

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00161141 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

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: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 09 01 2016 through 09 30 2016

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 21 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		146609.96
(b) Cash on Hand at Beginning of Reporting Period.....	143651.03	
(c) Total Receipts (from Line 19)	13923.70	95453.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	157574.73	242063.38
7. Total Disbursements (from Line 31).....	29500.00	113988.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	128074.73	128074.73
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).....	8516.49	42389.70
(ii) Unitemized	5407.21	47563.72
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13923.70	89953.42
(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)	13923.70	89953.42
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	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)).....▶	13923.70	95453.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	13923.70	95453.42

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	20000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	93988.65
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)) ..	29500.00	113988.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29500.00	113988.65

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13923.70	89953.42
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13923.70	89953.42
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 86
	<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 Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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 / 02 / 2016

Transaction ID : 201608301739-272

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 Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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 / 16 / 2016

Transaction ID : 20160913202946-273

Amount of Each Receipt this Period 50.00

Memo Item

C. Alligood, Jay, J, , Jr.

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 / 30 / 2016

Transaction ID : 2016092716916-268

Amount of Each Receipt this Period 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 86
	<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. Altmire, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) SVP Public Pol & Comm Engagemt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 201608301739-285

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) SVP Public Pol & Comm Engagemt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160913202946-286

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) SVP Public Pol & Comm Engagemt

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016092716916-283

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Anderson, 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Diversified Service Options Pres & CEO GW Alg-CLC & CO GWS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2016
Transaction ID : 20160912162446-1
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Diversified Service Options Pres & CEO GW Alg-CLC & CO GWS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2016
Transaction ID : 20160919131540-55
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Diversified Service Options Pres & CEO GW Alg-CLC & CO GWS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 2016102115241-55
 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 9 OF 86
<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. Atwater, Lynette, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway
 Building 900
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Dir Clinical Review RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 201608301739-201
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Atwater, Lynette, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Dir Clinical Review RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160913202946-200
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Beck, James, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (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 / 02 / 2016
Transaction ID : 201608301739-45
 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 10 OF 86
	<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 Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2016
Transaction ID : 20160913202946-44
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Beck, James, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (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
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 2016092716916-44
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Bedenbaugh, Jeffrey, Yates, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 John Knox Road
 Suite 107
 City Tallahassee State FL Zip Code 32303
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2016
Transaction ID : 201608301739-212
 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 11 OF 86
	<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. Bedenbaugh, Jeffrey, Yates, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 John Knox Road
 Suite 107

City Tallahassee State FL Zip Code 32303

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 / 16 / 2016
Transaction ID : 20160913202946-211

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 / 30 / 2016
Transaction ID : 2016092716916-208

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 / 02 / 2016
Transaction ID : 201608301739-286

Amount of Each Receipt this Period 50.00

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 12 OF 86
	<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. Brennan, Colleen, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 / 16 / 2016
Transaction ID : 20160913202946-287

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 Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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 / 30 / 2016
Transaction ID : 2016092716916-284

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 Parkway
 Building 800

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 201608301739-179

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 13 OF 86
	<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 Parkway
 Building 800
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Consumer Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 16 / 2016
Transaction ID : 20160913202946-178
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Bryant, Scott, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway
 Building 800
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Consumer Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 2016092716916-177
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Carroll, Andrew, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (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 / 02 / 2016
Transaction ID : 201608301739-129
 Amount of Each Receipt this Period 50.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 86
	<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. Carroll, Andrew, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 / 16 / 2016
Transaction ID : 20160913202946-128

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 / 30 / 2016
Transaction ID : 2016092716916-128

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 900

City Jacksonville State FL Zip Code 32246

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 / 02 / 2016
Transaction ID : 201608301739-172

Amount of Each Receipt this Period 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 86
	<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. Cassaro, Daniel, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 900

City Jacksonville State FL Zip Code 32246

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 / 16 / 2016
Transaction ID : 20160913202946-171

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 Parkway
 Building 600

City Jacksonville State FL Zip Code 32246

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 / 30 / 2016
Transaction ID : 2016092716916-171

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

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

Name of Employer (for Individual) Diversified Service Options Occupation (for Individual) Sr. Project Manager

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 09 / 16 / 2016
Transaction ID : 20160919131540-7

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 16 OF 86
	<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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Diversified Service Options Sr. Project Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016102115241-7
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Coats, William, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Blue Cross Blue Shield of Fla VP Chief Investment Officer&Tr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 201608301739-267
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Coats, William, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Blue Cross Blue Shield of Fla VP Chief Investment Officer&Tr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160913202946-268
 Amount of Each Receipt this Period 50.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 86
	<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. Coats, William, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 / 30 / 2016
Transaction ID : 2016092716916-263

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 800

City Jacksonville State FL Zip Code 32246

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 / 02 / 2016
Transaction ID : 201608301739-263

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 800

City Jacksonville State FL Zip Code 32246

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 / 16 / 2016
Transaction ID : 20160913202946-264

