

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

ADDRESS (number and street) P.O. Box 6936  
4800 Deerwood Campus Parkwy, DC3-4  
Check if different than previously reported. (ACC) Jacksonville FL 32236

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

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 Quarterly 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 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 (12G)	

Election on \_\_\_\_\_ 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)
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Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Gary M. Healy

Signature of Treasurer Electronically Filed by Mr. Gary M. Healy Date 02 02 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		33372.27
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	33872.45									
(c) Total Receipts (from Line 19) .....	26335.79	50045.97								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	60208.24	83418.24								
7. Total Disbursements (from Line 31) .....	12000.00	35210.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	48208.24	48208.24								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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, In

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	17101.36	25217.46
(ii) Unitemized .....	9234.43	24618.51
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	26335.79	49835.97
(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) .....	26335.79	49835.97
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	210.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (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)) .....	26335.79	50045.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	26335.79	50045.97

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	210.00
(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	210.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	35000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	12000.00	35210.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12000.00	35210.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	26335.79	49835.97
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26335.79	49835.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	210.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	210.00
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 / 30
	<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, In**

<b>A.</b>	Full Name (Last, First, Middle Initial) Ruben Acosta	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3314 Calabria Ave Apt 402	<b>Transaction ID:</b> SA11AI.9869
	City State Zip Code Coral Gables FL 33134	Amount of Each Receipt this Period 182.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer Blue Cross Blue Shield of FL	Occupation Mid Market Acct Exe - Combo	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jonathan Anderson	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 13888 Deer Chase Pl	<b>Transaction ID:</b> SA11AI.9871
	City State Zip Code Jacksonville FL 32224	Amount of Each Receipt this Period 267.82
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer Blue Cross Blue Shield of FL	Occupation VP, Local Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 516.51	

<b>C.</b>	Full Name (Last, First, Middle Initial) Curtis Applewhite	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 1305 N Kyle Wy	<b>Transaction ID:</b> SA11AI.9875
	City State Zip Code Jacksonville FL 32259	Amount of Each Receipt this Period 106.40
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer Blue Cross Blue Shield of FL	Occupation Business architect	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.20	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>556.22</b>
<b>TOTAL</b> 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 / 30
	<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, In**

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles Athans	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 6362 Cedar Lane	<b>Transaction ID:</b> SA11AI.9880
	City State Zip Code Lakeland FL 33813	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer BCBS of FL	Occupation Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms Barbara Benevento	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 4472 Bay Harbour Drive	<b>Transaction ID:</b> SA11AI.9886
	City State Zip Code Jacksonville FL 32225	Amount of Each Receipt this Period 334.74
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer Blue Cross and Blue Shield of Florida	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 645.57	

<b>C.</b>	Full Name (Last, First, Middle Initial) Victoria Bloodworth	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 13548 Aquiline Rd.	<b>Transaction ID:</b> SA11AI.9891
	City State Zip Code Jacksonville FL 32224	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer BCBSF of FL	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>614.74</b>
<b>TOTAL</b> 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 / 30
	<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, In**

<b>A.</b>	Full Name (Last, First, Middle Initial) Luann Brille		Date of Receipt
	Mailing Address 10633 Dawns Light Drive		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Riverview	FL	33578
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9895
Name of Employer BCBSF		Occupation AMS II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="107.66"/>
		<input type="text" value="207.63"/>	payroll deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan Carver-Slimak		Date of Receipt
	Mailing Address 4800 Deerwood Campus Parkway		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Jacksonville	FL	32246
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9903
Name of Employer Blue Cross Blue Shield of FL		Occupation Sr Mgr Regional Care Coordinator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="210.00"/>
		<input type="text" value="405.00"/>	payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Tina Castro		Date of Receipt
	Mailing Address 11330 Scott Mill Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Jacksonville	FL	32223
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9905
Name of Employer BCBSFL		Occupation Director II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="175.00"/>
		<input type="text" value="240.00"/>	payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="492.66"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 30
	<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, In**

