

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street) P.O. Box 6936

Check if different than previously reported. (ACC) 4800 Deerwood Campus Parkwy, DC3-4

Jacksonville FL 32246

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00161141

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input checked="" type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 09 / 01 / 2018 through 09 / 30 / 2018

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

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>		151865.96
(b) Cash on Hand at Beginning of Reporting Period.....	172886.84	
(c) Total Receipts (from Line 19)	10266.59	105787.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	183153.43	257653.43
7. Total Disbursements (from Line 31).....	5500.00	80000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	177653.43	177653.43
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).....	6469.32	47098.78
(ii) Unitemized	3297.27	53188.69
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9766.59	100287.47
(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)	9766.59	100287.47
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.....	500.00	5500.00
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)).....▶	10266.59	105787.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10266.59	105787.47

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	25000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	55000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5500.00	80000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5500.00	80000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	9766.59	100287.47
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9766.59	100287.47
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 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Alligood, Jay, J, , Jr

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

Mailing Address 4800 Deerwood Campus Pkwy
Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2018

Transaction ID : 2018091117174-289

Amount of Each Receipt this Period 50.00

Memo Item

B. Alligood, Jay, J, , Jr

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

Mailing Address 4800 Deerwood Campus Pkwy
Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2018

Transaction ID : 2018092520534-289

Amount of Each Receipt this Period 50.00

Memo Item

C. Anderson, Gary, D, ,

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

Mailing Address 4800 Deerwood Campus Pkwy
Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2018

Transaction ID : 2018091117174-314

Amount of Each Receipt this Period 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : 2018092520534-314

Amount of Each Receipt this Period
 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

City Jacksonville	State FL	Zip Code 32246-6498
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 14 / 2018
Transaction ID : 201809147534-36

Amount of Each Receipt this Period
 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

City Jacksonville	State FL	Zip Code 32246-6498
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : 2018092618133-36

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 65
	<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. Bailey, Carl, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-296

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-296

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-39

Amount of Each Receipt this Period 20.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 65
	<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. Beck, James, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-39

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-206

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-206

Amount of Each Receipt this Period 25.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 65
	<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. Brennan, Colleen, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-309

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-309

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-169

Amount of Each Receipt this Period 25.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 65
	<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. Bryant, Scott, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Director Consumer Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-169
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Carroll, Andrew, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Strategic Account Exec - Combo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-120
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Carroll, Andrew, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Strategic Account Exec - Combo
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-120
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 400

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-164

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 400

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-164

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) GuideWell Source Occupation (for Individual) Sr Project Mgr

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 201809147534-1

Amount of Each Receipt this Period 20.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-284

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-284

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-281

Amount of Each Receipt this Period 25.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 65
	<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. Coffey, Jacquelyn, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-281

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 201809147534-32

Amount of Each Receipt this Period 150.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092618133-32

Amount of Each Receipt this Period 150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	325.00
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 65
<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. Cronin, Timothy, Bosley, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-310

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-310

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 201809147534-38

Amount of Each Receipt this Period 25.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 65
	<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. Dees, Lisa, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : 2018092618133-38

Amount of Each Receipt this Period
 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

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

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

Name of Employer (for Individual) GuideWell Source	Occupation (for Individual) Pres&COO GWS-Pres&CEO FCSO&N
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 263.40

Date of Receipt
 09 / 14 / 2018
Transaction ID : 201809147534-33

Amount of Each Receipt this Period
 13.17

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

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

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

Name of Employer (for Individual) GuideWell Source	Occupation (for Individual) Pres&COO GWS-Pres&CEO FCSO&Nc
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 263.40

Date of Receipt
 09 / 28 / 2018
Transaction ID : 2018092618133-33

Amount of Each Receipt this Period
 13.17

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	51.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Divita, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) EVP Commercial Markets & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-308

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) EVP Commercial Markets & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-308

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 400

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Proc Imp &Ops Readiness

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 546.72

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-202

Amount of Each Receipt this Period 27.47

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 127.47

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 65
	<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. Evans, Angela, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 400

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Proc Imp &Ops Readiness

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 546.72

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-202

Amount of Each Receipt this Period 27.47

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 201809147534-40

Amount of Each Receipt this Period 12.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092618133-40

Amount of Each Receipt this Period 12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	51.47
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 65
<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. France, Andrew, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-293

Amount of Each Receipt this Period 23.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-293

Amount of Each Receipt this Period 23.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
Bldg 300