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 18 OF 86
	<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. Coffey, Jacquelyn, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 800

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 / 30 / 2016
Transaction ID : 2016092716916-259

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

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

Name of Employer (for Individual) Diversified Service Options Occupation (for Individual) Chairperson & CEO GWS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 20160912162446-5

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

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

Name of Employer (for Individual) Diversified Service Options Occupation (for Individual) Chairperson & CEO GWS

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160919131540-48

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 19 OF 86
<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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Diversified Service Options Occupation (for Individual) Chairperson & CEO GWS
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **09 / 30 / 2016**
Transaction ID : 2016102115241-48
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Cronin, Timothy, Bosley, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (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 / 02 / 2016**
Transaction ID : 201608301739-287
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Cronin, Timothy, Bosley, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (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 / 16 / 2016**
Transaction ID : 20160913202946-288
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 86
	<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. Cronin, Timothy, Bosley, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

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

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

Name of Employer (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 / 30 / 2016
Transaction ID : 2016092716916-285

Amount of Each Receipt this Period
 50.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

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

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

Name of Employer (for Individual) Diversified Service Options	Occupation (for Individual) Assistant General Counsel
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 09 / 02 / 2016
Transaction ID : 20160912162446-6

Amount of Each Receipt this Period
 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

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

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

Name of Employer (for Individual) Diversified Service Options	Occupation (for Individual) Assistant General Counsel
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 09 / 16 / 2016
Transaction ID : 20160919131540-63

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 21 OF 86
	<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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Diversified Service Options Assistant General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016102115241-63
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Diversified Service Options Pres&COO GWS-Pres&CEO FCSSO&N
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 263.40

Date of Receipt 09 / 02 / 2016
Transaction ID : 20160912162446-7
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Diversified Service Options Pres&COO GWS-Pres&CEO FCSSO&Nc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 263.40

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160919131540-49
 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 22 OF 86
	<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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Diversified Service Options Pres&COO GWS-Pres&CEO FCSO&N
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 263.40

Date of Receipt
 09 / 30 / 2016
Transaction ID : 2016102115241-49
 Amount of Each Receipt this Period
 13.17
 Memo Item

B. Divita, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Blue Cross Blue Shield of Fla SVP Finance & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 09 / 02 / 2016
Transaction ID : 201608301739-283
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Divita, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Blue Cross Blue Shield of Fla SVP Finance & CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 09 / 16 / 2016
Transaction ID : 20160913202946-284
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	113.17
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 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) SVP Finance & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016092716916-281

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.76

Date of Receipt 09 / 02 / 2016
Transaction ID : 201608301739-206

Amount of Each Receipt this Period 26.14

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 520.76

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160913202946-205

Amount of Each Receipt this Period 26.14

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 102.28

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 86
	<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 Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **520.76**

Date of Receipt **09 / 30 / 2016**

Transaction ID : 2016092716916-203

Amount of Each Receipt this Period **26.14**

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 02 / 2016**

Transaction ID : 201608301739-284

Amount of Each Receipt this Period **50.00**

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 16 / 2016**

Transaction ID : 20160913202946-285

Amount of Each Receipt this Period **50.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **126.14**

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 86
	<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. Fischer, Kirk, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016092716916-282

Amount of Each Receipt this Period 50.00

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

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

Name of Employer (for Individual) Diversified Service Options Occupation (for Individual) Assistant General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 20160912162446-8

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

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

Name of Employer (for Individual) Diversified Service Options Occupation (for Individual) Assistant General Counsel

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160919131540-65

Amount of Each Receipt this Period 12.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	74.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 86
	<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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Diversified Service Options Occupation (for Individual) Assistant General Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016102115241-65
 Amount of Each Receipt this Period 12.00
 Memo Item

B. France, Andrew, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Dir Actuary II
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 201608301739-141
 Amount of Each Receipt this Period 23.00
 Memo Item

C. France, Andrew, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Dir Actuary II
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160913202946-140
 Amount of Each Receipt this Period 23.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	58.00
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 27 OF 86
	<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. France, Andrew, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016092716916-140

Amount of Each Receipt this Period 23.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3833.20

Date of Receipt 09 / 02 / 2016
Transaction ID : 201608301739-282

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 Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 3833.20

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160913202946-283

Amount of Each Receipt this Period 191.66

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 406.32

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 28 OF 86
	<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. Geraghty, Patrick, J, ,		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>30</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		30		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
09		30		2016								
Mailing Address 4800 Deerwood Campus Parkway Building 100		Transaction ID : 2016092716916-280										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 191.66										
Name of Employer (for Individual) Blue Cross Blue Shield of Fla	Occupation (for Individual) Chairman & CEO	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3833.20											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Giles, Thomas, , ,		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>02</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		02		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
09		02		2016								
Mailing Address 4800 Deerwood Campus Parkway Building 100		Transaction ID : 201608301739-230										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.13										
Name of Employer (for Individual) Blue Cross Blue Shield of Fla	Occupation (for Individual) Sr Dir Federal Govt Relations	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1235.92											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Giles, Thomas, , ,		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>16</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		16		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
09		16		2016								
Mailing Address 4800 Deerwood Campus Parkway Building 100		Transaction ID : 20160913202946-229										
City Jacksonville	State FL	Zip Code 32246										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.13										
Name of Employer (for Individual) Blue Cross Blue Shield of Fla	Occupation (for Individual) Sr Dir Federal Govt Relations	<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1235.92											

