

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Bluepac - Blue Cross Blue Shield Association Pac

ADDRESS (number and street) 1310 G Street NW
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00194746
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 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 _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 02 01 2009 through 06 30 2009

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

Type or Print Name of Treasurer Kathy Didawick

Signature of Treasurer Electronically Filed by Kathy Didawick Date 12 03 2010

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

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

A. Form/Schedule : **F3XA**
Transaction ID :

3/5/2009 disbursement to Cantor for Congress originally reported in error as General 2010 corrected to Primary 2010

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Bluepac - Blue Cross Blue Shield Association Pac

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		45451.80
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	49306.54									
(c) Total Receipts (from Line 19)	189712.89	205067.63								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	239019.43	250519.43								
7. Total Disbursements (from Line 31)	195416.00	206916.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43603.43	43603.43								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Bluepac - Blue Cross Blue Shield Association Pac

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	45027.77	46999.12
(ii) Unitemized	16298.39	26989.07
(iii) TOTAL (add Lines 11(a)(i) and (ii)	61326.16	73988.19
(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)	61326.16	73988.19
12. Transfers From Affiliated/Other Party Committees	128370.00	131054.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	16.73	25.44
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	189712.89	205067.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	189712.89	205067.63

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	116.00	116.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	116.00	116.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	195300.00	206800.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	195416.00	206916.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	195416.00	206916.00

DETAILED SUMMARY PAGE
of Disbursements

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)	61326.16	73988.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61326.16	73988.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	116.00	116.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	116.00	116.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 92
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A. Full Name (Last, First, Middle Initial)
Calvin L. Anderson

Mailing Address 1655 Carr Ave.

City State Zip Code
Memphis TN 38104

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
BCBS of Tennessee Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 120620

Amount of Each Receipt this Period 200.00

Receipt

Payroll Deduction: (50.00- /bi-weekly)

B. Full Name (Last, First, Middle Initial)
Edgar R. Black

Mailing Address 1310 G St NW

City State Zip Code
Washington DC 20005-3000

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
BCBSA Med Director Plcy Sources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 02 / 06 / 2009

Transaction ID: 120314

Amount of Each Receipt this Period 275.00

Payroll Deduction: (25.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Thomas Boyd

Mailing Address 120 Beechwood Hill

City State Zip Code
Exeter RI 02822

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
BCBS of Rhode Island E.v.p.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 02 / 06 / 2009

Transaction ID: 120936

Amount of Each Receipt this Period 209.00

Payroll Deduction: (19.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) 684.00

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: PAGE 8 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A. Full Name (Last, First, Middle Initial)
Daniel Todd Bradfield

Mailing Address 18405 Bishopstone Court

City State Zip Code
Montgomery Village MD 20886

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

Name of Employer BCBSA Occupation ED Advocacy & Allnce Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 120098

Amount of Each Receipt this Period: 280.00

Payroll Deduction: (35.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Daniel Todd Bradfield

Mailing Address 18405 Bishopstone Court

City State Zip Code
Montgomery Village MD 20886

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

Name of Employer BCBSA Occupation ED Advocacy & Allnce Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: MM / DD / YYYY
02 / 06 / 2009

Transaction ID: 120249

Amount of Each Receipt this Period: 66.00

Payroll Deduction: (22.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Jerry W. Bradshaw

Mailing Address 1310 G Street, N.w.

City State Zip Code
Washington DC 20005

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

Name of Employer BCBS of Arkansas Occupation Health Insurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: MM / DD / YYYY
02 / 09 / 2009

Transaction ID: 120988

Amount of Each Receipt this Period: 240.00

Payroll Deduction: (40.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **586.00**

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: PAGE 9 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

<p>A. Full Name (Last, First, Middle Initial) William A. Breskin</p> <p>Mailing Address 1703 Hunts End Ct.</p> <p>City State Zip Code Vienna VA 22182</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer BCBSA Occupation VP Deputy GC & Asst Corp</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 520.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 02 / 06 / 2009</p> <p>Transaction ID: 119234</p> <p>Amount of Each Receipt this Period 440.00</p> <p>Payroll Deduction: (40.00- /Bi-Weekly)</p>
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<p>B. Full Name (Last, First, Middle Initial) Paul F. Brown</p> <p>Mailing Address 406 16th Street</p> <p>City State Zip Code Wilmette IL 60091</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer BCBSA Occupation Vice President Venturing</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 650.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 02 / 06 / 2009</p> <p>Transaction ID: 118366</p> <p>Amount of Each Receipt this Period 550.00</p> <p>Payroll Deduction: (50.00- /Bi-Weekly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Mark A. Burzynski</p> <p>Mailing Address 17 Carriage Lane</p> <p>City State Zip Code Helena MT 59601</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer BCBS of Montana Occupation VP Health Affairs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 05 / 06 / 2009</p> <p>Transaction ID: 120336</p> <p>Amount of Each Receipt this Period 300.00</p>
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SUBTOTAL of Receipts This Page (optional)	1290.00
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: PAGE 10 / 92

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.

Full Name (Last, First, Middle Initial)

John Campbell

Mailing Address 3 Penn Plz E

City State Zip Code
Newark NJ 07105-2258

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

Name of Employer Occupation
Horizon BCBS of New Jersey Svp

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: 120644

Amount of Each Receipt this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

Paul J. Canchester

Mailing Address 902 Marion Avenue

City State Zip Code
Highland Park IL 60035

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

Name of Employer Occupation
BCBSA Dir Strategic Services

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 585.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: 118317

Amount of Each Receipt this Period

495.00

Payroll Deduction: (45.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

John Cerisano

Mailing Address 1310 G Street, N.w.