<b>A.</b>	Full Name (Last, First, Middle Initial) Deborah Chambers	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 805 Cloudberry Branch Way	<b>Transaction ID:</b> SA11AI.9907
	City State Zip Code Jacksonville FL 32259	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer BCBSF Occupation Segment Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sandra L Coston	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 1663 Harrington Park Drive	<b>Transaction ID:</b> SA11AI.9930
	City State Zip Code Jacksonville FL 32225	Amount of Each Receipt this Period 1800.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer FCSSO Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Davis	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 1898 Woodleigh Dr West	<b>Transaction ID:</b> SA11AI.9935
	City State Zip Code Jacksonville FL 32211	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer FCSSO Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2090.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 30  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Chris Doerr

Mailing Address 8031 Acorn Ridge Road

City State Zip Code  
Jacksonville FL 32256

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

Name of Employer Blue Cross and Blue Shield of Florida  
Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
645.57

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** SA11AI.9938

Amount of Each Receipt this Period  
334.74

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Barney Dreisdadt

Mailing Address 11436 Portside Drive

City State Zip Code  
Jacksonville FL 32256

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

Name of Employer Blue Cross Blue Shield of Florida  
Occupation GBU Integrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** SA11AI.9941

Amount of Each Receipt this Period  
60.00

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)  
Mary Fry

Mailing Address 165 Garden Gate Drive

City State Zip Code  
Ponte Vedra FL 32082

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

Name of Employer BCBSF  
Occupation Mgr Program Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** SA11AI.9960

Amount of Each Receipt this Period  
140.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **534.74**

**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 / 30
	<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, In**

<b>A.</b>	Full Name (Last, First, Middle Initial) Everado Gallegos	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 11669 Falling Leaf Trail	<b>Transaction ID:</b> SA11AI.9962
	City State Zip Code Jacksonville FL 32258	Amount of Each Receipt this Period 167.44
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer Blue Cross Blue Shield of FL	Occupation VP, Natl Prg & Mjr Acct Svc Org	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.92	

<b>B.</b>	Full Name (Last, First, Middle Initial) Linda Goad	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3144 Laurel Grove North	<b>Transaction ID:</b> SA11AI.9963
	City State Zip Code Jacksonville FL 32246	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer Blue Cross and Blue Shield of FL	Occupation Legal Affairs Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Melba Gordon	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 512 Lakefield Lane	<b>Transaction ID:</b> SA11AI.9965
	City State Zip Code Orange Park FL 32073	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer BCBSF	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>517.44</b>
<b>TOTAL</b> 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 12 / 30  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
**FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In**

**A.** Full Name (Last, First, Middle Initial)  
Elizabeth Graham

Mailing Address 9408 Indiana St.

City State Zip Code  
**Jacksonville FL 32082**

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

Name of Employer Occupation  
 BCBS of FL Senior Operations Analyst

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ **270.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 31 2009**

**Transaction ID: SA11AI.9967**

Amount of Each Receipt this Period  
**140.00**

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Michael Guyette

Mailing Address 121 Muirfield Dr.

City State Zip Code  
**Ponte Vedra Beach FL 32082**

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

Name of Employer Occupation  
 BCBS of FL Group VP of National Business Unit

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ **387.45**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 31 2009**

**Transaction ID: SA11AI.9978**

Amount of Each Receipt this Period  
**200.90**

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Allen J Hall

Mailing Address 1098 Garrison Drive

City State Zip Code  
**St. Augustine FL 32092**

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

Name of Employer Occupation  
 BCBSFL Asst. General Counsel

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ **207.90**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 31 2009**

**Transaction ID: SA11AI.9981**

Amount of Each Receipt this Period  
**107.80**

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **448.70**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 30
	<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, In**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Gary M. Healy	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 285 Odoms Mill Blvd	<b>Transaction ID:</b> SA11AI.9990
	City State Zip Code Ponte Vedra Beach FL 32082	Amount of Each Receipt this Period 133.98
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer Blue Cross and Blue Shield of Florida	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.39	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Robert J. Hester	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 8215 Ashworth Ct	<b>Transaction ID:</b> SA11AI.10000
	City State Zip Code Jacksonville FL 32256	Amount of Each Receipt this Period 107.10
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer Blue Cross and Blue Shield of Florida	Occupation Vice President and Senior Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.55	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Michael Hightower	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 1850 Seminole Road	<b>Transaction ID:</b> SA11AI.10001
	City State Zip Code Jacksonville FL 32205	Amount of Each Receipt this Period 167.44
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer BCBSF	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.92	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>408.52</b>
<b>TOTAL</b> 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 / 30
	<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, In**