SUBTOTAL of Receipts This Page (optional).....▶	315.92
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 86
	<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. Giles, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 ▼ 1235.92

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016092716916-226

Amount of Each Receipt this Period 62.13

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 200

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 / 02 / 2016
Transaction ID : 201608301739-34

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 Parkway
 Building 200

City Jacksonville State FL Zip Code 32246

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 / 16 / 2016
Transaction ID : 20160913202946-34

Amount of Each Receipt this Period 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 102.13

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 86
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	<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. Gonzalez, Sharon, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 200

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 / 30 / 2016
Transaction ID : 2016092716916-34

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 400

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 ▼ 213.52

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160913202946-93

Amount of Each Receipt this Period 10.73

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 400

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 ▼ 213.52

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016092716916-93

Amount of Each Receipt this Period 10.73

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 41.46

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 31 OF 86
	<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. Gregor, Joseph, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016092716916-276

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 Parkway
 Building 900

City Jacksonville State FL Zip Code 32246

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 / 02 / 2016
Transaction ID : 201608301739-276

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 Parkway
 Building 900

City Jacksonville State FL Zip Code 32246

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 / 16 / 2016
Transaction ID : 20160913202946-277

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 32 OF 86
	<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. Griffin, Cynthia, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 900

City Jacksonville State FL Zip Code 32246

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 / 30 / 2016**

Transaction ID : 2016092716916-273

Amount of Each Receipt this Period **25.00**

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **742.68**

Date of Receipt **09 / 02 / 2016**

Transaction ID : 201608301739-228

Amount of Each Receipt this Period **37.28**

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **742.68**

Date of Receipt **09 / 16 / 2016**

Transaction ID : 20160913202946-227

Amount of Each Receipt this Period **37.28**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	99.56
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 86
	<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. Hall, Shanrika, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **742.68**

Date of Receipt **09 / 30 / 2016**

Transaction ID : 2016092716916-224

Amount of Each Receipt this Period **37.28**

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

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

Name of Employer (for Individual) Diversified Service Options Occupation (for Individual) Sr. VP & Chief Admin Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 02 / 2016**

Transaction ID : 20160912162446-10

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

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

Name of Employer (for Individual) Diversified Service Options Occupation (for Individual) Sr. VP & Chief Admin Officer

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 16 / 2016**

Transaction ID : 20160919131540-35

Amount of Each Receipt this Period **25.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	87.28
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 86
	<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. 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
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Diversified Service Options	Occupation (for Individual) Sr. VP & Chief Admin Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 2016102115241-35

Amount of Each Receipt this Period
 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 09 / 02 / 2016
Transaction ID : 201608301739-281

Amount of Each Receipt this Period
 100.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 09 / 16 / 2016
Transaction ID : 20160913202946-282

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 35 OF 86
<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. Harrison, Camille, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016092716916-279

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 201608301739-270

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160913202946-271

Amount of Each Receipt this Period 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 86
	<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. Healy, Gary, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 2016092716916-266

Amount of Each Receipt this Period
 20.00

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
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Diversified Service Options	Occupation (for Individual) VP Operations
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 2016102115241-2

Amount of Each Receipt this Period
 50.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

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

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

Name of Employer (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 / 02 / 2016
Transaction ID : 201608301739-266

Amount of Each Receipt this Period
 19.13

Memo Item

SUBTOTAL of Receipts This Page (optional).....	89.13
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 86
	<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. Hobgood, Carlton, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 / 16 / 2016**

Transaction ID : 20160913202946-267

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 Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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 / 30 / 2016**

Transaction ID : 2016092716916-262

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

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

Name of Employer (for Individual) Diversified Service Options Occupation (for Individual) VP Fin Ops & CFO

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 02 / 2016**

Transaction ID : 20160912162446-13

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 38 OF 86
	<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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Diversified Service Options VP Fin Ops & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 09 / 16 / 2016
Transaction ID : 20160919131540-54
 Amount of Each Receipt this Period 15.00
 Memo Item

B. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Diversified Service Options VP Fin Ops & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 2016102115241-54
 Amount of Each Receipt this Period 15.00
 Memo Item

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

Date of Receipt
 09 / 02 / 2016
Transaction ID : 201608301739-72
 Amount of Each Receipt this Period 25.00
 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 39 OF 86
<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. Holton, Tammy, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 / 16 / 2016
Transaction ID : 20160913202946-71

