

RECEIVED  
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2020 JAN 14 PM 1:34

Federal Election Committee  
999 E. Street, NW  
Washington, DC 20463

To Whom It May Concern:

Enclosed please find the Year-End Report for Massachusetts Blue PAC of Blue Cross Blue Shield of Massachusetts.

If you have any questions or concerns, please do not hesitate to contact me directly at 617-246-3359.

Thank you.

Very truly yours,



Deirdre Savage  
Treasurer  
Massachusetts Blue PAC  
FEC ID# C00523217

NONPROFIT CORPORATION

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2020 JAN 16 PM 1:34  
Office Use Only

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

MASSACHUSETTS BLUE PAC OF BLUECROSS BLUE SHIELD  
OF MASSACHUSETTS

ADDRESS (number and street) 1101 HUNTINGTON AVENUE  
SUITE 1300  
BOSTON MA 02199-7611

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

C00523217

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

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

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on [ ] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [ ] in the State of [ ]

5. Covering Period 01/01/2019 through 12/31/2019

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

Type or Print Name of Treasurer Deirdre W Sarge

Signature of Treasurer [Signature] Date 01/02/2020

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

Office Use Only									
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**FEC FORM 3X**  
Rev. 05/2016



**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

*Massachusetts Blue Pac of BCBSM*

Report Covering the Period: From:

*01 01 2019*

To:

*12 31 2019*

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).....	<i>8000.00</i>	<i>8000.00</i>
(ii) Unitemized.....	<i>7675.00</i>	<i>7675.00</i>
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	<i>15,675.00</i>	<i>15,675.00</i>
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶		
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	<i>15,675.00</i>	<i>15,675.00</i>
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	<i>15,675</i>	<i>15,675.00</i>

NON-PROFIT ORGANIZATION

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....	0 -	0 -
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0 -	0 -
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11,500.00	11,500.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements (Including Non-Federal Donations).....		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11,500.00	11,500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11,500.00	11,500.00

NON-FEDERAL DONATIONS



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

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

FOR LINE NUMBER: PAGE / OF //  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input 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)  
*Mammoth Blue Pae D BCBSMA*

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
*Nash Bruce*

Mailing Address  
*308 Ridge Rd*

City  
*Shaftsbury VT* State  
*VT* Zip Code  
*05262*

FEC ID number of contributing federal political committee.  
*C00523217*

Name of Employer (for Individual)  
*BCBSMA* Occupation (for Individual)  
*Insurance*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
*12 '08' 2019*

Amount of Each Receipt this Period  
*50.00*

Memo Item

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

Mailing Address  
*115 Blueberry Lane*

City  
*Wenwood* State  
*MA* Zip Code  
*01742*

FEC ID number of contributing federal political committee.  
*C00523217*

Name of Employer (for Individual)  
*Natl Gnd* Occupation (for Individual)  
*Forwager*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
*12 '08' 2019*

Amount of Each Receipt this Period  
*300.00*

Memo Item

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

Mailing Address  
*27 Cheswick Rd*

City  
*Aubwindale* State  
*MA* Zip Code  
*02966*

FEC ID number of contributing federal political committee.  
*C00523217*

Name of Employer (for Individual)  
*Kepler F* Occupation (for Individual)  
*Tecl*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
*12 '08' 2019*

Amount of Each Receipt this Period  
*800.00*

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ *1150.00*

**TOTAL** This Period (last page this line number only).....▶ *800.00*

**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 2 OF 11

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

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NAME OF COMMITTEE (In Full)

*Monahan Blue Pac of BCBSMA*

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

A. *Lopes, Manuel*

Mailing Address

*26 Coppermine Rd*

City

*Topsfield*

State

*Ma*

Zip Code

*01983*

FEC ID number of contributing federal political committee.

*C00523217*

Name of Employer (for Individual)

*BCUHC*

Occupation (for Individual)

*Health care*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

.....

Date of Receipt

*12 / 08 / 2019*

Amount of Each Receipt this Period

*300.00*

Memo Item

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

B. *Carder, Michael*

Mailing Address

*28 Little Pond Rd*

City

*Northborough*

State

*Ma*

Zip Code

*01532*

FEC ID number of contributing federal political committee.

*C00523217*

Name of Employer (for Individual)

*BCBSMA*

Occupation (for Individual)

*Ins*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

.....

Date of Receipt

*12 / 08 / 2019*

Amount of Each Receipt this Period

*100.00*

Memo Item

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

C. *Lynch, Richard*

Mailing Address

*15 Kato Drive*

City

*Sudbury*

State

*Ma*

Zip Code

*01770*

FEC ID number of contributing federal political committee.

*C00523217*

Name of Employer (for Individual)

*BCBSMA*

Occupation (for Individual)

*Insurance*

Receipt For:

Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

.....