<b>A.</b>	Full Name (Last, First, Middle Initial) Patty Hill		Date of Receipt
	Mailing Address 621 N. Forest Creek Dr.		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	St. Augustine	FL	32092
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Cross Blue Shield of FL		Occupation Sr. Project Consultant	Transaction ID: SA11AI.10004
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="270.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="140.00"/>
		payroll deduction	

<b>B.</b>	Full Name (Last, First, Middle Initial) Teresa Hill		Date of Receipt
	Mailing Address 11932 Misty Maple Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Jacksonville	FL	32223
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer BCBSF		Occupation Sr Legal Affairs Rep	Transaction ID: SA11AI.10005
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="264.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="140.00"/>
		payroll deduction	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carlton Hobgood		Date of Receipt
	Mailing Address 11681 Hampton Park Blvd.		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Jacksonville	FL	32256
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Cross Blue Shield of FL		Occupation VP, National & Major Acct. Sales	Transaction ID: SA11AI.10007
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="516.51"/>	
		Amount of Each Receipt this Period	<input type="text" value="267.82"/>
		payroll deduction	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="547.82"/>
<b>TOTAL</b> 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 15 / 30
	<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, In**

<b>A.</b>	Full Name (Last, First, Middle Initial) Suzanne Horne		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 12876 Plummer Grant Rd.		<b>Transaction ID:</b> SA11AI.10013
	City Jacksonville	State FL	Zip Code 32258
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 210.00
Name of Employer BCBS of FL		Occupation Assistant General Counsel	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 405.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Nubia Huertas		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 4320 Deerwood Lake Parkway, #101-2		<b>Transaction ID:</b> SA11AI.10015
	City Jacksonville	State FL	Zip Code 32216
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 112.00
Name of Employer Blue Cross Blue Shield of FL		Occupation Implementation Specialist	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 216.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Marsha Humphries		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 5639 Weller Avenue		<b>Transaction ID:</b> SA11AI.10018
	City Jacksonville	State FL	Zip Code 32211
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer BCBSF		Occupation Mgr B - Claims	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>462.00</b>
<b>TOTAL</b> 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 / 30
	<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, In**

<b>A.</b>	Full Name (Last, First, Middle Initial) Janet Inman	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 2262 Wide Reach Drive	<b>Transaction ID:</b> SA11AI.10022
	City State Zip Code Orange Park FL 32003	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer FCSO	Occupation Dir Regional Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Tony Jenkins	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 1613 Stargazer Terrace	<b>Transaction ID:</b> SA11AI.10026
	City State Zip Code Sanford FL 32771	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer Blue Cross Blue Shield of FL	Occupation Market President - Central FL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Cyrus Jollivette	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 12204 Reedpond Drive West	<b>Transaction ID:</b> SA11AI.10030
	City State Zip Code Jacksonville FL 32223	Amount of Each Receipt this Period 1358.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer Blue Cross and Blue Shield of Florida	Occupation Group Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2619.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1708.00</b>
<b>TOTAL</b> 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 / 30
	<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, In**

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles Joseph	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 8062 Green Glade Road	<b>Transaction ID:</b> SA11AI.10054
	City State Zip Code Jacksonville FL 32256	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer BCBSF	Occupation SVP, Gen Counsel, Corp Secr.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms Randy Kammer	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3382 Bowers Lane	<b>Transaction ID:</b> SA11AI.10055
	City State Zip Code Jacksonville FL 32257	Amount of Each Receipt this Period 368.20
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer Blue Cross and Blue Shield of Florida	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 710.10	

<b>C.</b>	Full Name (Last, First, Middle Initial) Diane Kelley	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 17184 Dorado Circle	<b>Transaction ID:</b> SA11AI.10058
	City State Zip Code Jacksonville FL 32226	Amount of Each Receipt this Period 90.72
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer Blue Cross Blue Shield of Florida	Occupation Director VOBU Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.20	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>668.92</b>
<b>TOTAL</b> 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 18 / 30  
(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, In**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Varnum Kenyon

Mailing Address 10442 Hunters Creek Ct.

