each Receipt this Period
 15.00

C. Suzanne U. Horne
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Senior Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : 20120807165753-196
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 69
	<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. Suzanne U. Horne
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Senior Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : 2012082116233-196
 Amount of Each Receipt this Period
 15.00

B. Suzanne U. Horne
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Senior Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : 2012090417754-198
 Amount of Each Receipt this Period
 15.00

C. Suzanne U. Horne
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Senior Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : 201209192735-197
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 29 OF 69
	<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. Roberta I. Huffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3230 W. Commercial Blvd.
 Suite 400
 City Ft. Lauderdale State FL Zip Code 33309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Dir Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : 20120710163736-42
 Amount of Each Receipt this Period
 15.00

B. Roberta I. Huffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3230 W. Commercial Blvd.
 Suite 400
 City Ft. Lauderdale State FL Zip Code 33309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Dir Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2012
Transaction ID : 20120724165234-42
 Amount of Each Receipt this Period
 15.00

C. Roberta I. Huffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3230 W. Commercial Blvd.
 Suite 400
 City Ft. Lauderdale State FL Zip Code 33309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Dir Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : 20120807165753-42
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 69
	<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)

<p>Full Name (Last, First, Middle Initial) A. Roberta I. Huffman</p> <p>Mailing Address 3230 W. Commercial Blvd. Suite 400</p> <p>City Ft. Lauderdale State FL Zip Code 33309</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Blue Cross Blue Shield of Fla Occupation Dir Sales</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <input type="text" value="285.00"/></p>	<p>Date of Receipt <input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2012"/></p> <p>Transaction ID : 2012082116233-43</p> <p>Amount of Each Receipt this Period <input type="text" value="15.00"/></p>
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<p>Full Name (Last, First, Middle Initial) B. Roberta I. Huffman</p> <p>Mailing Address 3230 W. Commercial Blvd. Suite 400</p> <p>City Ft. Lauderdale State FL Zip Code 33309</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Blue Cross Blue Shield of Fla Occupation Dir Sales</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <input type="text" value="285.00"/></p>	<p>Date of Receipt <input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2012"/></p> <p>Transaction ID : 2012090417754-43</p> <p>Amount of Each Receipt this Period <input type="text" value="15.00"/></p>
---	---

<p>Full Name (Last, First, Middle Initial) C. Roberta I. Huffman</p> <p>Mailing Address 3230 W. Commercial Blvd. Suite 400</p> <p>City Ft. Lauderdale State FL Zip Code 33309</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Blue Cross Blue Shield of Fla Occupation Dir Sales</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <input type="text" value="285.00"/></p>	<p>Date of Receipt <input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2012"/></p> <p>Transaction ID : 201209192735-43</p> <p>Amount of Each Receipt this Period <input type="text" value="15.00"/></p>
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SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="45.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 69
	<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
-----------------------------	-----------------------------	-----------------------------

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. Tony Jenkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 Crescent Executive Court
 Suite #600
 City Lake Mary State FL Zip Code 32746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Market President - Central FL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : 20120710163736-209
 Amount of Each Receipt this Period
 15.00

B. Tony Jenkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 Crescent Executive Court
 Suite #600
 City Lake Mary State FL Zip Code 32746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Market President - Central FL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2012
Transaction ID : 20120724165234-208
 Amount of Each Receipt this Period
 15.00

C. Tony Jenkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 Crescent Executive Court
 Suite #600
 City Lake Mary State FL Zip Code 32746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Market President - Central FL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : 20120807165753-209
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 32 OF 69
	<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. Tony Jenkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 Crescent Executive Court
 Suite #600
 City Lake Mary State FL Zip Code 32746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Market President - Central FL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **285.00**

Date of Receipt **08 / 24 / 2012**
Transaction ID : 2012082116233-209
 Amount of Each Receipt this Period **15.00**

B. Tony Jenkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 Crescent Executive Court
 Suite #600
 City Lake Mary State FL Zip Code 32746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Market President - Central FL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **285.00**

Date of Receipt **09 / 07 / 2012**
Transaction ID : 2012090417754-211
 Amount of Each Receipt this Period **15.00**