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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 / 30 / 2016
Transaction ID : 2016092716916-71

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Pkwy

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 20160912162446-57

Amount of Each Receipt this Period 25.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 86
<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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novitas Occupation (for Individual) Sr. Dir Prov Audit & Reimb
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160919131540-59
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novitas Occupation (for Individual) Sr. Dir Prov Audit & Reimb
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016102115241-59
 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 Parkway Building 100
 City Jacksonville State FL Zip Code 32246
 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 / 02 / 2016
Transaction ID : 201608301739-258
 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 41 OF 86
	<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 Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 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 / 16 / 2016
Transaction ID : 20160913202946-259
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Horne, Suzanne, U, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 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 / 30 / 2016
Transaction ID : 2016092716916-254
 Amount of Each Receipt this Period 25.00
 Memo Item

C. James, Robert, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (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 / 02 / 2016
Transaction ID : 201608301739-24
 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 42 OF 86
	<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 Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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 / 16 / 2016
Transaction ID : 20160913202946-24

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 Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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 / 30 / 2016
Transaction ID : 2016092716916-24

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 Parkway
 Building 800

City Jacksonville State FL Zip Code 32246

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 ▼ 345.76

Date of Receipt 09 / 02 / 2016
Transaction ID : 201608301739-171

Amount of Each Receipt this Period 17.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 86
	<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 Parkway
 Building 800
 City Jacksonville State FL Zip Code 32246
 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 ▼ 345.76

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160913202946-170
 Amount of Each Receipt this Period 17.39
 Memo Item

B. Jamison, Robin, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway
 Building 800
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Mgr Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.76

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016092716916-170
 Amount of Each Receipt this Period 17.39
 Memo Item

C. Jarrett, Mary, , ,
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Diversified Service Options Occupation (for Individual) Assistant General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 20160912162446-15
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 74.78
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 86
<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. Jarrett, Mary, , ,
 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
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Diversified Service Options	Occupation (for Individual) Assistant General Counsel
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 09 / 16 / 2016
Transaction ID : 20160919131540-66

Amount of Each Receipt this Period
 40.00

Memo Item

B. Jarrett, Mary, , ,
 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
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Diversified Service Options	Occupation (for Individual) Assistant General Counsel
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 2016102115241-66

Amount of Each Receipt this Period
 40.00

Memo Item

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

Mailing Address 610 Crescent Executive Court
 Suite #600

City Lake Mary	State FL	Zip Code 32746
-------------------	-------------	-------------------

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

Name of Employer (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 / 02 / 2016
Transaction ID : 201608301739-275

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	95.00
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 86
	<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. Jenkins, Tony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 610 Crescent Executive Court
 Suite #600

City Lake Mary State FL Zip Code 32746

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

Name of Employer (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 / 16 / 2016
Transaction ID : 20160913202946-276

Amount of Each Receipt this Period 15.00

Memo Item

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

Mailing Address 610 Crescent Executive Court
 Suite #600

City Lake Mary State FL Zip Code 32746

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

Name of Employer (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 / 30 / 2016
Transaction ID : 2016092716916-271

Amount of Each Receipt this Period 15.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 / 02 / 2016
Transaction ID : 201608301739-265

Amount of Each Receipt this Period 40.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 86
	<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. Joseph, Charles, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 / 16 / 2016**
Transaction ID : 20160913202946-266

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 Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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 / 30 / 2016**
Transaction ID : 2016092716916-261

Amount of Each Receipt this Period **40.00**

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 900

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **239.20**

Date of Receipt **09 / 02 / 2016**
Transaction ID : 201608301739-252

Amount of Each Receipt this Period **11.96**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	91.96
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 86
	<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. Kelley, Diane, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 900

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 239.20

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160913202946-251

Amount of Each Receipt this Period 11.96

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 900

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 239.20

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016092716916-248

Amount of Each Receipt this Period 11.96

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

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 20160912162446-34

Amount of Each Receipt this Period 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	43.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 86
	<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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 First Coast Service Options Mgr Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 09 / 16 / 2016
Transaction ID : 20160919131540-34
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Kirksey, Christine, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 First Coast Service Options Mgr Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 2016102115241-34
 Amount of Each Receipt this Period 20.00
 Memo Item

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

Date of Receipt
 09 / 02 / 2016
Transaction ID : 201608301739-184
 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 49 OF 86
<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. Kouris, Nicholas, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4350 West Cypress Street
 Suite 400

City Tampa State FL Zip Code 33607

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160913202946-183

Amount of Each Receipt this Period 15.00

Memo Item

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

Mailing Address 4350 West Cypress Street
 Suite 400

City Tampa State FL Zip Code 33607

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016092716916-182

Amount of Each Receipt this Period 15.00

Memo Item

C. 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

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

Name of Employer (for Individual) Diversified Service Options Occupation (for Individual) Sr Mgr Govt Acct and Reporting