City State Zip Code  
**Jacksonville FL 32256**

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

Name of Employer: Blue Cross and Blue Shield of Florida  
 Occupation: Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.26**

Date of Receipt: **12 / 31 / 2009**  
**Transaction ID: SA11AI.10061**  
 Amount of Each Receipt this Period: **173.46**  
 payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Sue Kever

Mailing Address 418 Shoreline Drive

City State Zip Code  
**Gulf Breeze FL 32561**

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

Name of Employer: BCBSF  
 Occupation: Mgr Phys/Provider Relations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt: **12 / 31 / 2009**  
**Transaction ID: SA11AI.10062**  
 Amount of Each Receipt this Period: **210.00**  
 payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Bruce Klama

Mailing Address 555 Granada Terrace

City State Zip Code  
**Ponte Vedra Beach FL 32082**

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

Name of Employer: BCBS of FL  
 Occupation: Senior Project Consultant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt: **12 / 31 / 2009**  
**Transaction ID: SA11AI.10063**  
 Amount of Each Receipt this Period: **140.00**  
 payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **523.46**

**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 / 30
	<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, In**

<b>A.</b>	Full Name (Last, First, Middle Initial) Nick Kouris	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 4800 Deerwood Campus Parkway	<b>Transaction ID:</b> SA11AI.10065
	City State Zip Code Jacksonville FL 32246	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer Blue Cross Blue Shield of FL	Occupation Sr. Mgr Mkt Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Duke Livermore	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3053 Bishop Estates Road	<b>Transaction ID:</b> SA11AI.10075
	City State Zip Code Jacksonville FL 32259	Amount of Each Receipt this Period 669.62
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer Blue Cross Blue Shield Florida	Occupation Asst. General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1291.41	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. John Montgomery	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 727 Westminster Dr.	<b>Transaction ID:</b> SA11AI.10098
	City State Zip Code Orange Park FL 32073	Amount of Each Receipt this Period 107.64
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer BCBSF	Occupation VP Sr SBU Delivery System	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 263.12	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>917.26</b>
<b>TOTAL</b> 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 / 30
	<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, In**

<b>A.</b>	Full Name (Last, First, Middle Initial) Karen Morris	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 1963 Rose Mallow Lane	<b>Transaction ID:</b> SA11AI.10102
	City State Zip Code Orange Park FL 32003	Amount of Each Receipt this Period 138.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer BCBSF	Occupation Senior Project Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Samieh Norse	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 12334 Cobblestone Circle, S.	<b>Transaction ID:</b> SA11AI.10036
	City State Zip Code Jacksonville FL 32225	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer BCBSF	Occupation Service Manager II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Barry O'Reilly	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 1572 Misty Lake Dr.	<b>Transaction ID:</b> SA11AI.10043
	City State Zip Code Orange Park FL 32003	Amount of Each Receipt this Period 281.26
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer BCBSF	Occupation VP Chief IT Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 542.43	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>559.26</b>
<b>TOTAL</b> 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 / 30
	<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, In**

<b>A.</b>	Full Name (Last, First, Middle Initial) Carl Patten	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 9727 Touchton Road #1916	<b>Transaction ID:</b> SA11AI.10050
	City State Zip Code Jacksonville FL 32246	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer BCBSF	Occupation Sr Policy Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Catherine Peper	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 4510 Harbour North Ct.	<b>Transaction ID:</b> SA11AI.10051
	City State Zip Code Jacksonville FL 32225	Amount of Each Receipt this Period 133.98
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer BCBSF	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.39	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sandra Pinckard	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 144 N Atherly Road	<b>Transaction ID:</b> SA11AI.10111
	City State Zip Code St. Augustine FL 32092	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer Opta Comp	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>623.98</b>
<b>TOTAL</b> 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 / 30		
	<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

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NAME OF COMMITTEE (In Full)  
**FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. David Pizzo	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 109 Bent Pine Court #1121	<b>Transaction ID:</b> SA11AI.10114
	City State Zip Code Ponte Vedra Beach FL 32082	Amount of Each Receipt this Period 133.98
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer BCBSF Occupation VP, Mktg Comm, Brand Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 258.39	