C. Tony Jenkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 Crescent Executive Court
 Suite #600
 City Lake Mary State FL Zip Code 32746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Market President - Central FL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **285.00**

Date of Receipt **09 / 21 / 2012**
Transaction ID : 201209192735-210
 Amount of Each Receipt this Period **15.00**

SUBTOTAL of Receipts This Page (optional)..... **45.00**
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 69
	<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 (Last, First, Middle Initial) A. Cyrus M. Jollivette		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20120710163736-212
Name of Employer Blue Cross Blue Shield of Fla	Occupation SVP Federal Govmt Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="96.00"/>
	<input type="text" value="1480.00"/>	

Full Name (Last, First, Middle Initial) B. Cyrus M. Jollivette		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20120724165234-211
Name of Employer Blue Cross Blue Shield of Fla	Occupation SVP Federal Govmt Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="96.00"/>
	<input type="text" value="1480.00"/>	

Full Name (Last, First, Middle Initial) C. Cyrus M. Jollivette		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 20120807165753-212
Name of Employer Blue Cross Blue Shield of Fla	Occupation SVP Federal Govmt Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="10.00"/>
	<input type="text" value="1480.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="202.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 69
	<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. Cyrus M. Jollivette
 Full Name (Last, First, Middle Initial)

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Federal Govmt Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1480.00

Date of Receipt
 08 / 24 / 2012
Transaction ID : 2012082116233-212

Amount of Each Receipt this Period
 10.00

B. Cyrus M. Jollivette
 Full Name (Last, First, Middle Initial)

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Federal Govmt Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1480.00

Date of Receipt
 09 / 07 / 2012
Transaction ID : 2012090417754-214

Amount of Each Receipt this Period
 10.00

C. Cyrus M. Jollivette
 Full Name (Last, First, Middle Initial)

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Federal Govmt Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1480.00

Date of Receipt
 09 / 21 / 2012
Transaction ID : 201209192735-213

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 69
	<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. Charles S. Joseph
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Gen Counsel & Corp Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : 20120710163736-201
 Amount of Each Receipt this Period
 40.00

B. Charles S. Joseph
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Gen Counsel & Corp Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2012
Transaction ID : 20120724165234-201
 Amount of Each Receipt this Period
 40.00

C. Charles S. Joseph
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Gen Counsel & Corp Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : 20120807165753-202
 Amount of Each Receipt this Period
 40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 69
	<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. Charles S. Joseph
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Gen Counsel & Corp Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt
 08 / 24 / 2012
Transaction ID : 2012082116233-202
 Amount of Each Receipt this Period
 40.00

B. Charles S. Joseph
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Gen Counsel & Corp Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt
 09 / 07 / 2012
Transaction ID : 2012090417754-204
 Amount of Each Receipt this Period
 40.00

C. Charles S. Joseph
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP Gen Counsel & Corp Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt
 09 / 21 / 2012
Transaction ID : 201209192735-203
 Amount of Each Receipt this Period
 40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 69
	<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. Diane E. Kelley
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 400
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Provider Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.24

Date of Receipt
 08 / 24 / 2012
Transaction ID : 2012082116233-188
 Amount of Each Receipt this Period
 11.96

B. Diane E. Kelley
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 400
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Provider Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.24

Date of Receipt
 09 / 07 / 2012
Transaction ID : 2012090417754-190
 Amount of Each Receipt this Period
 11.96

C. Diane E. Kelley
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 400
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Provider Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.24

Date of Receipt
 09 / 21 / 2012
Transaction ID : 201209192735-189
 Amount of Each Receipt this Period
 11.96

SUBTOTAL of Receipts This Page (optional).....▶	35.88
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 69
	<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)

Full Name (Last, First, Middle Initial) A. Varnum S. Kenyon		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>13</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		13		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
07		13		2012								
Mailing Address 4800 Deerwood Campus Parkway Building 300		Transaction ID : 20120710163736-83										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00										
Name of Employer Blue Cross Blue Shield of Fla	Occupation Sr Dir Medcd Gvt Rel Sls&Mktg											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00											