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 20160912162446-16

Amount of Each Receipt this Period 15.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 86
	<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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Diversified Service Options Sr Mgr Govt Acct and Reporting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2016
Transaction ID : 20160919131540-69
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Diversified Service Options Sr Mgr Govt Acct and Reporting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : 2016102115241-69
 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. Suite 3000
 City Pensacola State FL Zip Code 32504
 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 / 02 / 2016
Transaction ID : 201608301739-104
 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 51 OF 86
<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.
 Suite 3000
 City Pensacola State FL Zip Code 32504
 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 / 16 / 2016
Transaction ID : 20160913202946-103
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Lampone, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2190 Airport Blvd.
 Suite 3000
 City Pensacola State FL Zip Code 32504
 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 / 30 / 2016
Transaction ID : 2016092716916-103
 Amount of Each Receipt this Period 35.00
 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
 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 / 02 / 2016
Transaction ID : 20160912162446-36
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	95.00
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 52 OF 86
	<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. 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
 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 / 16 / 2016
Transaction ID : 20160919131540-53
 Amount of Each Receipt this Period 25.00
 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
 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 / 30 / 2016
Transaction ID : 2016102115241-53
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Lucas, Marymargaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 770 Northpoint Parkway Suite 200
 City West Palm Beach State FL Zip Code 33407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (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 / 02 / 2016
Transaction ID : 201608301739-190
 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 53 OF 86
<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. Lucas, Marymargaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 770 Northpoint Parkway
 Suite 200

City West Palm Beach State FL Zip Code 33407

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

Name of Employer (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 / 16 / 2016
Transaction ID : 20160913202946-189

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 770 Northpoint Parkway
 Suite 200

City West Palm Beach State FL Zip Code 33407

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

Name of Employer (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 / 30 / 2016
Transaction ID : 2016092716916-188

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

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 305.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 20160912162446-60

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 54 OF 86
	<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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novitas Occupation (for Individual) VP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160919131540-13
 Amount of Each Receipt this Period 40.00
 Memo Item

B. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novitas Occupation (for Individual) VP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016102115241-13
 Amount of Each Receipt this Period 40.00
 Memo Item

C. McLaughlin, Michael, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (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 / 02 / 2016
Transaction ID : 201608301739-81
 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 55 OF 86
	<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 Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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 / 16 / 2016
Transaction ID : 20160913202946-80

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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 / 30 / 2016
Transaction ID : 2016092716916-80

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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 Talent Acquisition

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 201608301739-208

Amount of Each Receipt this Period 25.00

Memo Item

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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 Talent Acquisition

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160913202946-207

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 Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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 Talent Acquisition

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016092716916-205

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 Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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 / 02 / 2016
Transaction ID : 201608301739-97

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 57 OF 86
	<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. Money Penny, Scott, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (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 / 16 / 2016
Transaction ID : 20160913202946-96
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Money Penny, Scott, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (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 / 30 / 2016
Transaction ID : 2016092716916-96
 Amount of Each Receipt this Period 14.00
 Memo Item

C. Naidoo, Allen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (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 ▼ 250.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016092716916-286
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	78.00
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 86
<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. Norse, Samieh, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 200

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 02 / 2016
Transaction ID : 201608301739-63

Amount of Each Receipt this Period
 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 200

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 16 / 2016
Transaction ID : 20160913202946-62

Amount of Each Receipt this Period
 25.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 200

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 2016092716916-62

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 86
	<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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Diversified Service Options VP Chief Info Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 02 / 2016
Transaction ID : 20160912162446-18
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Orenchuk, Michael, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Pkwy
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Diversified Service Options VP Chief Info Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 16 / 2016
Transaction ID : 20160919131540-57
 Amount of Each Receipt this Period 25.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Diversified Service Options VP Chief Info Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 2016102115241-57
 Amount of Each Receipt this Period 25.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 446.10

Date of Receipt 09 / 02 / 2016
Transaction ID : 201608301739-151

Amount of Each Receipt this Period 22.49

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 446.10

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160913202946-150

Amount of Each Receipt this Period 22.49

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 446.10

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016092716916-150

Amount of Each Receipt this Period 22.49

Memo Item

SUBTOTAL of Receipts This Page (optional).....	67.47
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 61 OF 86
	<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. Patel, Prakash, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) COO GuideWell & President GWH

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **09 / 02 / 2016**

Transaction ID : 201608301739-290

Amount of Each Receipt this Period **40.00**

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) COO GuideWell & President GWH

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **09 / 16 / 2016**

Transaction ID : 20160913202946-291

Amount of Each Receipt this Period **40.00**

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) COO GuideWell & President GWH

Receipt For: Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **09 / 30 / 2016**