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-30

Amount of Each Receipt this Period 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 66.00

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 65
	<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. Gamble, Latonya, Harrell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 300

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-30

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3833.20

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-307

Amount of Each Receipt this Period 191.66

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 3833.20

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-307

Amount of Each Receipt this Period 191.66

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	403.32
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 65
	<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. Giles, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Federal Govt Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1557.96

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-227
 Amount of Each Receipt this Period 65.75
 Memo Item

B. Giles, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Federal Govt Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1557.96

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-227
 Amount of Each Receipt this Period 65.75
 Memo Item

C. Gill, David, Jess, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Mgr Compensation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-232
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	151.50
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 65
	<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. Gill, David, Jess, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-232

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 300

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-27

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 300

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-27

Amount of Each Receipt this Period 20.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 65
	<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. Goodwine, Carolyn, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 400

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Spec IIIb - Business Support

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.50

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-85

Amount of Each Receipt this Period 14.19

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 400

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Spec IIIb - Business Support

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.50

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-85

Amount of Each Receipt this Period 14.19

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-303

Amount of Each Receipt this Period 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 78.38

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-303

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 400

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-298

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 400

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-298

Amount of Each Receipt this Period 25.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt **09 / 14 / 2018**
Transaction ID : 2018091117174-154

Amount of Each Receipt this Period **19.25**

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt **09 / 28 / 2018**
Transaction ID : 2018092520534-154

Amount of Each Receipt this Period **19.25**

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **776.36**

Date of Receipt **09 / 14 / 2018**
Transaction ID : 2018091117174-224

Amount of Each Receipt this Period **38.97**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	77.47
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 65
	<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. Hall, Shanrika, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 776.36

Date of Receipt
 09 / 28 / 2018
Transaction ID : 2018092520534-224

Amount of Each Receipt this Period
 38.97

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 14 / 2018
Transaction ID : 201809147534-31

Amount of Each Receipt this Period
 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : 2018092618133-31

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	88.97
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 65
	<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. Harrison, Camille, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-306

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-306

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 900

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 292.50

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-184

Amount of Each Receipt this Period 22.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	222.50
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 65
	<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. Hendricks, Walter, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 900

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 292.50

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-184

Amount of Each Receipt this Period 22.50

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) GuideWell Source Occupation (for Individual) VP Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 201809147534-24

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) GuideWell Source Occupation (for Individual) VP Operations

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092618133-24

Amount of Each Receipt this Period 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 122.50

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 65
<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. Hobgood, Carlton, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **382.60**

Date of Receipt **09 / 14 / 2018**
Transaction ID : 2018091117174-283

Amount of Each Receipt this Period **19.13**

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **382.60**

Date of Receipt **09 / 28 / 2018**
Transaction ID : 2018092520534-283

Amount of Each Receipt this Period **19.13**

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) GuideWell Source Occupation (for Individual) VP & CFO

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 14 / 2018**
Transaction ID : 201809147534-35

Amount of Each Receipt this Period **15.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	53.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 65
	<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. Hogan, Jonathan, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GuideWell Source Occupation (for Individual) VP & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092618133-35
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Holton, Tammy, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Mgr Business Ethics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-64
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Holton, Tammy, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Mgr Business Ethics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-64
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 65
	<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. Holubowicz, Steven, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novitas Solutions Occupation (for Individual) Sr Dir Prov Audit & Reimb
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 201809147534-67
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Holubowicz, Steven, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novitas Solutions Occupation (for Individual) Sr Dir Prov Audit & Reimb
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092618133-67
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Horne, Suzanne, U, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Sr Counsel & Board Govern
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-276
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 65
	<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. Horne, Suzanne, U, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-276

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-317

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-317

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-18

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-18

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 377.60

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-163

Amount of Each Receipt this Period 18.99

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 58.99

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 377.60

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-163

Amount of Each Receipt this Period 18.99

Memo Item

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

Mailing Address 610 Crescent Executive Ct
 Ste 600

City Lake Mary State FL Zip Code 32746-2113

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-292

Amount of Each Receipt this Period 15.00

Memo Item

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

Mailing Address 610 Crescent Executive Ct
 Ste 600

City Lake Mary State FL Zip Code 32746-2113

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-292

Amount of Each Receipt this Period 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 48.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 65
	<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. Joseph, Charles, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-282

Amount of Each Receipt this Period 40.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-282