Full Name (Last, First, Middle Initial) B. Varnum S. Kenyon		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>27</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		27		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
07		27		2012								
Mailing Address 4800 Deerwood Campus Parkway Building 300		Transaction ID : 20120724165234-83										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00										
Name of Employer Blue Cross Blue Shield of Fla	Occupation Sr Dir Medcd Gvt Rel Sls&Mktg											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00											

Full Name (Last, First, Middle Initial) C. Varnum S. Kenyon		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>10</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		10		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08		10		2012								
Mailing Address 4800 Deerwood Campus Parkway Building 300		Transaction ID : 20120807165753-83										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00										
Name of Employer Blue Cross Blue Shield of Fla	Occupation Sr Dir Medcd Gvt Rel Sls&Mktg											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00											

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 69
	<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)

Full Name (Last, First, Middle Initial) A. Varnum S. Kenyon		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>24</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		24		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08		24		2012								
Mailing Address 4800 Deerwood Campus Parkway Building 300		Transaction ID : 2012082116233-84										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee.	C											
Name of Employer Blue Cross Blue Shield of Fla	Occupation Sr Dir Medcd Gvt Rel Sls&Mktg											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00											
		Amount of Each Receipt this Period 20.00										

Full Name (Last, First, Middle Initial) B. Varnum S. Kenyon		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>07</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		07		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09		07		2012								
Mailing Address 4800 Deerwood Campus Parkway Building 300		Transaction ID : 2012090417754-84										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee.	C											
Name of Employer Blue Cross Blue Shield of Fla	Occupation Sr Dir Medcd Gvt Rel Sls&Mktg											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00											
		Amount of Each Receipt this Period 20.00										

Full Name (Last, First, Middle Initial) C. Varnum S. Kenyon		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>21</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		21		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09		21		2012								
Mailing Address 4800 Deerwood Campus Parkway Building 300		Transaction ID : 201209192735-84										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee.	C											
Name of Employer Blue Cross Blue Shield of Fla	Occupation Sr Dir Medcd Gvt Rel Sls&Mktg											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00											
		Amount of Each Receipt this Period 20.00										

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 69
<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. Nicholas S. Kouris
 Full Name (Last, First, Middle Initial)
 Mailing Address 4350 West Cypress Street
 Suite 400
 City Tampa State FL Zip Code 33607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Mgr Market Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : 20120710163736-170
 Amount of Each Receipt this Period
 15.00

B. Nicholas S. Kouris
 Full Name (Last, First, Middle Initial)
 Mailing Address 4350 West Cypress Street
 Suite 400
 City Tampa State FL Zip Code 33607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Mgr Market Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2012
Transaction ID : 20120724165234-170
 Amount of Each Receipt this Period
 15.00

C. Nicholas S. Kouris
 Full Name (Last, First, Middle Initial)
 Mailing Address 4350 West Cypress Street
 Suite 400
 City Tampa State FL Zip Code 33607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Mgr Market Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : 20120807165753-171
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 69
	<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. Nicholas S. Kouris
 Full Name (Last, First, Middle Initial)
 Mailing Address 4350 West Cypress Street
 Suite 400
 City Tampa State FL Zip Code 33607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Mgr Market Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : 2012082116233-171
 Amount of Each Receipt this Period
 15.00

B. Nicholas S. Kouris
 Full Name (Last, First, Middle Initial)
 Mailing Address 4350 West Cypress Street
 Suite 400
 City Tampa State FL Zip Code 33607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Mgr Market Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : 2012090417754-173
 Amount of Each Receipt this Period
 15.00

C. Nicholas S. Kouris
 Full Name (Last, First, Middle Initial)
 Mailing Address 4350 West Cypress Street
 Suite 400
 City Tampa State FL Zip Code 33607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Mgr Market Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : 201209192735-172
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 69
	<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. Tracy Leinbach
 Full Name (Last, First, Middle Initial)
 Mailing Address 1121N Crandon Blvd
 City Key Biscayne State FL Zip Code 33149-2711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Florida Occupation Board of Directos
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2012
Transaction ID : 35D3432F011970CEB25
 Amount of Each Receipt this Period
 1000.00

B. Scott D. Money penny
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Mgr - Info/System Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2012
Transaction ID : 20120724165234-107
 Amount of Each Receipt this Period
 14.00