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
BCBSA Exec Dir Congress Rel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: 119929

Amount of Each Receipt this Period

330.00

Payroll Deduction: (30.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

3825.00

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: PAGE 11 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A. Full Name (Last, First, Middle Initial)
Tom Cladouhos

Mailing Address 2009 University

City Helena State MT Zip Code 59601

FEC ID number of contributing federal political committee. C

Name of Employer BCBS of Montana Occupation Ceo

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
03 / 19 / 2009

Transaction ID: 119230

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Lauretta A Clark

Mailing Address 1213 Bluebill Bay Rd

City Burnsville State MN Zip Code 55306-5162

FEC ID number of contributing federal political committee. C

Name of Employer BCBS of Minnesota Occupation VP Enterprise Transactions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt M M / D D / Y Y Y Y
02 / 10 / 2009

Transaction ID: 104114

Amount of Each Receipt this Period 165.00

Payroll Deduction: (15.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
William James Colbourne

Mailing Address 551 Woodvale Ave

City Deerfield State IL Zip Code 60015-2364

FEC ID number of contributing federal political committee. C

Name of Employer BCBSA Occupation Sr VP HR & Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 845.00

Date of Receipt M M / D D / Y Y Y Y
02 / 06 / 2009

Transaction ID: 118151

Amount of Each Receipt this Period 715.00

Payroll Deduction: (65.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) 1380.00

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: PAGE 12 / 92

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.

Full Name (Last, First, Middle Initial)
Timothy Constantine

Mailing Address 104 Churchill Ln

City State Zip Code
Wilmington DE 19808-4300

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

Name of Employer Occupation
BCBS of Delaware Ceo

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: 121578

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Jay Michael Cook

Mailing Address 1310 G Street, NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
BCBSA MD Statigic Services

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: 120257

Amount of Each Receipt this Period

275.00

Payroll Deduction: (25.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Terrence J. Cooney

Mailing Address 615 W. Park St.

City State Zip Code
Arlington Heights IL 60005

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

Name of Employer Occupation
BCBSA Exec Dir National Progs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: 115233

Amount of Each Receipt this Period

30.00

Payroll Deduction: (10.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1305.00

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: PAGE 13 / 92
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.

Full Name (Last, First, Middle Initial)
Terrence J. Cooney

Mailing Address 615 W. Park St.

City State Zip Code
Arlington Heights IL 60005

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

Name of Employer BCBSA Occupation Exec Dir National Progs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 115239

Amount of Each Receipt this Period
160.00

Payroll Deduction: (20.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Frank Cote

Mailing Address 426 S Montana Ave

City State Zip Code
Helena MT 59601-5163

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

Name of Employer BCBS of Montana Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: 119228

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Frank Cote

Mailing Address 426 S Montana Ave

City State Zip Code
Helena MT 59601-5163

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

Name of Employer BCBS of Montana Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: 119195

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional) ► **740.00**

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: PAGE 14 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A. Full Name (Last, First, Middle Initial)
Steven Coulter

Mailing Address 1310 G Street, Nw

City Washington State DC Zip Code 37402

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

Name of Employer BCBS of Tennessee Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 120618

Amount of Each Receipt this Period 200.00

Payroll Deduction: (50.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Karen M. Cox

Mailing Address 225 N Michigan Ave

City Chicago State IL Zip Code 60601-6014

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

Name of Employer BCBSA Occupation Director BQCT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 06 / 2009

Transaction ID: 120922

Amount of Each Receipt this Period 220.00

Payroll Deduction: (20.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Kathy Ripley Didawick

Mailing Address 3015 S 7th Street

City Arlington State DC Zip Code 22204

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

Name of Employer BCBSA Occupation VP Congressional Comm

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 02 / 06 / 2009

Transaction ID: 118322

Amount of Each Receipt this Period 550.00

Payroll Deduction: (50.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 970.00

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: PAGE 15 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A. Full Name (Last, First, Middle Initial)
Charles Dubois
Mailing Address 18076 Gladstone Blvd N
City Osseo State MN Zip Code 55311-1104
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBS of Minnesota Occupation Vp Internal Audit
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00
Date of Receipt 02 / 10 / 2009
Transaction ID: 120657
Amount of Each Receipt this Period 220.00
Payroll Deduction: (20.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Kathy Dunmire
Mailing Address 9079 Alger Ct
City Inver Grove Height State MN Zip Code 55077-3552
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBS of Minnesota Occupation Vp Major Accounts
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 02 / 10 / 2009
Transaction ID: 112493
Amount of Each Receipt this Period 165.00
Payroll Deduction: (15.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Jim Eppel
Mailing Address 4118 Sunnyside Rd
City Minneapolis State MN Zip Code 55424-1214
FEC ID number of contributing federal political committee. **C**
Name of Employer BCBS of Minnesota Occupation VP Network Management
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 02 / 10 / 2009
Transaction ID: 119830
Amount of Each Receipt this Period 275.00
Payroll Deduction: (25.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 660.00
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: PAGE 16 / 92

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.

Full Name (Last, First, Middle Initial)
John T. Ericksen

Mailing Address 1310 G Street, N.w.

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
BCBSA VP Federal Relations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: 118323

Amount of Each Receipt this Period

550.00

Payroll Deduction: (50.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Garry Morrison Ewing

Mailing Address 3453 N. 13th Street

City State Zip Code
Arlington VA 22201

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

Name of Employer Occupation
BCBSA Dir Legis & Reg Affairs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: 120262

Amount of Each Receipt this Period

275.00

Payroll Deduction: (25.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Stacey Fahrner

Mailing Address 1310 G St NW

City State Zip Code
Washington DC 20005-3000

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

Name of Employer Occupation
Bcbs Association Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: 120323

Amount of Each Receipt this Period

275.00

Payroll Deduction: (25.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1100.00

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: PAGE 17 / 92
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.

Full Name (Last, First, Middle Initial)
Alissa T. Fox

Mailing Address 1310 G Street, N.w.

City Washington State DC Zip Code 20005

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

Name of Employer BCBSA Occupation Sr VP Policy & Rep

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1085.00

Date of Receipt 02 / 06 / 2009

Transaction ID: 117575

Amount of Each Receipt this Period 935.00

Payroll Deduction: (85.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Michael Frank

Mailing Address 2017 University

City Helena State MT Zip Code 59601

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

Name of Employer BCBS of Montana Occupation Vp Regulatory Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2009

Transaction ID: 119226

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Stephen Gammarino

Mailing Address 17109 Flatwood Dr.