Amount of Each Receipt this Period 40.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 201809147534-9

Amount of Each Receipt this Period 20.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 65
	<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. Kirksey, Christine, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Coast Service Options Occupation (for Individual) Mgr Appeals
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092618133-9
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Kouris, Nicholas, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4350 W Cypress St Ste 400
 City Tampa State FL Zip Code 33607-4176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Market Devlpmnt Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-175
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Kouris, Nicholas, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4350 W Cypress St Ste 400
 City Tampa State FL Zip Code 33607-4176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Market Devlpmnt Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-175
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Kozdras, Michael, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 GuideWell Source Sr Mgr Govt Acct and Reporting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2018
Transaction ID : 201809147534-42
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. Kozdras, Michael, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 GuideWell Source Sr Mgr Govt Acct and Reporting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2018
Transaction ID : 2018092618133-42
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. Lampon, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2190 Airport Blvd Ste 3000
 City Pensacola State FL Zip Code 32504-5908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Blue Cross Blue Shield of Fla Regional Medical Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2018
Transaction ID : 2018091117174-96
 Amount of Each Receipt this Period
 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 65
<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. Lampone, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2190 Airport Blvd
 Ste 3000

City Pensacola State FL Zip Code 32504-5908

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-96

Amount of Each Receipt this Period 35.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 201809147534-2

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092618133-2

Amount of Each Receipt this Period 25.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-180

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-180

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Novitas Solutions Occupation (for Individual) VP Operations

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 201809147534-55

Amount of Each Receipt this Period 40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 65
	<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. Martin, Kimberly, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novitas Solutions Occupation (for Individual) VP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092618133-55
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Martinez, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Risk Adj Field Review Spec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-260
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Martinez, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Risk Adj Field Review Spec
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-260
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 80.00
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 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. McCurdy, Michelle, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Comm Pgrms & Prod Comp
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 14 / 2018
Transaction ID : 2018091117174-33
 Amount of Each Receipt this Period 25.00
 Memo Item

B. McCurdy, Michelle, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Comm Pgrms & Prod Comp
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : 2018092520534-33
 Amount of Each Receipt this Period 25.00
 Memo Item

C. McLaughlin, Michael, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) HR Business Partner
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 14 / 2018
Transaction ID : 2018091117174-71
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 65
<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. McLaughlin, Michael, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-71

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 610 Crescent Executive Ct
 Ste 600

City Lake Mary State FL Zip Code 32746-2113

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Data Analytics Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-219

Amount of Each Receipt this Period 15.00

Memo Item

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

Mailing Address 610 Crescent Executive Ct
 Ste 600

City Lake Mary State FL Zip Code 32746-2113

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Data Analytics Consultant

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-219

Amount of Each Receipt this Period 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00

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 43 OF 65
	<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. Miller, Kathleen, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-203

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-203

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Conslt HRIS & App Dev

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-88

Amount of Each Receipt this Period 14.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 64.00

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 65
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Moneypenny, Scott, D, ,		Date of Receipt MM / DD / YYYY 09 / 28 / 2018 Transaction ID : 2018092520534-88
Mailing Address 4800 Deerwood Campus Pkwy Bldg 100		Amount of Each Receipt this Period 14.00
City Jacksonville	State FL	
Zip Code 32246-6498		<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Blue Cross Blue Shield of Fla	Occupation (for Individual) Sr Conslt HRIS & App Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Morgan, Lori, L, ,		Date of Receipt MM / DD / YYYY 09 / 14 / 2018 Transaction ID : 2018091117174-161
Mailing Address 4800 Deerwood Campus Pkwy Bldg 900		Amount of Each Receipt this Period 15.00
City Jacksonville	State FL	
Zip Code 32246-6498		<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Blue Cross Blue Shield of Fla	Occupation (for Individual) Adv IT Business Sys Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Morgan, Lori, L, ,		Date of Receipt MM / DD / YYYY 09 / 28 / 2018 Transaction ID : 2018092520534-161
Mailing Address 4800 Deerwood Campus Pkwy Bldg 900		Amount of Each Receipt this Period 15.00
City Jacksonville	State FL	
Zip Code 32246-6498		<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Blue Cross Blue Shield of Fla	Occupation (for Individual) Adv IT Business Sys Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	44.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 65
	<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. Naidoo, Allen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-311