<b>B.</b>	Full Name (Last, First, Middle Initial) William Price	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 1204 Nicholson Road	<b>Transaction ID:</b> SA11AI.10116
	City State Zip Code Jacksonville FL 32259	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer BCBSF Occupation Curm Sakes Business Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 405.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William Pruett	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 1160 Hideaway Dr North	<b>Transaction ID:</b> SA11AI.10117
	City State Zip Code Jacksonville FL 32259	Amount of Each Receipt this Period 112.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer BCBSF Occupation Consultant Tax Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 216.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>455.98</b>
<b>TOTAL</b> 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 / 30
<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, In**

<b>A.</b>	Full Name (Last, First, Middle Initial) Malcolm Rauch		Date of Receipt
	Mailing Address 9374 Fish Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Jacksonville	FL	32220
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10041
Name of Employer BCBSF		Occupation Manager II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="221.00"/>	<input type="text" value="182.00"/>
			payroll deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) David E Sanna		Date of Receipt
	Mailing Address 380 Twelve Oaks Drive		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Winter Springs	FL	32708
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10131
Name of Employer BCBSFL		Occupation Director GBU Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	<input type="text" value="140.00"/>
			payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Chad Sasser		Date of Receipt
	Mailing Address 1643 Challen Avenue		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Jacksonville	FL	32205
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10132
Name of Employer Blue Cross Blue Shield of FL		Occupation Sr Mgr Sales Incentive Prodn	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="216.00"/>	<input type="text" value="112.00"/>
			payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="434.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 24 / 30  
(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, In**

**A.** Full Name (Last, First, Middle Initial)  
 Penelope Shaffer  
 Mailing Address 2240 NE 197th Street  
 City State Zip Code  
 Adventura FL 32504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BCBSFL Mgr. GBU Sales  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 516.51  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9  
**Transaction ID:** SA11AI.10140  
 Amount of Each Receipt this Period  
 267.82  
 payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
 Maria Silveira  
 Mailing Address 12193 SW 10th Street #1  
 City State Zip Code  
 Miami FL 33184  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BCBSF Pro-Vend Auditor III-SFL  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 270.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9  
**Transaction ID:** SA11AI.10142  
 Amount of Each Receipt this Period  
 140.00  
 payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Darnell Smith  
 Mailing Address 11768 Cherry Bark Dr E  
 City State Zip Code  
 Jacksonville FL 32218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BCBSF Vice President  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 281.26  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9  
**Transaction ID:** SA11AI.10145  
 Amount of Each Receipt this Period  
 281.26  
 payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **689.08**  
**TOTAL** This Period (last page this line number only) ..... ►



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

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

FOR LINE NUMBER: PAGE 25 / 30  
(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, In**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Steven Smith

Mailing Address 12928 Jupiter Hills Circle, N.

City State Zip Code  
**Jacksonville FL 32225**

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

Name of Employer Occupation  
 BCBSF Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **290.25**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 31 2009**

**Transaction ID: SA11AI.10147**

Amount of Each Receipt this Period  
**150.50**

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Carl B Stone

Mailing Address 4546 Long Bow Road

City State Zip Code  
**Jacksonville FL 32210**

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

Name of Employer Occupation  
 BCBSF VP Association Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **645.57**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 31 2009**

**Transaction ID: SA11AI.10156**

Amount of Each Receipt this Period  
**334.74**

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Craig A Thomas

Mailing Address 2050 Salt Myrtle Lane

City State Zip Code  
**Orange Park FL 32073**

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

Name of Employer Occupation  
 BCBSF VP Product & Service Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **258.39**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 31 2009**

**Transaction ID: SA11AI.10162**

Amount of Each Receipt this Period  
**133.98**

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **619.22**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 30
	<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, In**

