REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATIVE [illegible]

JUL 5 12 00 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
BluePAC (Capital, Independance, Northeastern and Western Pa. Blue Cross Plans)

ADDRESS (number and street) ☐ Check if different than previously reported
Pennsylvania Blue Cross Plans PAC
c/o Brenda McLaughlin

CITY, STATE and ZIP CODE
2500 ELMERTON AVENUE
HARRISBURG, PA 17177

2. FEC IDENTIFICATION NUMBER
C00270967

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☒ Twelfth day report preceding Primary (Type of Election) election on May 10 in the State of PA

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4/1/94 through 4/20/94		
6. (a) Cash on Hand January 1, 19 94		$ 19,136.59
(b) Cash on Hand at Beginning of Reporting Period	$ 15,102.55	
(c) Total Receipts (from Line 19)	$ 5,408.79	$ 25,881.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 20,511.34	$ 45,017.88
7. Total Disbursements (from Line 30)	$ 10,675.00	$ 35,181.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 9,836.34	$ 9,836.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
BRENDA H. MCLAUGHLIN

Signature of Treasurer
Brenda H. McLaughlin

Date
6-29-94

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

FEC FORM 3X
(revised 9/93)

9 4 0 3 9 0 5 3 0 4 2

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: BluePAC Pennsylvania Blue Cross Plans PAC

REPORT COVERING PERIOD FROM 4/1/94 TO 4/20/94

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	504.54	2,460.36
ii. Unitemized	4,904.25	23,420.93
iii. Total (add i and ii) ➤	5,408.79	25,881.29
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	5,408.79	25,881.29
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	5,408.79	25,881.29
20. Total Federal Receipts (subtract line 18 from line 19) ➤	5,408.79	25,881.29
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees		2,931.54
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,000.00	6,550.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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 a, b and c) ➤		
29. Other Disbursements	7,675.00	25,700.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	10,675.00	35,181.54
31 Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	10,675.00	35,181.54
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	5,408.79	25,881.29
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	5,408.79	25,881.29
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER 11.a.i.

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)

BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JAMES MEAD 201 HEARTH ROAD CAMP HILL PA 17011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CAPITAL BLUE CROSS Occupation: PRESIDENT Aggregate Year-to-Date: $710.00	PAYROLL DEDUCTION	$30.00
B. JOHN DADDIS 8 GLENLAKE DRIVE MEDFORD NJ 08055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	INDEPENDENCE BLUE CROSS (I.B.C.) Occupation: SR. VICE PRESIDENT Aggregate Year-to-Date: $ 307.76	PAYROLL DEDUCTION	$76.94
C. G. FRED DIBONA, JR. 637 HEATHER LANE BRYN MAWR, PA 19010 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	I.B.C. Occupation: PRESIDENT Aggregate Year-to-Date: $400.00	PAYROLL DEDUCTION	$100.00
D. JOHN G. FOOS 1016 LORIEN DRIVE GWENEDD VALLEY PA 19437 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	I.B.C. Occupation: CHIEF FINANCIAL OFFICER Aggregate Year-to-Date: $ 275.00	PAYROLL DEDUCTION	$70.00
E. ROBERT A. MCKEOWN 608 BRYN MAWR HADDONFIELD NJ 08033 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	I.B.C Occupation: SR. VICE PRESIDENT Aggregate Year-to-Date: $ 400.00	PAYROLL DEDUCTION	$100.00
F. CHRISTOPHER BUTLER 1 BRAMPTON ROAD MALVERN PA 19355 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	I.B.C. Occupation: SR. VICE PRESIDENT Aggregate Year-to-Date: $ 280.00	PAYROLL DEDUCTION	$40.00
G. VAIL GARVIN 399 BETSY LANE WARMINSTER PA 18974 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	I.B.C. Occupation: SR. V.P. Aggregate Year-to-Date: $ 230.40	PAYROLL DEDUCTION	$57.60

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

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 11.a.i.

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NAME OF COMMITTEE (In Full)

BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JOHN ZAMZOW 231 CHESWOLD LANE HAVERFORD PA 19041	KEYSTONE HEALTH PLAN EAST SR. V.P.	PAYROLL DEDUCTION	$30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 210.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

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

TOTAL This Period (last page this line number only) $504.54

2 1 0 3 9 0 5 3 0 4 2

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. FRIENDS OF ELLEN HARVEY P O BOX 10A VILLANOVA PA 19085	CONTRIBUTION-HOUSE,PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/11/94	$1,000.00
B. CITIZENS FOR ARLEN SPECTER 111 S 15TH STREET 8TH FLOOR PHILADELPHIA PA 19102-2625	CONTRIBUTION-SENATE, PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/15/94	1,000.00
C. CITIZENS FOR WOFFORD 1420 WALNUT STREET SUITE 808 PHILADELPHIA PA 19102	CONTRIBUTION-SENATE, PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/15/94 4/18/94	500.00 500.00
D.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	$3,000.00

7 1 0 3 9 0 5 3 0 4 6

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)
BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR RON KLINK 141 RENFER STREET PITTSBURGH PA 15237	CONTRIBUTION-STATE, PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/5/94	$ 500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
PEOPLE FOR PETERSON P O BOX 289 PLEASANTVILLE PA 16341	STATE CONTRIBUTION-PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/5/94	250.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
TOM RIDGE FOR GOVERNOR COMMITTEE P O BOX 11667 HARRISBURG PA 17108	STATE CONTRIBUTION-PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/5/94 4/11/94 4/15/94	1,000.00 250.00 1,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
FRIENDS OF SAM KATZ 1617 JFK BOULEVARD PHILADELPHIA PA 19103	STATE CONTRIBUTION-PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/7/94	250.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
CITIZENS FOR MARK SCHWEIKER 115 N BROAD STREET SUITE 203 DOYLESTOWN PA 18901	STATE CONTRIBUTION-PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/7/94	250.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
THE HONORABLE F. JOSEPH LOEPER P O BOX 135 DREXEL HILL PA 19026	STATE CONTRIBUTION-PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/11/94	250.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
FUMO FOR SENATE COMMITTEE 1208 TASKER STREET PHILADELPHIA PA 19148	STATE CONTRIBUTION-PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/15/94	1,000.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
FRIENDS OF ERNIE PREATE 1111 W DEKALB PIKE WAYNE PA 19087	STATE CONTRIBUTION-PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/15/94	800.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
FRIENDS OF SENATOR HARDY WILLIAMS 3624 MARKET STREET SUITE 1 EAST PHILADELPHIA PA 19104	STATE CONTRIBUTION-PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/15/94	500.00

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

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF STATE REP. W. CURTIS THOMAS P O BOX 54276 PHILADELPHIA PA 19105-4276	STATE CONTRIBUTION-PA	4/15/94	$300.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
DELAWARE COUNTY REPUBLICAN FINANCE COMMITTEE 323 W FRONT STREET MEDIA PA 19063	STATE CONTRIBUTION-PA	4/15/94	300.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
UNITEMIZED CONTRIBUTIONS	STATE CONTRIBUTIONS-PA	VARIOUS	1,025.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**

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

TOTAL This Period (last page this line number only) ..... $ 7,675.00

1 4 3 9 5 5 3 4 5

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 6-30-94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

JMH
PREPARER

7-5-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 - 0 3 9 0 5 3 0 4 9