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-311

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 201809147534-37

Amount of Each Receipt this Period 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 65
	<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. Orenchuk, Michael, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 GuideWell Source VP Chief Info Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : 2018092618133-37
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Ozanne-Tolman, Dawn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Blue Cross Blue Shield of Fla Sr Director Procurement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 474.81

Date of Receipt
 09 / 14 / 2018
Transaction ID : 2018091117174-141
 Amount of Each Receipt this Period 23.86
 Memo Item

C. Ozanne-Tolman, Dawn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Blue Cross Blue Shield of Fla Sr Director Procurement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 474.81

Date of Receipt
 09 / 28 / 2018
Transaction ID : 2018092520534-141
 Amount of Each Receipt this Period 23.86
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 72.72
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 65
	<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. Platt, Mearl, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 09 / 14 / 2018
Transaction ID : 2018091117174-34
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Platt, Mearl, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : 2018092520534-34
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Porter, Gayeta, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GuideWell Source Occupation (for Individual) Dir Medicare Contract Admin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 09 / 14 / 2018
Transaction ID : 201809147534-25
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Porter, Gayeta, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 GuideWell Source Dir Medicare Contract Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : 2018092618133-25
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Ramsey, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Blue Cross Blue Shield of Fla Dir Actuary II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 14 / 2018
Transaction ID : 2018091117174-233
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Ramsey, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy Bldg 100
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Blue Cross Blue Shield of Fla Dir Actuary II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : 2018092520534-233
 Amount of Each Receipt this Period
 25.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 65
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Ruth, Amy, L, ,		Date of Receipt
Mailing Address 4800 Deerwood Campus Pkwy Bldg 100		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2018"/>
City Jacksonville	State FL	Zip Code 32246-6498
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2018091117174-302
Name of Employer (for Individual) Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) SVP HSG & Chief HR Officer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ruth, Amy, L, ,		Date of Receipt
Mailing Address 4800 Deerwood Campus Pkwy Bldg 100		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2018"/>
City Jacksonville	State FL	Zip Code 32246-6498
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2018092520534-302
Name of Employer (for Individual) Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) SVP HSG & Chief HR Officer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Schrader, Elana, G, ,		Date of Receipt
Mailing Address 4800 Deerwood Campus Pkwy Bldg 100		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2018"/>
City Jacksonville	State FL	Zip Code 32246-6498
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2018091117174-286
Name of Employer (for Individual) Blue Cross Blue Shield of Fla		Amount of Each Receipt this Period <input type="text" value="144.23"/>
Occupation (for Individual) Pres GWH&SVP Chief Med Officer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="2656.49"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="194.23"/>
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 65
	<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. Schrader, Elana, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2656.49

Date of Receipt
 09 / 28 / 2018
Transaction ID : 2018092520534-286

Amount of Each Receipt this Period
 144.23

Memo Item

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

Mailing Address 8600 NW 36th St
 Ste 800

City Doral State FL Zip Code 33166-6675

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1916.58

Date of Receipt
 09 / 14 / 2018
Transaction ID : 2018091117174-300

Amount of Each Receipt this Period
 95.52

Memo Item

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

Mailing Address 8600 NW 36th St
 Ste 800

City Doral State FL Zip Code 33166-6675

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 1916.58

Date of Receipt
 09 / 28 / 2018
Transaction ID : 2018092520534-300

Amount of Each Receipt this Period
 95.52

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	335.27
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 65
	<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. Smith, Darnell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-279

Amount of Each Receipt this Period 75.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-279

Amount of Each Receipt this Period 75.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Dir Govt & Legis Relations

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 215.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-11

Amount of Each Receipt this Period 10.75

Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.75
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 65
<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. Smith, Steven, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Dir Govt & Legis Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-11

Amount of Each Receipt this Period 10.75

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1234.62

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-312

Amount of Each Receipt this Period 75.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1234.62

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-312

Amount of Each Receipt this Period 75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.75
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 53 OF 65
	<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. Strayer-Herbert, Martina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 GuideWell Source Dir Quality & Operational Impr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 09 / 14 / 2018
Transaction ID : 201809147534-22
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Strayer-Herbert, Martina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 GuideWell Source Dir Quality & Operational Impr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : 2018092618133-22
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Sweet, Jennifer, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy Bldg 400
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Blue Cross Blue Shield of Fla Sr Dir Medicaid Segment
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 14 / 2018
Transaction ID : 2018091117174-258
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	105.00
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 54 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 400