City Rockville State MD Zip Code 20855

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

Name of Employer BCBSA Occupation Sr VP National Progs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 02 / 06 / 2009

Transaction ID: 118327

Amount of Each Receipt this Period 550.00

Payroll Deduction: (50.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1985.00

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: PAGE 18 / 92
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.

Full Name (Last, First, Middle Initial)
Joan M. Gardner

Mailing Address 1310 G Street, N.w.

City Washington State DC Zip Code 20005

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

Name of Employer BCBSA Occupation Exec Dir State Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt 02 / 06 / 2009

Transaction ID: 120763

Amount of Each Receipt this Period 242.00

Payroll Deduction: (22.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
John Giblin

Mailing Address 801 Pine St

City Chattanooga State TN Zip Code 37402-2517

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

Name of Employer BCBS of Tennessee Occupation EVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 120556

Amount of Each Receipt this Period 200.00

Payroll Deduction: (50.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Jennifer Gillespie

Mailing Address 10853 Falling Water Ln Unit D

City Saint Paul State MN Zip Code 55129-5287

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

Name of Employer BCBS of Minnesota Occupation Vp, Actuarial & Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 02 / 10 / 2009

Transaction ID: 104117

Amount of Each Receipt this Period 165.00

Payroll Deduction: (15.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 607.00

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: PAGE 19 / 92

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Vicky B. Gregg		Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 1310 G Street N.w.		Transaction ID: 118457
	City Washington	State DC	Zip Code 20005
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer BCBS of Tennessee	Occupation Health Insurer	Payroll Deduction: (75.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

B.	Full Name (Last, First, Middle Initial) Keith N. Grossich		Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address 2568 N. Haddow Ave.		Transaction ID: 118455
	City Arlington	State IL	Zip Code 60004
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Blue Cross Blue Shield	Occupation Executive Director	Payroll Deduction: (75.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

C.	Full Name (Last, First, Middle Initial) Michael Hamerlik		Date of Receipt MM / DD / YYYY 02 / 19 / 2009
	Mailing Address 1310 G Street, N.w.		Transaction ID: 120683
	City Washington	State DC	Zip Code 20005
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Noridian-BCBS of North Dakota	Occupation Health Insurer	Payroll Deduction: (50.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶

650.00

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 / 92
	<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)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Justine Germann Handelman	Date of Receipt MM / DD / YYYY 02 / 06 / 2009
	Mailing Address 3304 Ferndale Avenue	Transaction ID: 118331
	City State Zip Code Kensington MD 20815	Amount of Each Receipt this Period 550.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: (50.00- /Bi-Weekly)
	Name of Employer BCBSA Occupation VP Legislative & Reg Pol	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

B.	Full Name (Last, First, Middle Initial) Joan Harp	Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 1310 G Street NW	Transaction ID: 120585
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: (50.00- /Bi-Weekly)
	Name of Employer BCBS of Tennessee Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Ron Harr	Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 1310 G Street N.w.	Transaction ID: 120612
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: (50.00- /Bi-Weekly)
	Name of Employer BCBS of Tennessee Occupation Health Insurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	950.00
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: PAGE 21 / 92

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.

Full Name (Last, First, Middle Initial)
Laura Harper

Mailing Address 1310 G Street N.w.

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
Blue Cross Blue Shield As- Political Affairs
sociation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Transaction ID: 121478

Amount of Each Receipt this Period

200.00

Payroll Deduction: (25.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Robert Harris

Mailing Address 1310 G St NW

City State Zip Code
Washington DC 20005-3000

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

Name of Employer Occupation
Bcbs Association Executive Representative

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 0 / 2 0 0 9

Transaction ID: 121549

Amount of Each Receipt this Period

250.00

Payroll Deduction: (25.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Michael W. Hart

Mailing Address 5838 N. Natoma

City State Zip Code
Chicago IL 60631

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

Name of Employer Occupation
BCBSA MD Statagic Services

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: 121511

Amount of Each Receipt this Period

30.00

Payroll Deduction: (10.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

480.00

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: PAGE 22 / 92
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Michael W. Harty	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 5838 N. Natoma	Transaction ID: 115250
	City State Zip Code Chicago IL 60631	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: (25.00- /Bi-Weekly)
	Name of Employer BCBSA Occupation MD Statagic Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Philip J. Hays	Date of Receipt MM / DD / YYYY 02 / 06 / 2009
	Mailing Address 1310 G Street, NW	Transaction ID: 119293
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: (35.00- /Bi-Weekly)
	Name of Employer BCBSA Occupation Dir Congressional Rel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

C.	Full Name (Last, First, Middle Initial) Philip J. Hays	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 1310 G Street, NW	Transaction ID: 119983
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: (50.00- /Bi-Weekly)
	Name of Employer BCBSA Occupation Dir Congressional Rel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

SUBTOTAL of Receipts This Page (optional)	705.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 92
	<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)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) William Andrew Hensley	Date of Receipt MM / DD / YYYY 02 / 06 / 2009
	Mailing Address 1310 G Street, N.w.	Transaction ID: 118335
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 550.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: (50.00- /Bi-Weekly)
Name of Employer BCBSA	Occupation ED Strategic Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) Patrick B Herson	Date of Receipt MM / DD / YYYY 02 / 10 / 2009
	Mailing Address 4952 Thomas Ave S	Transaction ID: 104118
	City State Zip Code Minneapolis MN 55410-1804	Amount of Each Receipt this Period 165.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: (15.00- /Bi-Weekly)
Name of Employer BCBS of Minnesota	Occupation Vp, Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) John Byron Hollis	Date of Receipt MM / DD / YYYY 02 / 06 / 2009
	Mailing Address 1310 G St NW	Transaction ID: 121558
	City State Zip Code Washington DC 20005-3000	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: (15.00- /Bi-Weekly)
Name of Employer BCBSA	Occupation MD BCBSA Anti-Fraud	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00	

SUBTOTAL of Receipts This Page (optional)	760.00
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: PAGE 24 / 92

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.