C. Scott D. Money penny
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Mgr - Info/System Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : 20120807165753-107
 Amount of Each Receipt this Period
 14.00

SUBTOTAL of Receipts This Page (optional).....▶	1028.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 43 OF 69
(check only one)

<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. Scott D. Money penny
Full Name (Last, First, Middle Initial)

Mailing Address 4800 Deerwood Campus Parkway
Building 100

City Jacksonville State FL Zip Code 32246

FEC ID number of contributing federal political committee. C

Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Mgr - Info/System Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 08 / 24 / 2012
Transaction ID : 2012082116233-108

Amount of Each Receipt this Period 14.00

B. Scott D. Money penny
Full Name (Last, First, Middle Initial)

Mailing Address 4800 Deerwood Campus Parkway
Building 100

City Jacksonville State FL Zip Code 32246

FEC ID number of contributing federal political committee. C

Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Mgr - Info/System Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 09 / 07 / 2012
Transaction ID : 2012090417754-108

Amount of Each Receipt this Period 14.00

C. Scott D. Money penny
Full Name (Last, First, Middle Initial)

Mailing Address 4800 Deerwood Campus Parkway
Building 100

City Jacksonville State FL Zip Code 32246

FEC ID number of contributing federal political committee. C

Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Mgr - Info/System Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 09 / 21 / 2012
Transaction ID : 201209192735-108

Amount of Each Receipt this Period 14.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 42.00

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 44 OF 69
	<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. Barry K. O'Reilly
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation GVP Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 281.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : 20120710163736-207
 Amount of Each Receipt this Period
 20.09

B. Sandra K. Pinckard
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 800
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comp Options Insurance Co Inc Occupation OptaComp Dir Mktg Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : 20120710163736-217
 Amount of Each Receipt this Period
 25.00

C. Sandra K. Pinckard
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 800
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comp Options Insurance Co Inc Occupation OptaComp Dir Mktg Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2012
Transaction ID : 20120724165234-216
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	70.09
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 69
	<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)

Full Name (Last, First, Middle Initial) A. Sandra K. Pinckard		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>10</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		10		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08		10		2012								
Mailing Address 4800 Deerwood Campus Parkway Building 800		Transaction ID : 20120807165753-217										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee.	C											
Name of Employer Comp Options Insurance Co Inc	Occupation OptaComp Dir Mktg Underwriting											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00											
		Amount of Each Receipt this Period 25.00										

Full Name (Last, First, Middle Initial) B. Sandra K. Pinckard		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>24</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		24		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08		24		2012								
Mailing Address 4800 Deerwood Campus Parkway Building 800		Transaction ID : 2012082116233-216										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee.	C											
Name of Employer Comp Options Insurance Co Inc	Occupation OptaComp Dir Mktg Underwriting											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00											
		Amount of Each Receipt this Period 25.00										

Full Name (Last, First, Middle Initial) C. Sandra K. Pinckard		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>07</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		07		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09		07		2012								
Mailing Address 4800 Deerwood Campus Parkway Building 800		Transaction ID : 2012090417754-218										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee.	C											
Name of Employer Comp Options Insurance Co Inc	Occupation OptaComp Dir Mktg Underwriting											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00											
		Amount of Each Receipt this Period 25.00										

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 46 OF 69
	<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)

Full Name (Last, First, Middle Initial) A. Sandra K. Pinckard		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 800		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 201209192735-217
Name of Employer Comp Options Insurance Co Inc		Amount of Each Receipt this Period
Occupation OptaComp Dir Mktg Underwriting		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="475.00"/>		

Full Name (Last, First, Middle Initial) B. John Ramil		Date of Receipt
Mailing Address 6416 E Maclaurin Dr		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City Tampa	State FL	Zip Code 33647-1170
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 496DBF683E8D6C36A02
Name of Employer Blue Cross Blue Shield of Florida		Amount of Each Receipt this Period
Occupation Board of Directors		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1000.00"/>		