Date of Receipt

*12 / 08 / 2019*

Amount of Each Receipt this Period

*300.00*

Memo Item

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

*700.00*

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

*800.00*





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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 2 OF 11  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Wampanoag Blue Puc of BCBSMA

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Arruda, Kenneth  
 Mailing Address 529 Columbus Ave  
 City Boston State MA Zip Code 02118  
 FEC ID number of contributing federal political committee. C00523217  
 Name of Employer (for Individual) BCBSMA Occupation (for Individual) Insurer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date

Date of Receipt 12/08/2019  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
McQuade James  
 Mailing Address 7 Golden Oaks Lane  
 City Andover State MA Zip Code 01810  
 FEC ID number of contributing federal political committee. C00523217  
 Name of Employer (for Individual) BCBSMA Occupation (for Individual) Insurer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date

Date of Receipt 12/08/2019  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
O'Leary, Patrick  
 Mailing Address 12 Wampanoag Dr  
 City Acton State MA Zip Code 01720  
 FEC ID number of contributing federal political committee. C00523217  
 Name of Employer (for Individual) BCBSMA Occupation (for Individual) Insurer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date

Date of Receipt 12/08/2019  
 Amount of Each Receipt this Period 300.00  
 Memo Item

SUBTOTAL of Receipts This Page (optional) 650.00  
 TOTAL This Period (last page this line number only) 800.00

NON-PROFIT CORPORATION

**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 5 OF 11

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Santangelo, Andrea

Mailing Address

150 River St

City

Middleton

State

MA

Zip Code

01949

FEC ID number of contributing federal political committee.

C00523217

Name of Employer (for Individual)

BCBSMA

Occupation (for Individual)

Insur

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

\_\_\_\_\_

Date of Receipt

12 / 09 / 2019

Amount of Each Receipt this Period

800.00

Memo Item

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

Hartman, Catherine

Mailing Address

22 Jones Street

City

Higham

State

MA

Zip Code

02043

FEC ID number of contributing federal political committee.

C00523217

Name of Employer (for Individual)

BCBSMA

Occupation (for Individual)

Insur

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

\_\_\_\_\_

Date of Receipt

12 / 08 / 2019

Amount of Each Receipt this Period

100.00

Memo Item

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

Stern, Donald

Mailing Address

99-50 Florence St

City

Chesnut Hill

State

MA

Zip Code

02167

FEC ID number of contributing federal political committee.

C00523217

Name of Employer (for Individual)

Occupation (for Individual)

Legal

Receipt For:

Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

\_\_\_\_\_

Date of Receipt

12 / 08 / 2019

Amount of Each Receipt this Period

300.00

Memo Item

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

1200.00

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

800.00

**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 <u>6</u> OF <u>11</u>	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 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)  
Massachusetts Blue Pae D BCBSMA

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Yali, Phyllis

Mailing Address  
4 Moon Hill Rd

City Levittown State MA Zip Code 02921

FEC ID number of contributing federal political committee.  
C00523217

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date

Date of Receipt  
12 / 08 / 2019

Amount of Each Receipt this Period  
300 00

Memo Item

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

Mailing Address  
22 Dartmouth Rd

City Melrose State MA Zip Code 02174

FEC ID number of contributing federal political committee.  
C00523217

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date

Date of Receipt  
12 / 08 / 2019

Amount of Each Receipt this Period  
50 00

Memo Item

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

Mailing Address  
211 Woburn St

City Medford State MA Zip Code 02155

FEC ID number of contributing federal political committee.  
C00523217

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date

Date of Receipt  
12 / 08 / 2019

Amount of Each Receipt this Period  
50 00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 400 00

**TOTAL** This Period (last page this line number only)..... 800 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 7 OF 11

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

A. Sareny, Donald

Mailing Address 26 W Cove Street

City Duxbury State MA Zip Code 02332

FEC ID number of contributing federal political committee. C00523217

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

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

Date of Receipt

12 / 08 / 2019

Amount of Each Receipt this Period

50.00

Memo Item

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

B. Dallow, Katherine

Mailing Address 10 Powder House Rd

City Dorset State MA Zip Code 02030

FEC ID number of contributing federal political committee. C00523217

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

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

Date of Receipt

12 / 08 / 2019

Amount of Each Receipt this Period

50.00

Memo Item

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

C. Dehersty, Deborah

Mailing Address 171 Swanton St

City Winchester State MA Zip Code 01890

FEC ID number of contributing federal political committee. C00523217

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

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

Date of Receipt

12 / 08 / 2019

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)

850.00

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

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NAME OF COMMITTEE (In Full)  
*Murphy Blue Pae D Bobma*