Full Name (Last, First, Middle Initial)

John Byron Hollis

Mailing Address 1310 G St NW

City State Zip Code
Washington DC 20005-3000

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

Name of Employer Occupation
BCBSA MD BCBSA Anti-Fraud

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 235.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 9

Transaction ID: 115132

Amount of Each Receipt this Period

160.00

Payroll Deduction: (20.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mark J. Hudson

Mailing Address 16444 82nd PI N

City State Zip Code
Osseo MN 55311-1858

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

Name of Employer Occupation
BCBS of Minnesota Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 0 9

Transaction ID: 119827

Amount of Each Receipt this Period

275.00

Payroll Deduction: (25.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Robert G. Iadicicco

Mailing Address 1310 G Street, Nw

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
BCBSA Associate Counsel II

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: 120273

Amount of Each Receipt this Period

275.00

Payroll Deduction: (25.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

710.00

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: PAGE 25 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A. Full Name (Last, First, Middle Initial)
John Michael Joyce, Jr.
Mailing Address 1310 G Street, N.w.

City: Washington State: DC Zip Code: 20005

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

Name of Employer: BCBSA Occupation: Chief Auditor & Comp Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: 150.00

Date of Receipt: 02 / 06 / 2009
Transaction ID: 119945
Amount of Each Receipt this Period: 90.00
Payroll Deduction: (30.00-/Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
John Michael Joyce, Jr.
Mailing Address 1310 G Street, N.w.

City: Washington State: DC Zip Code: 20005

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

Name of Employer: BCBSA Occupation: Chief Auditor & Comp Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: 398.00

Date of Receipt: 03 / 20 / 2009
Transaction ID: 119949
Amount of Each Receipt this Period: 248.00
Payroll Deduction: (31.00-/Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Peter M. Kelly
Mailing Address 1316 Davis

City: Evanston State: IL Zip Code: 60201

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

Name of Employer: BCBSA Occupation: Chief Emp Benefit Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: 520.00

Date of Receipt: 02 / 05 / 2009
Transaction ID: 119236
Amount of Each Receipt this Period: 440.00
Payroll Deduction: (40.00-/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 778.00

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: PAGE 26 / 92
(check only one)

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

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 - Blue Cross Blue Shield Association Pac

A.

Full Name (Last, First, Middle Initial)
Robert J. Kolodgy, Jr.

Mailing Address 545 N Dearborn St

City State Zip Code
Chicago IL 60610-7469

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

Name of Employer BCBSA Occupation Sr VP & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2009

Transaction ID: 120321

Amount of Each Receipt this Period
480.00

Payroll Deduction: (60.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Allan M. Korn

Mailing Address 1310 G Street, N.w.

City State Zip Code
Washington DC 20005

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

Name of Employer BCBSA Occupation Sr VP Clinical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 845.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2009

Transaction ID: 118172

Amount of Each Receipt this Period
715.00

Payroll Deduction: (65.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Donald W. Lawhorn

Mailing Address 1310 G Street N.w.

City State Zip Code
Washington DC 20005

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

Name of Employer BCBS of Tennessee Occupation Health Insurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2009

Transaction ID: 120563

Amount of Each Receipt this Period
200.00

Payroll Deduction: (50.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1395.00**

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: PAGE 27 / 92

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Thomas P. Leibensperger, Jr.		Date of Receipt MM / DD / YYYY 02 / 06 / 2009
	Mailing Address 5275 Bradgen Court		Transaction ID: 120129
	City Springfield	State VA	Zip Code 22151
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer BCBSA		Occupation Dir Grassrts and Advocacy	Payroll Deduction: (25.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

B.	Full Name (Last, First, Middle Initial) Thomas P. Leibensperger, Jr.		Date of Receipt MM / DD / YYYY 02 / 06 / 2009
	Mailing Address 5275 Bradgen Court		Transaction ID: 120280
	City Springfield	State VA	Zip Code 22151
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer BCBSA		Occupation Dir Grassrts and Advocacy	Payroll Deduction: (30.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

C.	Full Name (Last, First, Middle Initial) Christopher Lepre		Date of Receipt MM / DD / YYYY 02 / 10 / 2009
	Mailing Address 3 Penn Plz E		Transaction ID: 120646
	City Newark	State NJ	Zip Code 07105-2258
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Horizon BCBS of New Jersey		Occupation Svp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional)	1815.00
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 28 / 92
	<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)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Dana G Lien		Date of Receipt MM / DD / YYYY 02 / 10 / 2009
	Mailing Address 14371 Fridley Way		Transaction ID: 120660
	City Saint Paul	State MN	Zip Code 55124-5085
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 220.00
	Name of Employer BCBS of Minnesota	Occupation VP Process & Performance	Payroll Deduction: (20.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

B.	Full Name (Last, First, Middle Initial) Robert A. Long		Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 834 Sund Drive		Transaction ID: 119265
	City Northbrook	State IL	Zip Code 60062
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 385.00
	Name of Employer BCBSA	Occupation ED Strategic Services	Payroll Deduction: (35.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00		

C.	Full Name (Last, First, Middle Initial) Scott B Lynch		Date of Receipt MM / DD / YYYY 05 / 14 / 2009
	Mailing Address 22966 Forest Ridge Dr		Transaction ID: 120661
	City Lakeville	State MN	Zip Code 55044-8006
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 220.00
	Name of Employer BCBS of Minnesota	Occupation SVP, Chief Legal Officer	Payroll Deduction: (20.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

SUBTOTAL of Receipts This Page (optional)	825.00
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: PAGE 29 / 92

(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

A.