Full Name (Last, First, Middle Initial) C. Frank Scruggs		Date of Receipt
Mailing Address 923 Hyacinth Dr		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City Delray Beach	State FL	Zip Code 33483-4808
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2F17E362E01D1A2D290
Name of Employer Blue Cross Blue Shield of Florida		Amount of Each Receipt this Period
Occupation Board of Directors		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1000.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2025.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 69
	<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. Penelope S. Shaffer
 Full Name (Last, First, Middle Initial)
 Mailing Address Westside Corporate Center
 8400 NW 33rd Street
 City Miami State FL Zip Code 33122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Market President - South FL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 363.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : 20120710163736-214
 Amount of Each Receipt this Period
 19.13

B. Penelope S. Shaffer
 Full Name (Last, First, Middle Initial)
 Mailing Address Westside Corporate Center
 8400 NW 33rd Street
 City Miami State FL Zip Code 33122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Market President - South FL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 363.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2012
Transaction ID : 20120724165234-213
 Amount of Each Receipt this Period
 19.13

C. Penelope S. Shaffer
 Full Name (Last, First, Middle Initial)
 Mailing Address Westside Corporate Center
 8400 NW 33rd Street
 City Miami State FL Zip Code 33122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Market President - South FL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 363.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : 20120807165753-214
 Amount of Each Receipt this Period
 19.13

SUBTOTAL of Receipts This Page (optional).....▶	57.39
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 69
	<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. Penelope S. Shaffer
 Full Name (Last, First, Middle Initial)
 Mailing Address Westside Corporate Center
 8400 NW 33rd Street
 City Miami State FL Zip Code 33122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Market President - South FL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 363.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : 2012082116233-214
 Amount of Each Receipt this Period
 19.13

B. Penelope S. Shaffer
 Full Name (Last, First, Middle Initial)
 Mailing Address Westside Corporate Center
 8400 NW 33rd Street
 City Miami State FL Zip Code 33122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Market President - South FL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 363.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : 2012090417754-216
 Amount of Each Receipt this Period
 19.13

C. Penelope S. Shaffer
 Full Name (Last, First, Middle Initial)
 Mailing Address Westside Corporate Center
 8400 NW 33rd Street
 City Miami State FL Zip Code 33122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Market President - South FL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 363.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : 201209192735-215
 Amount of Each Receipt this Period
 19.13

SUBTOTAL of Receipts This Page (optional).....▶	57.39
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 69
	<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)

Full Name (Last, First, Middle Initial) A. Darnell Smith		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20120710163736-198
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation GVP Service Org & BPMO		<input type="text" value="20.09"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="381.71"/>	

Full Name (Last, First, Middle Initial) B. Darnell Smith		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20120724165234-198
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation GVP Service Org & BPMO		<input type="text" value="20.09"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="381.71"/>	

Full Name (Last, First, Middle Initial) C. Darnell Smith		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20120807165753-199
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation GVP Service Org & BPMO		<input type="text" value="20.09"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="381.71"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="60.27"/>
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 50 OF 69
	<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)

Full Name (Last, First, Middle Initial) A. Darnell Smith		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>24</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		24		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08		24		2012								
Mailing Address 4800 Deerwood Campus Parkway Building 100		Transaction ID : 2012082116233-199										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee.	C											
Name of Employer Blue Cross Blue Shield of Fla	Occupation GVP Service Org & BPMO											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.71											
		Amount of Each Receipt this Period 20.09										

Full Name (Last, First, Middle Initial) B. Darnell Smith		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>07</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		07		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09		07		2012								
Mailing Address 4800 Deerwood Campus Parkway Building 100		Transaction ID : 2012090417754-201										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee.	C											
Name of Employer Blue Cross Blue Shield of Fla	Occupation GVP Service Org & BPMO											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.71											
		Amount of Each Receipt this Period 20.09										

Full Name (Last, First, Middle Initial) C. Darnell Smith		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>21</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		21		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09		21		2012								
Mailing Address 4800 Deerwood Campus Parkway Building 100		Transaction ID : 201209192735-200										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee.	C											
Name of Employer Blue Cross Blue Shield of Fla	Occupation GVP Service Org & BPMO											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.71											
		Amount of Each Receipt this Period 20.09										