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-258

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 400

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-183

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 400

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-183

Amount of Each Receipt this Period 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 65
	<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. Trevathan, John, Enver, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 400

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-313

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 400

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-313

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address 610 Crescent Executive Ct
 Ste 600

City Lake Mary State FL Zip Code 32746-2113

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-301

Amount of Each Receipt this Period 75.00

Memo Item

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 56 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Mailing Address 610 Crescent Executive Ct
 Ste 600

City Lake Mary State FL Zip Code 32746-2113

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : 2018092520534-301

Amount of Each Receipt this Period
 75.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 900

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 09 / 14 / 2018
Transaction ID : 2018091117174-288

Amount of Each Receipt this Period
 50.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 900

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : 2018092520534-288

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	175.00
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 57 OF 65
	<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. Urbanek, Jon, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-278

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-278

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Novitas Solutions Occupation (for Individual) VP & MAC Program Mgr

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 201809147534-59

Amount of Each Receipt this Period 25.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 65
	<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. Vaughan, David, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novitas Solutions Occupation (for Individual) VP & MAC Program Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092618133-59
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Wagner, Dianne, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy Bldg 800
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Provider Network Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-51
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Wagner, Dianne, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy Bldg 800
 City Jacksonville State FL Zip Code 32246-6498
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir Provider Network Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-51
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-130

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 800

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-130

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 900

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-291

Amount of Each Receipt this Period 75.00

Memo Item

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 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 900

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : 2018092520534-291

Amount of Each Receipt this Period
 75.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

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

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

Name of Employer (for Individual) Novitas Solutions	Occupation (for Individual) Sr Mgr Mailroom & Imaging
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 09 / 14 / 2018
Transaction ID : 201809147534-58

Amount of Each Receipt this Period
 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

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

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

Name of Employer (for Individual) Novitas Solutions	Occupation (for Individual) Sr Mgr Mailroom & Imaging
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : 2018092618133-58

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 382.60

Date of Receipt 09 / 14 / 2018
Transaction ID : 2018091117174-273

Amount of Each Receipt this Period 19.13

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 382.60

Date of Receipt 09 / 28 / 2018
Transaction ID : 2018092520534-273

Amount of Each Receipt this Period 19.13

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Novitas Solutions Occupation (for Individual) Sr Dir Claims

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 201809147534-60

Amount of Each Receipt this Period 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	58.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 65
	<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. Woodruff, Jennifer, Hagood, ,

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Analyst III - Business Support

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.48

Date of Receipt 09 / 14 / 2018

Transaction ID : 2018091117174-129

Amount of Each Receipt this Period 11.09

Memo Item

B. Woodruff, Jennifer, Hagood, ,

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Analyst III - Business Support

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.48

Date of Receipt 09 / 28 / 2018

Transaction ID : 2018092520534-129

Amount of Each Receipt this Period 11.09

Memo Item

C. Zoller, Philip, L, ,

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

Mailing Address 4800 Deerwood Campus Pkwy
 Bldg 100

City Jacksonville State FL Zip Code 32246-6498

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2018

Transaction ID : 2018091117174-277

Amount of Each Receipt this Period 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 47.18

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 65
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
09 / 28 / 2018

Transaction ID : 2018092520534-277

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	6469.32

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 65
<input 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 checked="" 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. Mast For Congress

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

Mailing Address PO Box 3016

City Stuart	State FL	Zip Code 34995
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00632257

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2018

Transaction ID : 681863E68812A950653

Amount of Each Receipt this Period
 500.00

Memo Item
 Refund of 2018 General contribution

B.

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

C.

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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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. Mast For Congress

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

City: Stuart State: FL Zip Code: 34995

Purpose of Disbursement: 2018 General

Candidate Name: **Mast, Brian, , ,**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 18

Date of Disbursement: 09 / 06 / 2018

FEC Identification Number: **C 00632257**
Transaction ID : **6E817E153EE**
Amount of Each Disbursement this Period: 500.00

Memo Item

B. Stephanie Murphy For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 205

City: Winter Park State: FL Zip Code: 32790

Purpose of Disbursement: 2018 Primary

Candidate Name: **Murphy, Stephanie, N., ,**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 07

Date of Disbursement: 09 / 07 / 2018

FEC Identification Number: **C 00620443**
Transaction ID : **390DAD0848E**
Amount of Each Disbursement this Period: 5000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number: **C**

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5500.00
TOTAL This Period (last page this line number only).....▶	5500.00