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
*Mukherjee, Joydeep*

Mailing Address  
*17 Brackenwood Dr*

City  
*Nashua* State  
*NH* Zip Code  
*03062*

FEC ID number of contributing federal political committee.  
*C00573217*

Name of Employer (for Individual)  
*BCSM* Occupation (for Individual)  
*Wynn*

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date

Date of Receipt  
*12* / *08* / *2019*

Amount of Each Receipt this Period  
*300.00*

Memo Item

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

Mailing Address  
*90 Bay State Rd #3A*

City  
*Boston* State  
*MA* Zip Code  
*02215*

FEC ID number of contributing federal political committee.  
*C00573217*

Name of Employer (for Individual)  
*BCSM* Occupation (for Individual)  
*Wynn*

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date

Date of Receipt  
*12* / *08* / *2019*

Amount of Each Receipt this Period  
*50.00*

Memo Item

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

Mailing Address  
*5 Hill Rd*

City  
*Jamaica Plain* State  
*MA* Zip Code  
*02130*

FEC ID number of contributing federal political committee.  
*C00573217*

Name of Employer (for Individual)  
*BCSM* Occupation (for Individual)  
*Wynn*

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date

Date of Receipt  
*12* / *08* / *2019*

Amount of Each Receipt this Period  
*300.00*

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... *650.00*

**TOTAL** This Period (last page this line number only)..... *1000.00*

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

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NAME OF COMMITTEE (In Full)  
*Massachusetts Blue Pac of BCBSMA*

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
*Burne, Raymond*

Mailing Address  
*16 Water St*

City  
*Braintree* State  
*MA* Zip Code  
*02184*

FEC ID number of contributing federal political committee.  
*C00523217*

Name of Employer (for Individual)  
*BCBSMA* Occupation (for Individual)  
*Physician*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
*12 '08 '2019*

Amount of Each Receipt this Period  
*300.00*

Memo Item

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

Mailing Address  
*6 Bershaw Dr*

City  
*North Braintree* State  
*MA* Zip Code  
*01536*

FEC ID number of contributing federal political committee.  
*C00523217*

Name of Employer (for Individual)  
*BCBSMA* Occupation (for Individual)  
*Physician*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
*12 '08 '2019*

Amount of Each Receipt this Period  
*300.00*

Memo Item

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

Mailing Address  
*9 Hancock St # 402a*

City  
*Boston* State  
*MA* Zip Code  
*02116*

FEC ID number of contributing federal political committee.  
*C00523217*

Name of Employer (for Individual)  
*BCBSMA* Occupation (for Individual)  
*Physician*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
*12 '08 '2019*

Amount of Each Receipt this Period  
*300.00*

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... *900.00*

**TOTAL** This Period (last page this line number only)..... *800.00*

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 OF 11

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input 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)  
Massachusetts Blue Pac of BCBSMA

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Jacobs, Jimmy

Mailing Address  
2070 Windward Plaza

City  
Alpharetta State  
GA Zip Code  
30005

FEC ID number of contributing federal political committee.  
C00523217

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
12 / 08 / 2019

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address  
21 Mead St

City  
Somerville State  
MA Zip Code  
02144

FEC ID number of contributing federal political committee.  
C00523217

Name of Employer (for Individual)  
BCBSMA fondat Occupation (for Individual)  
Public

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
12 / 08 / 2019

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address  
7 Warren Ave, #1

City  
Boston State  
MA Zip Code  
02114

FEC ID number of contributing federal political committee.  
C00523217

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
12 / 08 / 2019

Amount of Each Receipt this Period  
50.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 400.00

**TOTAL** This Period (last page this line number only).....▶ 800.00

NON-IDENTIFIABLE INFORMATION



**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)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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PAGE 1 OF 4

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NAME OF COMMITTEE (In Full)  
*Manly's Blue Pass of Maine*

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
*Jodnerland, Sukanya*

Mailing Address  
*10 Alice Lane*

City  
*Winchester* State  
*MA* Zip Code  
*01890*

FEC ID number of contributing federal political committee.  
*C00523217*

Name of Employer (for Individual)  
*BCBBA* Occupation (for Individual)  
 *Nurse*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
*12 28 2017*

Amount of Each Receipt this Period  
*50.00*

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
*Deus Gus, Andrew*

Mailing Address  
*62 Otis Street*

City  
*Newtown, Me* State  
*MA* Zip Code  
*02460*

FEC ID number of contributing federal political committee.  
*C00523217*

Name of Employer (for Individual)  
*BCBBA* Occupation (for Individual)  
 *Nurse*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
*12 28 2019*

Amount of Each Receipt this Period  
*800.00*

Memo Item

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

Mailing Address  
*16 Grayson Way*

City  
*Weymouth* State  
*ME* Zip Code  
*02188*

FEC ID number of contributing federal political committee.  
*C00523217*

Name of Employer (for Individual)  
*BCBBA* Occupation (for Individual)  
 *Nurse*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
*12 05 2019*

Amount of Each Receipt this Period  
*800.00*

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... *1650.00*

**TOTAL** This Period (last page this line number only)..... *800.00*

NON-PROFIT CORPORATION



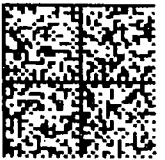
MASSACHUSETTS

101 Huntington Avenue  
Suite 1300  
Boston, MA 02199-7611

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999 EAST STREET, NW  
WASHINGTON, DC 20463

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The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt  
1/7/20 1/14/20

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

PREPARER *MP* 1/14/20  
DATE PREPARED

NONPROFIT CORPORATION