SUBTOTAL of Receipts This Page (optional).....▶	60.27
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 69
	<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. Steven D. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Dir Govt & Legis Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.25

Date of Receipt 09 / 21 / 2012
Transaction ID : 201209192735-25
 Amount of Each Receipt this Period 10.75

B. Kelly A. Sommer
 Full Name (Last, First, Middle Initial)
 Mailing Address 770 Northpoint Parkway
 Suite 200
 City West Palm Beach State FL Zip Code 33407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Mid Mrkt Acct Exe - Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 07 / 13 / 2012
Transaction ID : 20120710163736-146
 Amount of Each Receipt this Period 20.00

C. Kelly A. Sommer
 Full Name (Last, First, Middle Initial)
 Mailing Address 770 Northpoint Parkway
 Suite 200
 City West Palm Beach State FL Zip Code 33407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Mid Mrkt Acct Exe - Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 07 / 27 / 2012
Transaction ID : 20120724165234-146
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.75
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 69
	<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. Kelly A. Sommer
 Full Name (Last, First, Middle Initial)
 Mailing Address 770 Northpoint Parkway
 Suite 200
 City West Palm Beach State FL Zip Code 33407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Mid Mrkt Acct Exe - Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : 20120807165753-146
 Amount of Each Receipt this Period
 20.00

B. Kelly A. Sommer
 Full Name (Last, First, Middle Initial)
 Mailing Address 770 Northpoint Parkway
 Suite 200
 City West Palm Beach State FL Zip Code 33407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Mid Mrkt Acct Exe - Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : 2012082116233-147
 Amount of Each Receipt this Period
 20.00

C. Kelly A. Sommer
 Full Name (Last, First, Middle Initial)
 Mailing Address 770 Northpoint Parkway
 Suite 200
 City West Palm Beach State FL Zip Code 33407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Mid Mrkt Acct Exe - Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : 2012090417754-148
 Amount of Each Receipt this Period
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 69
	<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)

Full Name (Last, First, Middle Initial) A. Kelly A. Sommer		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>21</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	21	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	21	/	2012								
Mailing Address 770 Northpoint Parkway Suite 200		Transaction ID : 201209192735-148										
City West Palm Beach	State FL	Zip Code 33407										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer Blue Cross Blue Shield of Fla	Occupation Mid Mrkt Acct Exe - Sales											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00											

Full Name (Last, First, Middle Initial) B. Carl B. Stone		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td>/</td> <td>13</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07	/	13	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
07	/	13	/	2012								
Mailing Address 4800 Deerwood Campus Parkway Building 300		Transaction ID : 20120710163736-186										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.91										
Name of Employer Blue Cross Blue Shield of Fla	Occupation VP Association Affairs											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 454.29											

Full Name (Last, First, Middle Initial) C. Carl B. Stone		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td>/</td> <td>27</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07	/	27	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
07	/	27	/	2012								
Mailing Address 4800 Deerwood Campus Parkway Building 300		Transaction ID : 20120724165234-186										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.91										
Name of Employer Blue Cross Blue Shield of Fla	Occupation VP Association Affairs											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 454.29											

SUBTOTAL of Receipts This Page (optional).....▶	67.82
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 69
	<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. Carl B. Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Association Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 454.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : 20120807165753-187
 Amount of Each Receipt this Period
 23.91

B. Carl B. Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Association Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 454.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : 2012082116233-187
 Amount of Each Receipt this Period
 23.91

C. Carl B. Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Association Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 454.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : 2012090417754-189
 Amount of Each Receipt this Period
 23.91

SUBTOTAL of Receipts This Page (optional)..... ▶ 71.73
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 69
	<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. Carl B. Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Association Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **454.29**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : 201209192735-188
 Amount of Each Receipt this Period
23.91

B. Barbara Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Belleview Blvd
 City Belleair State FL Zip Code 33756-1964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Florida Occupation Board of Directors
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2012
Transaction ID : 295972BE10CE64EB374
 Amount of Each Receipt this Period
1000.00

C. Susan B. Towler
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Exec Dir Community Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **295.26**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : 20120710163736-99
 Amount of Each Receipt this Period
15.54