Full Name (Last, First, Middle Initial)

Deborah Burn Madson

Mailing Address 1124 Orchard Place

City State Zip Code
Mendota Heights MN 55118

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

Name of Employer Occupation
BCBS of Minnesota Health Insurer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: 100977

Amount of Each Receipt this Period

165.00

Payroll Deduction: (15.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

William J. Marino

Mailing Address 6 Cobblestone Lane

City State Zip Code
Morristown NJ 07960

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

Name of Employer Occupation
Horizon Blue Cross Blue Shield Health Insurer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: 120642

Amount of Each Receipt this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

Robert E. Meehan

Mailing Address 5 Chelsea Drive

City State Zip Code
Randolph NJ 07869

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

Name of Employer Occupation
BCBS of New Jersey Executive

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: 120643

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

5665.00

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: PAGE 30 / 92
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.

Full Name (Last, First, Middle Initial)
Steven R. Mickelson

Mailing Address 808 Buttonwood Cir

City Naperville State IL Zip Code 60540-6350

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

Name of Employer BCBSA Occupation MD Finl Svcs & Reporting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 02 / 06 / 2009

Transaction ID: 119974

Amount of Each Receipt this Period 330.00

Payroll Deduction: (30.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Kathleen Ann Mock

Mailing Address 1830 Eagle Ridge Dr Apt 3002

City Saint Paul State MN Zip Code 55118-4202

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

Name of Employer BCBS of Minnesota Occupation VP Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 02 / 10 / 2009

Transaction ID: 100979

Amount of Each Receipt this Period 165.00

Payroll Deduction: (15.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Michael J. Morrow

Mailing Address 3744 Huntington Av. S.

City St. Louis Park State MN Zip Code 55416

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

Name of Employer BCBS of Minnesota Occupation EVP Finance & Business Develop

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 02 / 10 / 2009

Transaction ID: 100980

Amount of Each Receipt this Period 165.00

Payroll Deduction: (15.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 660.00

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: PAGE 31 / 92
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.

Full Name (Last, First, Middle Initial)
Nancy F. Nelson

Mailing Address 1781 Tamberwood Tr.

City State Zip Code
Woodbury MN 55125

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

Name of Employer BCBS of Minnesota Occupation Health Insurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

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

Transaction ID: 121015

Amount of Each Receipt this Period
198.00

Payroll Deduction: (18.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
William B. O'Loughlin

Mailing Address 1310 G St NW

City State Zip Code
Washington DC 20005-3000

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

Name of Employer BCBSA Occupation VP Chief Tech Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: 118385

Amount of Each Receipt this Period
550.00

Payroll Deduction: (50.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Robert Michael Ormsby

Mailing Address 1310 G Street, Nw
12th Floor

City State Zip Code
Washington DC 20005

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

Name of Employer BCBSA Occupation Dir Decision Support Sys

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: 119959

Amount of Each Receipt this Period
180.00

Payroll Deduction: (30.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **928.00**

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: PAGE 32 / 92

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.

Full Name (Last, First, Middle Initial)
Robert Michael Ormsby

Mailing Address 1310 G Street, Nw
12th Floor

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
BCBSA Dir Decision Support Sys

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 415.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 9

Transaction ID: 115266

Amount of Each Receipt this Period
175.00

Payroll Deduction: (35.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
John Orner

Mailing Address 1490 Wellington Way

City State Zip Code
Saint Paul MN 55122

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

Name of Employer Occupation
BCBS of Minnesota VP Business Dev & Treasury

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: 112489

Amount of Each Receipt this Period
165.00

Payroll Deduction: (15.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Doug Porter

Mailing Address 1310 G St NW Fl 12
12 fl

City State Zip Code
Washington DC 20005-3004

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

Name of Employer Occupation
BCBSA Sr VP & CIO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: 118387

Amount of Each Receipt this Period
550.00

Payroll Deduction: (50.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

890.00

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: PAGE 33 / 92

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) James E Purcell		Date of Receipt MM / DD / YYYY 02 / 06 / 2009		
	Mailing Address 6 Elton Rd.		Transaction ID: 118308		
	City Barrington	State RI	Zip Code 02806	Amount of Each Receipt this Period 451.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: (41.00- /Bi-Weekly)		
	Name of Employer BCBS of Rhode Island	Occupation Manager	Aggregate Year-to-Date 533.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Robert J. Pures		Date of Receipt MM / DD / YYYY 05 / 08 / 2009		
	Mailing Address 606 Peterson Farm Ct.		Transaction ID: 120645		
	City Westwood	State NJ	Zip Code 07675-5916	Amount of Each Receipt this Period 3000.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 3000.00		
	Name of Employer Horizon BCBS of New Jersey	Occupation Svp & Cfo			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Steven L Putzinger		Date of Receipt MM / DD / YYYY 03 / 16 / 2009		
	Mailing Address 515 Madison Street		Transaction ID: 119227		
	City Skokie	State IL	Zip Code 60077	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 200.00		
	Name of Employer Blue Cross Blue Shield Association	Occupation Executive Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	3651.00
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: PAGE 34 / 92
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.

Full Name (Last, First, Middle Initial)
Eric L Schindler

Mailing Address 1 Reeders Village Dr

City State Zip Code
Helena MT 59601-9684

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

Name of Employer BCBS of Montana Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: 119190

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Eric L Schindler

Mailing Address 1 Reeders Village Dr

City State Zip Code
Helena MT 59601-9684

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

Name of Employer BCBS of Montana Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: 120011

Amount of Each Receipt this Period
80.00

Payroll Deduction: (20.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mark Peter Selna

Mailing Address 801 Pine St

City State Zip Code
Chattanooga TN 37402-2517

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

Name of Employer BCBS of Tennessee Occupation Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2009

Transaction ID: 98884

Amount of Each Receipt this Period
200.00

Payroll Deduction: (50.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **780.00**

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 / 92
	<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)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Scott P. Serota	Date of Receipt MM / DD / YYYY 02 / 06 / 2009
	Mailing Address 1310 G Street, NW	Transaction ID: 117539
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 2115.30
	FEC ID number of contributing federal political committee. C	Payroll Deduction: (192.3-0/Bi-Weekly)
Name of Employer BCBSA	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