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan Towler	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 4000 San Jose Blvd.	<b>Transaction ID:</b> SA11AI.10164
	City State Zip Code Jacksonville FL 32207	Amount of Each Receipt this Period 217.56
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer BCBSF	Occupation VP Community Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 419.58	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph W Trance	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 1337 Hideaway Drive, South	<b>Transaction ID:</b> SA11AI.10165
	City State Zip Code Jacksonville FL 32259	Amount of Each Receipt this Period 133.98
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer BCBSFL	Occupation Director IV Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.39	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jane Tuten	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 101 Carcaba Road	<b>Transaction ID:</b> SA11AI.10167
	City State Zip Code St. Augustine FL 32084	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer BCBSF	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1351.54</b>
<b>TOTAL</b> 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 / 30
	<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, In**

<b>A.</b>	Full Name (Last, First, Middle Initial) Christy Vitulli		Date of Receipt
	Mailing Address 4800 Deerwood Campus Parkway		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Jacksonville	FL	32246
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10171
Name of Employer Blue Cross Blue Shield of FL		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00	<input type="text"/> 280.00
			payroll deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Tammy Wagner		Date of Receipt
	Mailing Address 8051 Shadwell Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Jacksonville	FL	32244
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10175
Name of Employer Blue Cross Blue Shield of FL		Occupation Project Consultant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	<input type="text"/> 140.00
			payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Wall		Date of Receipt
	Mailing Address 12848 Vickers Lake Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Jacksonville	FL	32224
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.10176
Name of Employer BCBSF		Occupation VP Corporate Planning & Anal	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2025.00	<input type="text"/> 1050.00
			payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1470.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 28 / 30  
(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, In**

**A.** Full Name (Last, First, Middle Initial)  
 Deborah Williams  
 Mailing Address 808 Point LaVista Rd. N.  
 City State Zip Code  
 Jacksonville FL 32207  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9  
**Transaction ID:** SA11AI.10181  
 Amount of Each Receipt this Period  
 267.82  
 payroll deduction  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSF Occupation VP Learning & Organizational  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 516.51

**B.** Full Name (Last, First, Middle Initial)  
 Deborah Wilson  
 Mailing Address 1329 McGirts Creek Dr. W.  
 City State Zip Code  
 Jacksonville FL 32221  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9  
**Transaction ID:** SA11AI.10182  
 Amount of Each Receipt this Period  
 140.00  
 payroll deduction  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Cross Blue Shield of FL Occupation Legal Affairs Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **407.82**  
**TOTAL** This Period (last page this line number only) ..... ► **17101.36**

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

**A.**

Full Name (Last, First, Middle Initial)  
BluePAC - BCBSA

Mailing Address 1310 G STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement Political contribution

Candidate Name BluePAC - BCBSA

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB23.10198  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**B.**

Full Name (Last, First, Middle Initial)  
BluePAC - BCBSA

Mailing Address 1310 G STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement Political contribution

Candidate Name BluePAC - BCBSA

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB23.10196  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**C.**

Full Name (Last, First, Middle Initial)  
Debbie Wasserman Schultz-Congress

Mailing Address 1725 Main St. Suite 215

City WESTON State FL Zip Code 33326

Purpose of Disbursement Political contribution

Candidate Name Debbie Wasserman Schultz-Congress

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB23.10188  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

FLORIDA HEALTH POLITICAL ACTION COMMITTEE (The PAC of Blue Cross & Blue Shield of FL, In

**A.** Full Name (Last, First, Middle Initial)  
Debbie Wasserman Schultz-Congress

Mailing Address 1725 Main St.  
Suite 215

City WESTON State FL Zip Code 33326

Purpose of Disbursement  
Political contribution

Candidate Name  
Debbie Wasserman Schultz-Congress

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** SB23.10197  
Date of Disbursement

12 / 08 / 2009

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF CORRINE BROWN

Mailing Address 3109 River Bend Court D-102

City Laurel State MD Zip Code 20724

Purpose of Disbursement  
Political contribution

Candidate Name  
FRIENDS OF CORRINE BROWN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: FL District: 03

**Transaction ID:** SB23.10187  
Date of Disbursement

10 / 05 / 2009

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JIM CLYBURN

Mailing Address PO BOX 12567

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement  
Political contribution

Candidate Name  
FRIENDS OF JIM CLYBURN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

**Transaction ID:** SB23.10194  
Date of Disbursement

11 / 05 / 2009

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3000.00

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

12000.00