SUBTOTAL of Receipts This Page (optional).....	1039.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 69
	<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. Susan B. Towler
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Exec Dir Community Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2012
Transaction ID : 20120724165234-99
 Amount of Each Receipt this Period
 15.54

B. Susan B. Towler
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Exec Dir Community Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : 20120807165753-99
 Amount of Each Receipt this Period
 15.54

C. Susan B. Towler
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Exec Dir Community Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : 2012082116233-100
 Amount of Each Receipt this Period
 15.54

SUBTOTAL of Receipts This Page (optional)..... ▶ 46.62
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 69
	<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. Susan B. Towler
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Exec Dir Community Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : 2012090417754-100
 Amount of Each Receipt this Period
 15.54

B. Susan B. Towler
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Exec Dir Community Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : 201209192735-100
 Amount of Each Receipt this Period
 15.54

C. Jane M. Tuten
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 200
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Senior Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : 20120710163736-197
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 51.08
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 69
	<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. Jane M. Tuten
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 200
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Senior Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2012
Transaction ID : 20120724165234-197
 Amount of Each Receipt this Period
 20.00

B. Jane M. Tuten
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 200
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Senior Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : 20120807165753-198
 Amount of Each Receipt this Period
 20.00

C. Jane M. Tuten
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 200
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Senior Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : 2012082116233-198
 Amount of Each Receipt this Period
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 69
	<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. Jane M. Tuten
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 200
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Senior Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : 2012090417754-200
 Amount of Each Receipt this Period
 20.00

B. Jane M. Tuten
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 200
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation VP Senior Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : 201209192735-199
 Amount of Each Receipt this Period
 20.00

C. Robert Wall
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation SVP HSG & Chief HR Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : 20120710163736-208
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional).....▶	115.00
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 60 OF 69
	<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)

Full Name (Last, First, Middle Initial) A. Robert Wall		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20120724165234-207
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation SVP HSG & Chief HR Officer		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1425.00"/>	

Full Name (Last, First, Middle Initial) B. Robert Wall		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20120807165753-208
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation SVP HSG & Chief HR Officer		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1425.00"/>	

Full Name (Last, First, Middle Initial) C. Robert Wall		Date of Receipt
Mailing Address 4800 Deerwood Campus Parkway Building 100		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Jacksonville	State FL	Zip Code 32246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2012082116233-208
Name of Employer Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period
Occupation SVP HSG & Chief HR Officer		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1425.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 69
	<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. Robert Wall
 Full Name (Last, First, Middle Initial)

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation SVP HSG & Chief HR Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 07 / 2012
Transaction ID : 2012090417754-210

Amount of Each Receipt this Period 75.00

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation SVP HSG & Chief HR Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 21 / 2012
Transaction ID : 201209192735-209

Amount of Each Receipt this Period 75.00

C. Deborah F. Williams
 Full Name (Last, First, Middle Initial)

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Dir - Program Devmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 363.47

Date of Receipt 07 / 13 / 2012
Transaction ID : 20120710163736-31

Amount of Each Receipt this Period 19.13

SUBTOTAL of Receipts This Page (optional)..... ▶ 169.13

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 69
	<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. Deborah F. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Dir - Program Devmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 363.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2012
Transaction ID : 20120724165234-31
 Amount of Each Receipt this Period
 19.13

B. Deborah F. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Dir - Program Devmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 363.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : 20120807165753-31
 Amount of Each Receipt this Period
 19.13

C. Deborah F. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Dir - Program Devmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 363.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : 2012082116233-31
 Amount of Each Receipt this Period
 19.13

SUBTOTAL of Receipts This Page (optional).....▶	57.39
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 63 OF 69
(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)

Full Name (Last, First, Middle Initial)
A. Deborah F. Williams

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Dir - Program Devmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 363.47

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : 2012090417754-31

Amount of Each Receipt this Period
 19.13

Full Name (Last, First, Middle Initial)
B. Deborah F. Williams

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer Blue Cross Blue Shield of Fla Occupation Sr Dir - Program Devmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 363.47

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : 201209192735-31

Amount of Each Receipt this Period
 19.13

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	38.26
TOTAL This Period (last page this line number only).....▶	11646.42