B.	Full Name (Last, First, Middle Initial) Sheila K Shapiro	Date of Receipt MM / DD / YYYY 06 / 05 / 2009
	Mailing Address 29 Carriage Ln	Transaction ID: 120967
	City State Zip Code Helena MT 59601-9639	Amount of Each Receipt this Period 13.47
	FEC ID number of contributing federal political committee. C	
Name of Employer BCBS of Montana	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.22	

C.	Full Name (Last, First, Middle Initial) Terence K. Shea	Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 1310 G Street, Nw	Transaction ID: 120619
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction: (50.00-/Bi-Weekly)
Name of Employer BCBS of Tennessee	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	2328.77
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 36 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A. Full Name (Last, First, Middle Initial)
Jared Short

Mailing Address 6 Sunset View Dr

City State Zip Code
Clancy MT 59634-9215

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

Name of Employer Occupation
BCBS of Montana Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: 119229

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Jared Short

Mailing Address 6 Sunset View Dr

City State Zip Code
Clancy MT 59634-9215

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

Name of Employer Occupation
BCBS of Montana Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: 119187

Amount of Each Receipt this Period
80.00

Payroll Deduction: (20.00-
/Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Annette M. Shupert

Mailing Address 1310 G St NW

City State Zip Code
Washington DC 20005-3000

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

Name of Employer Occupation
BCBSA Director Facility Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 75.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: 121569

Amount of Each Receipt this Period
45.00

Payroll Deduction: (15.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 92
	<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)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Annette M. Shupert		Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 1310 G St NW		Transaction ID: 115362
	City Washington	State DC	Zip Code 20005-3000
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 160.00
	Name of Employer BCBSA	Occupation Director Facility Mgmt	Payroll Deduction: (20.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00		

B.	Full Name (Last, First, Middle Initial) Jana L. Skewes		Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 1310 G Street, NW		Transaction ID: 120623
	City Washington	State DC	Zip Code 20005
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer BCBS of Tennessee	Occupation Chief Executive Officer	Payroll Deduction: (50.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C.	Full Name (Last, First, Middle Initial) Jeffrey Smokler		Date of Receipt MM / DD / YYYY 02 / 06 / 2009
	Mailing Address 22709 Elton Ct		Transaction ID: 119285
	City Crofton	State MD	Zip Code 21114
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 440.00
	Name of Employer BCBSA	Occupation ED Strategic Services	Payroll Deduction: (40.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

SUBTOTAL of Receipts This Page (optional)	▶	800.00
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: PAGE 38 / 92
(check only one)

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

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 - Blue Cross Blue Shield Association Pac

A. Full Name (Last, First, Middle Initial)
David Spalding

Mailing Address 2400 Shadow Creek

City State Zip Code
Saint Paul MN 55125

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

Name of Employer BCBS of Minnesota Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	0	/	2	0	0	9

Transaction ID: 119828

Amount of Each Receipt this Period 275.00

Payroll Deduction: (25.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Joyce M. Sterk

Mailing Address 4505 W. 101st Place

City State Zip Code
Oak Lawn IL 60453

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

Name of Employer BCBSA Occupation MD BPFS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	6	/	2	0	0	9

Transaction ID: 120290

Amount of Each Receipt this Period 275.00

Payroll Deduction: (25.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Maureen E. Sullivan

Mailing Address 680 N. Lake Shore Drive

City State Zip Code
Chicago IL 60611

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

Name of Employer BCBSA Occupation Sr VP Strategic Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	6	/	2	0	0	9

Transaction ID: 119301

Amount of Each Receipt this Period 385.00

Payroll Deduction: (25.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 935.00

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:		PAGE 39 / 92	
	(check only one)			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17	

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 - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Patricia Bonkiewicz Taylor		Date of Receipt MM / DD / YYYY 02 / 06 / 2009		
	Mailing Address 5226 Cahaba Valley Cove		Transaction ID: 118357		
	City Miami	State FL	Zip Code 33242	Amount of Each Receipt this Period 550.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: (50.00- /Bi-Weekly)		
	Name of Employer BCBSA	Occupation Exec Dir IT Informatics	Aggregate Year-to-Date 650.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dean S. Todaro		Date of Receipt MM / DD / YYYY 02 / 06 / 2009		
	Mailing Address 1310 G Street, N.w.		Transaction ID: 120889		
	City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 220.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: (20.00- /Bi-Weekly)		
	Name of Employer BCBSA	Occupation MD Plan Tax Services	Aggregate Year-to-Date 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) James B. Trimble		Date of Receipt MM / DD / YYYY 02 / 06 / 2009		
	Mailing Address 1310 G Street N.w.		Transaction ID: 118356		
	City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 135.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction: (45.00- /Bi-Weekly)		
	Name of Employer BCBSA	Occupation MD Political Affairs	Aggregate Year-to-Date 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	905.00
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: PAGE 40 / 92

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.

Full Name (Last, First, Middle Initial)

James B. Trimble

Mailing Address 1310 G Street N.w.

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
BCBSA MD Political Affairs

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 625.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 20 / 2009

Transaction ID: 119277

Amount of Each Receipt this Period

400.00

Payroll Deduction: (50.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Larry Turney

Mailing Address 800 Vallejo Road

City State Zip Code
Helena MT 59602

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

Name of Employer Occupation
BCBS of Montana Solution Delivery Team

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 19 / 2009

Transaction ID: 119188

Amount of Each Receipt this Period

50.00

Payroll Deduction: (25.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Larry Turney

Mailing Address 800 Vallejo Road

City State Zip Code
Helena MT 59602

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

Name of Employer Occupation
BCBS of Montana Solution Delivery Team

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 08 / 2009

Transaction ID: 120009

Amount of Each Receipt this Period

20.00

Payroll Deduction: (10.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

470.00

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: PAGE 41 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A. Full Name (Last, First, Middle Initial)
Michael B. Unhjem

Mailing Address 2122 Sterling Rose Lane

City State Zip Code
Fargo ND 58104

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

Name of Employer Occupation
Noridian-BCBS of North Dakota President & Ceo

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Transaction ID: 119174

Amount of Each Receipt this Period
300.00

Payroll Deduction: (100.0-0/Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Jennifer Vachon