Transaction ID : 2016092716916-288

Amount of Each Receipt this Period **40.00**

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 86
	<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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Diversified Service Options H-Dir Medicare Contract Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 09 / 02 / 2016
Transaction ID : 20160912162446-19
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Diversified Service Options H-Dir Medicare Contract Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 09 / 16 / 2016
Transaction ID : 20160919131540-6
 Amount of Each Receipt this Period
 50.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Diversified Service Options H-Dir Medicare Contract Admin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 2016102115241-6
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 86
	<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. Ramsey, Martin, , ,

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

09 / 02 / 2016

Transaction ID : 201608301739-232

Amount of Each Receipt this Period

25.00

Memo Item

B. Ramsey, Martin, , ,

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

09 / 16 / 2016

Transaction ID : 20160913202946-231

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 Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

09 / 30 / 2016

Transaction ID : 2016092716916-228

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 64 OF 86
	<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. Ruth, Amy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) SVP HSG & Chief HR Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 201608301739-278
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Ruth, Amy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) SVP HSG & Chief HR Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160913202946-279
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Ruth, Amy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) SVP HSG & Chief HR Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016092716916-275
 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 65 OF 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Mailing Address Westside Corporate Center
 8400 NW 33rd Street

City Miami	State FL	Zip Code 33122
---------------	-------------	-------------------

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

Name of Employer (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 ▼
 1793.56

Date of Receipt
 09 / 02 / 2016
Transaction ID : 201608301739-277

Amount of Each Receipt this Period
 90.03

Memo Item

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

Mailing Address Westside Corporate Center
 8400 NW 33rd Street

City Miami	State FL	Zip Code 33122
---------------	-------------	-------------------

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

Name of Employer (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 ▼
 1793.56

Date of Receipt
 09 / 16 / 2016
Transaction ID : 20160913202946-278

Amount of Each Receipt this Period
 90.03

Memo Item

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

Mailing Address Westside Corporate Center
 8400 NW 33rd Street

City Miami	State FL	Zip Code 33122
---------------	-------------	-------------------

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

Name of Employer (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 ▼
 1793.56

Date of Receipt
 09 / 30 / 2016
Transaction ID : 2016092716916-274

Amount of Each Receipt this Period
 90.03

Memo Item

SUBTOTAL of Receipts This Page (optional).....	270.09
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 86
	<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. Smith, Darnell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 / 02 / 2016
Transaction ID : 201608301739-261

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 Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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 / 16 / 2016
Transaction ID : 20160913202946-262

Amount of Each Receipt this Period 75.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 / 30 / 2016
Transaction ID : 2016092716916-257

Amount of Each Receipt this Period 75.00

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 67 OF 86
	<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. Smith, Steven, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 / 16 / 2016
Transaction ID : 20160913202946-15

Amount of Each Receipt this Period 10.75

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 / 30 / 2016
Transaction ID : 2016092716916-15

Amount of Each Receipt this Period 10.75

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1984.60

Date of Receipt 09 / 02 / 2016
Transaction ID : 201608301739-289

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 121.50

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 68 OF 86
<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. Somers, Erin, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Chief Communications Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1984.60

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160913202946-290
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Somers, Erin, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway
 Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Chief Communications Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1984.60

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016092716916-287
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Sommer, Kelly, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 770 Northpoint Parkway
 Suite 200
 City West Palm Beach State FL Zip Code 33407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Mid Mrkt Acct Exe - Combo
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 201608301739-150
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	220.00
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 69 OF 86
	<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. Sommer, Kelly, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 770 Northpoint Parkway
 Suite 200

City West Palm Beach	State FL	Zip Code 33407
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla	Occupation (for Individual) Mid Mrkt Acct Exe - Combo
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 09 / 16 / 2016
Transaction ID : 20160913202946-149

Amount of Each Receipt this Period
 20.00

Memo Item

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

Mailing Address 770 Northpoint Parkway
 Suite 200

City West Palm Beach	State FL	Zip Code 33407
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Blue Cross Blue Shield of Fla	Occupation (for Individual) Mid Mrkt Acct Exe - Combo
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 2016092716916-149

Amount of Each Receipt this Period
 20.00

Memo Item

C. Strayer-Herbert, Martina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Pkwy

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

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

Name of Employer (for Individual) Diversified Service Options	Occupation (for Individual) Dir Quality&Operational Impro
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 09 / 02 / 2016
Transaction ID : 20160912162446-22

Amount of Each Receipt this Period
 40.00

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 70 OF 86
	<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. 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
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Diversified Service Options	Occupation (for Individual) Dir Quality&Operational Impro
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 09 / 16 / 2016
Transaction ID : 20160919131540-52

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
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Diversified Service Options	Occupation (for Individual) Dir Quality&Operational Impro
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 2016102115241-52

Amount of Each Receipt this Period
 40.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 200

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

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

Name of Employer (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 / 02 / 2016
Transaction ID : 201608301739-291

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 71 OF 86
<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 Parkway
 Building 200

City Jacksonville State FL Zip Code 32246

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 / 16 / 2016
Transaction ID : 20160913202946-292