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Allen West for Congress

Mailing Address PO Box 1108

City Stuart State FL Zip Code 34995-1108

Purpose of Disbursement
2012 General

011

Candidate Name

Allen B. West

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 18

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : 4F4D75351D532256B67

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bilirakis for Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688-0606

Purpose of Disbursement
2012 General

011

Candidate Name

Gus Michael Bilirakis

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 12

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : F879DD03642E07AFCDB

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BluePAC - Blue Cross Blue Shield Association PAC

Mailing Address 1310 G Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
2012 Contribution

011

Candidate Name

BluePAC - Blue Cross Blue Shield Association PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼ Contribution

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2012

Transaction ID : 81F9D222DBA70601438

Amount of Each Disbursement this Period

10000.00

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

12000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Castor for Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
2012 General

011

Candidate Name

Katherine Anne Castor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : 9D072F05E5F294728CA

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Congressman Bill Young Campaign Committee

Mailing Address PO Box 47025

City St. Petersburg State FL Zip Code 33743

Purpose of Disbursement
2012 General

011

Candidate Name

Charles William Young

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 13

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : C6411C754A03B7BBCB4

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Daniel Webster for Congress

Mailing Address 3400 Old Winter Garden Road

City Orlando State FL Zip Code 32805

Purpose of Disbursement
2012 General

011

Candidate Name

Daniel K. Webster

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : 87C752EE954EEF1AB08

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Bill Posey

Mailing Address PO Box 360877

City Melbourne State FL Zip Code 32936

Purpose of Disbursement
2012 General

011

Candidate Name

Bill Posey

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : 609ECC55F0FF0F778E3

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Corrine Brown

Mailing Address PO Box 40087

City Jacksonville State FL Zip Code 32203

Purpose of Disbursement
2012 General

011

Candidate Name

Corrine Brown

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2012

Transaction ID : C65E3D0E093D90ECE20

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Rich Nugent

Mailing Address PO Box 15668

City Brooksville State FL Zip Code 34604-0122

Purpose of Disbursement
2012 General

011

Candidate Name

Richard B. Nugent

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 11

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : 81558F27BFF1AF35718

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Trey Radel, Inc.

Mailing Address PO Box 1329

City State Zip Code
Fort Myers FL 33902

Purpose of Disbursement
2012 General

011

Candidate Name

Henry J. Radel III

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 19

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2012

Transaction ID : EB14F6AB7B0FB3C9772

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jeff Miller for Congress

Mailing Address PO Box 126

City State Zip Code
Pensacola FL 32591

Purpose of Disbursement
2012 General

011

Candidate Name

Jefferson B. Miller

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2012

Transaction ID : 2F212A8DF391DA695FF

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mica for Congress

Mailing Address PO Box 181546

City State Zip Code
Casselberry FL 32718

Purpose of Disbursement
2012 General

011

Candidate Name

John L. Mica

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2012

Transaction ID : CF5C50D19D053959242

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2012

Mailing Address 425 Second Street NE

Transaction ID : DBC8393D9046E9390E9

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
2012 Contribution

011
Category/ Type

Candidate Name

National Republican Senatorial Committee

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) Contribution

State: District:

Full Name (Last, First, Middle Initial)

B. Ron Desantis for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2012

Mailing Address PO Box 405

Transaction ID : 475E95C8B3AE7D9BA5A

City Pointe Vedra State FL Zip Code 32004

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
2012 General

011
Category/ Type

Candidate Name

Ronald D. DeSantis

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) Contribution

State: FL District: 06

Full Name (Last, First, Middle Initial)

C. Tom Rooney for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2012

Mailing Address 1133 Bal Harbor Blvd. 1139 #186

Transaction ID : 6709BE5A9248C08868C

City Punta Gorda State FL Zip Code 33950

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2012 General

011
Category/ Type

Candidate Name

Thomas Joseph Rooney

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) Contribution

State: FL District: 17

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

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

8000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Vern Buchanan for Congress

Mailing Address PO Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement
2012 General

011

Candidate Name

Vernon Buchanan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 11 / 2012

Transaction ID : B0AEA24F747505C9874

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

30000.00