Mailing Address 1310 G St NW

City State Zip Code
Washington DC 20005-3000

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

Name of Employer Occupation
BCBSA VP Marketing Services

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 120829

Amount of Each Receipt this Period
400.00

Payroll Deduction: (50.00-/Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Stephen Walker

Mailing Address 1310 G St NW

City State Zip Code
Washington DC 20005-3000

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

Name of Employer Occupation
BCBS of Tennessee Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2009

Transaction ID: 120603

Amount of Each Receipt this Period
200.00

Payroll Deduction: (50.00-/Bi-Weekly)

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

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: PAGE 42 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A. Full Name (Last, First, Middle Initial)
Lois Wattman

Mailing Address 1310 G Street, NW
12th Floor

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
BCBS of Minnesota Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 390.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2009

Transaction ID: 119394

Amount of Each Receipt this Period
330.00

Payroll Deduction: (30.00-
/Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Michelle Lynn Werr

Mailing Address 1018 Crest St

City State Zip Code
Wheaton IL 60187-6272

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

Name of Employer Occupation
BCBSA MD Statigic Services

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 245.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Transaction ID: 121575

Amount of Each Receipt this Period
245.00

Payroll Deduction: (35.00-
/Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Paul M. White

Mailing Address 1310 G Street, N.w.

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
BCBS of Arkansas Health Insurer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 280.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2009

Transaction ID: 121006

Amount of Each Receipt this Period
240.00

Payroll Deduction: (40.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **815.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 92
	<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)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Connie A. Woodard		Date of Receipt
	Mailing Address 1310 G Street, Nw		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 6 / 2 0 0 9
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		Transaction ID: 120295
Name of Employer BCBSA		Occupation Dir Program Integrity	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	275.00
			Payroll Deduction: (25.00- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Robert E Worthington		Date of Receipt
	Mailing Address 1310 G Street NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 0 9 / 2 0 0 9
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		Transaction ID: 120595
Name of Employer BCBS of Tennessee		Occupation Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	200.00
			Payroll Deduction: (50.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	475.00
TOTAL This Period (last page this line number only)	▶	45027.77

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

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

FOR LINE NUMBER: PAGE 44 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A. Full Name (Last, First, Middle Initial)
Blue Cross and Blue Shield of Kansas City Federal Pac

Mailing Address One Pershing Square
2301 Main Street

City State Zip Code
Kansas City MO 64108

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2009

Transaction ID: 118498

Amount of Each Receipt this Period
8200.00

B. Full Name (Last, First, Middle Initial)
Blue Cross and Blue Shield of Kansas, Inc. Employee Pac

Mailing Address 1133 SW Topeka Blvd.
Cc:855 - B3

City State Zip Code
Topeka KS 66629

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: 112452

Amount of Each Receipt this Period
684.00

C. Full Name (Last, First, Middle Initial)
Blue Cross and Blue Shield of Kansas, Inc. Employee Pac

Mailing Address 1133 SW Topeka Blvd.
Cc:855 - B3

City State Zip Code
Topeka KS 66629

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2009

Transaction ID: 119147

Amount of Each Receipt this Period
684.00

SUBTOTAL of Receipts This Page (optional) ▶ **9568.00**

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: PAGE 45 / 92
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Bluepac - Blue Cross Blue Shield Association Pac

A.

Full Name (Last, First, Middle Initial)
Blue Cross and Blue Shield of Kansas, Inc. Employee Pac

Mailing Address 1133 SW Topeka Blvd.
Cc:855 - B3

City Topeka State KS Zip Code 66629

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2009

Transaction ID: 120221

Amount of Each Receipt this Period
684.00

B.

Full Name (Last, First, Middle Initial)
Blue Cross and Blue Shield of Kansas, Inc. Employee Pac

Mailing Address 1133 SW Topeka Blvd.
Cc:855 - B3

City Topeka State KS Zip Code 66629

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Transaction ID: 120837

Amount of Each Receipt this Period
684.00

C.

Full Name (Last, First, Middle Initial)
Blue Cross and Blue Shield of Kansas, Inc. Employee Pac

Mailing Address 1133 SW Topeka Blvd.
Cc:855 - B3

City Topeka State KS Zip Code 66629

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: 121683

Amount of Each Receipt this Period
684.00

SUBTOTAL of Receipts This Page (optional) ► **2052.00**

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: PAGE 46 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A. Full Name (Last, First, Middle Initial)
Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Mailing Address PO Box 2291

City State Zip Code
Durham NC 27702

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	9

Transaction ID: 121684

Amount of Each Receipt this Period
3500.00

B. Full Name (Last, First, Middle Initial)
Blue Cross Blue Shield of Michigan Pac

Mailing Address 602 W. Ionia

City State Zip Code
Lansing MI 48933

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	0	9

Transaction ID: 120063

Amount of Each Receipt this Period
10000.00

C. Full Name (Last, First, Middle Initial)
Blue Cross Blue Shield of Michigan Pac

Mailing Address 602 W. Ionia

City State Zip Code
Lansing MI 48933

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	9

Transaction ID: 120965

Amount of Each Receipt this Period
15000.00

SUBTOTAL of Receipts This Page (optional) ► **28500.00**

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: PAGE 47 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A. Full Name (Last, First, Middle Initial)
Blue Cross Voice

Mailing Address 19 North Main Street

City State Zip Code
Wilkes Barre PA 18711

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	3	/	2	0	0	9

Transaction ID: 119920

Amount of Each Receipt this Period
1750.00

B. Full Name (Last, First, Middle Initial)
Blue Shield of California Political Action Committee

Mailing Address 50 Beale Street
17-C356

City State Zip Code
San Francisco CA 94105

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	0	9

Transaction ID: 118497

Amount of Each Receipt this Period
12500.00

C. Full Name (Last, First, Middle Initial)
Florida Health Political Action Committee (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, IN

Mailing Address PO Box 6936
4800 Deerwood Campus Parkwy, Dc3-4

City State Zip Code
Jacksonville FL 32236

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	3	/	2	0	0	9

Transaction ID: 119424

Amount of Each Receipt this Period
4000.00

SUBTOTAL of Receipts This Page (optional) ► **18250.00**

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: PAGE 48 / 92
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A. Full Name (Last, First, Middle Initial)
Health Care Service Corporation Employees' Political Action Committee

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Mailing Address 300 E. Randolph
Legal Dept.