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 Parkway
 Building 200

City Jacksonville State FL Zip Code 32246

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 / 30 / 2016
Transaction ID : 2016092716916-289

Amount of Each Receipt this Period 20.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 900

City Jacksonville State FL Zip Code 32246

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 / 02 / 2016
Transaction ID : 201608301739-271

Amount of Each Receipt this Period 50.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 86
	<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. Tucker, Sondra, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 900

City Jacksonville State FL Zip Code 32246

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 / 16 / 2016
Transaction ID : 20160913202946-272

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 900

City Jacksonville State FL Zip Code 32246

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 / 30 / 2016
Transaction ID : 2016092716916-267

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 201608301739-260

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 86
	<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 Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 09 / 16 / 2016
Transaction ID : 20160913202946-261

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 Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : 2016092716916-256

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

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

Name of Employer (for Individual) Novitas Occupation (for Individual) H-VP & MAC Program Mgr-Mcr

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 09 / 02 / 2016
Transaction ID : 20160912162446-71

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 74 OF 86
	<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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novitas Occupation (for Individual) H-VP & MAC Program Mgr-Mcr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160919131540-17
 Amount of Each Receipt this Period 25.00
 Memo Item

B. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novitas Occupation (for Individual) H-VP & MAC Program Mgr-Mcr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016102115241-17
 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 Parkway Building 300
 City Jacksonville State FL Zip Code 32246
 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 / 02 / 2016
Transaction ID : 201608301739-59
 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 75 OF 86
<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. Wagner, Dianne, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (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 / 16 / 2016
Transaction ID : 20160913202946-58
 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 Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 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 / 30 / 2016
Transaction ID : 2016092716916-58
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Wagner, Tammy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway
 Building 300
 City Jacksonville State FL Zip Code 32246
 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 / 02 / 2016
Transaction ID : 201608301739-138
 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 76 OF 86
	<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. Wagner, Tammy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

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

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

Name of Employer (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 / 16 / 2016
Transaction ID : 20160913202946-137

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 Parkway
 Building 300

City Jacksonville	State FL	Zip Code 32246
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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 / 30 / 2016
Transaction ID : 2016092716916-137

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 Parkway
 Building 300

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

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 / 02 / 2016
Transaction ID : 201608301739-274

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 77 OF 86
	<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. Wall, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 / 16 / 2016
Transaction ID : 20160913202946-275

Amount of Each Receipt this Period 75.00

Memo Item

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

Mailing Address 4800 Deerwood Campus Parkway
 Building 300

City Jacksonville State FL Zip Code 32246

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

Name of Employer (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 / 30 / 2016
Transaction ID : 2016092716916-270

Amount of Each Receipt this Period 75.00

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

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 20160912162446-73

Amount of Each Receipt this Period 25.00

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 78 OF 86
	<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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novitas Occupation (for Individual) Sr Mgr Mailroom & Imaging
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160919131540-16
 Amount of Each Receipt this Period 25.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novitas Occupation (for Individual) Sr Mgr Mailroom & Imaging
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016102115241-16
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Williams, Deborah, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) Sr Dir - Program Devmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 382.60

Date of Receipt 09 / 02 / 2016
Transaction ID : 201608301739-20
 Amount of Each Receipt this Period 19.13
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	69.13
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 86
	<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 Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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 - Program Devmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 382.60

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160913202946-20

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 Parkway
 Building 100

City Jacksonville State FL Zip Code 32246

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 - Program Devmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 382.60

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016092716916-20

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

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

Name of Employer (for Individual) Novitas Occupation (for Individual) Sr. Director Claims

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160919131540-18

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 80 OF 86
	<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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novitas Occupation (for Individual) Sr. Director Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2016
Transaction ID : 2016102115241-18
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Zoller, Philip, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Enterprise Learning & Devmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2016
Transaction ID : 201608301739-259
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Zoller, Philip, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Deerwood Campus Parkway Building 100
 City Jacksonville State FL Zip Code 32246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Cross Blue Shield of Fla Occupation (for Individual) VP Enterprise Learning & Devmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : 20160913202946-260
 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 81 OF 86
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zoller, Philip, L, ,

Mailing Address **4800 Deerwood Campus Parkway
 Building 100**

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

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

Name of Employer (for Individual) **Blue Cross Blue Shield of Fla** Occupation (for Individual) **VP Enterprise Learning & Devmt**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
09 / 30 / 2016

Transaction ID : 2016092716916-255

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).....▶	8516.49

**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)

Full Name (Last, First, Middle Initial) A. Bill Nelson for U S Senate		Date of Disbursement MM / DD / YYYY 09 / 12 / 2016
Mailing Address 972 W Whitmire Drive		FEC Identification Number C C00344051 Transaction ID : 630B0FC54B Amount of Each Disbursement this Period 5000.00
City Melbourne	State FL	Zip Code 32935
Purpose of Disbursement 2018 General	Category/Type 011	
Candidate Name Nelson, Bill, , ,	Amount of Each Disbursement this Period 5000.00	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL District:		

Full Name (Last, First, Middle Initial) B. Bill Nelson for U S Senate		Date of Disbursement MM / DD / YYYY 09 / 12 / 2016
Mailing Address 972 W Whitmire Drive		FEC Identification Number C C00344051 Transaction ID : BF910BC755 Amount of Each Disbursement this Period 2500.00
City Melbourne	State FL	Zip Code 32935
Purpose of Disbursement 2018 Primary	Category/Type 011	
Candidate Name Nelson, Bill, , ,	Amount of Each Disbursement this Period 2500.00	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL District:		

Full Name (Last, First, Middle Initial) C. Carlos Curbelo Congress		Date of Disbursement MM / DD / YYYY 09 / 09 / 2016
Mailing Address 8724 SW 72nd St		FEC Identification Number C C00546846 Transaction ID : D186E6A1D1 Amount of Each Disbursement this Period 2500.00
City Miami	State FL	Zip Code 33173-3512
Purpose of Disbursement 2016 General	Category/Type 011	
Candidate Name Curbelo, Carlos, Luis, ,	Amount of Each Disbursement this Period 2500.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL District: 26		

SUBTOTAL of Disbursements This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Daniel Webster for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1007

City Webster State FL Zip Code 33597

Purpose of Disbursement 2016 General

Candidate Name Webster, Daniel, Alan, ,

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 11

Date of Disbursement: 09 / 06 / 2016

FEC Identification Number: C00481911
Transaction ID : 8F8B666025
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

B. Darren Soto for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 338 N Magnolia Avenue Suite D

City Orlando State FL Zip Code 32801

Purpose of Disbursement 2016 General

Candidate Name Soto, Darren, Michael, ,

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 09

Date of Disbursement: 09 / 20 / 2016

FEC Identification Number: C00581074
Transaction ID : D61A3191369
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

C. Debbie Wasserman Schultz for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement 2016 General

Candidate Name Wasserman Schultz, Debbie, , ,

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 23

Date of Disbursement: 09 / 30 / 2016

FEC Identification Number: C00385773
Transaction ID : 473F045B6F
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

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

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

4500.00

**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. Friends of David Jolly

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1158

City Indian Rocks Beach State FL Zip Code 33785

Purpose of Disbursement 2016 General

Candidate Name Jolly, David, Wilson, ,

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 13

Date of Disbursement: 09 / 01 / 2016

FEC Identification Number: C00551572
Transaction ID : 8087AA6BEC
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

B. Friends of Matt Gaetz

Full Name (Last, First, Middle Initial)
Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement 2016 General

Candidate Name Gaetz, Matt, Jerry, ,

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 01

Date of Disbursement: 09 / 20 / 2016

FEC Identification Number: C00612432
Transaction ID : 177708B05C0
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

C. Friends of Neal Dunn

Full Name (Last, First, Middle Initial)
Mailing Address 2640A Mitcham Drive

City Tallahassee State FL Zip Code 32308

Purpose of Disbursement 2016 General

Candidate Name Dunn, Neal, Patrick, ,

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 02

Date of Disbursement: 09 / 20 / 2016

FEC Identification Number: C00582304
Transaction ID : 9548F4080C!
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Mario Diaz-Balart for Congress

Full Name (Last, First, Middle Initial)

Mailing Address 8724 SW 72nd Street # 420

City Miami State FL Zip Code 33173-3512

Purpose of Disbursement 2016 General

Candidate Name Diaz-Balart, Mario, Rafael, ,

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 25

Date of Disbursement 09 / 26 / 2016

FEC Identification Number C00376087

Transaction ID : A6249EC786

Amount of Each Disbursement this Period 2500.00

Memo Item

B. Ros-Lehtinen for Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 522784

City Miami State FL Zip Code 33152-2784

Purpose of Disbursement 2016 General

Candidate Name Ros-Lehtinen, Ileana, , ,

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 27

Date of Disbursement 09 / 08 / 2016

FEC Identification Number C00280537

Transaction ID : OCD0080FD7

Amount of Each Disbursement this Period 1500.00

Memo Item

C. Ted Deutch for Congress Committee

Full Name (Last, First, Middle Initial)

Mailing Address 1050 17th St, NW, Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement 2016 General

Candidate Name Deutch, Theodore, Eliot, ,

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 22

Date of Disbursement 09 / 01 / 2016

FEC Identification Number C00469163

Transaction ID : 833A4F8BE7

Amount of Each Disbursement this Period 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5500.00

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Vern Buchanan for Congress

Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement 2016 General

Candidate Name Buchanan, Vernon, Gale, ,

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 16

Date of Disbursement 09 / 12 / 2016

FEC Identification Number C000412759
Transaction ID : D3623BA26A
 Amount of Each Disbursement this Period 5000.00

Memo Item

B.

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

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).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	29500.00