Transaction ID: 118141

City Chicago State IL Zip Code 60601

Amount of Each Receipt this Period
3000.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

B. Full Name (Last, First, Middle Initial)
Health Care Service Corporation Employees' Political Action Committee

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009

Mailing Address 300 E. Randolph
Legal Dept.

Transaction ID: 119425

City Chicago State IL Zip Code 60601

Amount of Each Receipt this Period
10000.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

C. Full Name (Last, First, Middle Initial)
Health Care Service Corporation Employees' Political Action Committee

Date of Receipt
MM / DD / YYYY
05 / 22 / 2009

Mailing Address 300 E. Randolph
Legal Dept.

Transaction ID: 120836

City Chicago State IL Zip Code 60601

Amount of Each Receipt this Period
10000.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

SUBTOTAL of Receipts This Page (optional) ► 23000.00

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: PAGE 49 / 92
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.

Full Name (Last, First, Middle Initial)
Highmark Health Pac of Highmark Inc.

Mailing Address 1800 Center Street

City State Zip Code
Camp Hill PA 17089

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2009

Transaction ID: 118499

Amount of Each Receipt this Period
4000.00

B.

Full Name (Last, First, Middle Initial)
Highmark Health Pac of Highmark Inc.

Mailing Address 1800 Center Street

City State Zip Code
Camp Hill PA 17089

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: 121681

Amount of Each Receipt this Period
4000.00

C.

Full Name (Last, First, Middle Initial)
Independence Blue Cross Pac (IBC PAC)

Mailing Address 1901 Market Street

City State Zip Code
Philadelphia PA 19103

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Transaction ID: 98123

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **10000.00**

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: PAGE 50 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A. Full Name (Last, First, Middle Initial)
Independence Blue Cross Pac (IBC PAC)
Mailing Address 1901 Market Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2009

Transaction ID: 120062

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Independence Blue Cross Pac (IBC PAC)
Mailing Address 1901 Market Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 20 / 2009

Transaction ID: 117074

Amount of Each Receipt this Period
3000.00

C. Full Name (Last, First, Middle Initial)
Independence Blue Cross Pac (IBC PAC)
Mailing Address 1901 Market Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2009

Transaction ID: 125403

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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: PAGE 51 / 92
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A. Full Name (Last, First, Middle Initial)
Premera Blue Cross Political Action Committee/Premera Pac

Mailing Address 7001 220th Street SW
MS 355

City State Zip Code
Mountlake Terrace WA 98043

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2009

Transaction ID: 120712

Amount of Each Receipt this Period
10000.00

B. Full Name (Last, First, Middle Initial)
Regence Group Bluepac, the

Mailing Address 330 9th St. SE
Suite 300E

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2009

Transaction ID: 100974

Amount of Each Receipt this Period
15000.00

C. Full Name (Last, First, Middle Initial)
Wellpoint, Inc. Wellpac

Mailing Address 120 Monument Circle

City State Zip Code
Indianapolis IN 46204

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
131054.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2009

Transaction ID: 120220

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► 30000.00

TOTAL This Period (last page this line number only) ► 128370.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 - Blue Cross Blue Shield Association Pac

A. Full Name (Last, First, Middle Initial) A New Direction Pac <hr/> Mailing Address PO Box 4234 <hr/> City Concord State NH Zip Code 03302 <hr/> Purpose of Disbursement Direct Contribution Candidate Name A New Direction Pac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 2080 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00 Category/Type 011

B. Full Name (Last, First, Middle Initial) Alamo Pac <hr/> Mailing Address 919 Congress Ave Suite 1400 Frost Bank Plaza <hr/> City Austin State TX Zip Code 78701 <hr/> Purpose of Disbursement Direct Contribution Candidate Name Alamo Pac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 1979 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

C. Full Name (Last, First, Middle Initial) Alamo Pac <hr/> Mailing Address 919 Congress Ave Suite 1400 Frost Bank Plaza <hr/> City Austin State TX Zip Code 78701 <hr/> Purpose of Disbursement Direct Contribution Candidate Name Alamo Pac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 2043 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Ameripac	Transaction ID: 1972 Date of Disbursement 02 / 04 / 2009
	Mailing Address 140 Covant #2	Amount of Each Disbursement this Period 2500.00
	City Manchester State NH Zip Code 03102	
	Purpose of Disbursement Direct Contribution Candidate Name Ameripac	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	

B.	Full Name (Last, First, Middle Initial) Ameripac	Transaction ID: 2034 Date of Disbursement 04 / 28 / 2009
	Mailing Address 140 Covant #2	Amount of Each Disbursement this Period 2500.00
	City Manchester State NH Zip Code 03102	
	Purpose of Disbursement Direct Contribution Candidate Name Ameripac	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	

C.	Full Name (Last, First, Middle Initial) Andrews for Senate	Transaction ID: 2090 Date of Disbursement 06 / 26 / 2009
	Mailing Address 215 Fourth Avenue Suite 200	Amount of Each Disbursement this Period 1000.00
	City Haddon Heights State NJ Zip Code 08035	
	Purpose of Disbursement Debt Retirement Candidate Name Robert E. Andrews	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution	

SUBTOTAL of Disbursements This Page (optional)	6000.00
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Battle Born Political Action Committee	Transaction ID: 1984 Date of Disbursement
	Mailing Address PO Box 370667 Suite 300	<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Las Vegas State NV Zip Code 89137	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="2000.00"/>
	Candidate Name Battle Born Political Action Committee	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Battle Born Political Action Committee	Transaction ID: 2032 Date of Disbursement
	Mailing Address PO Box 370667 Suite 300	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Las Vegas State NV Zip Code 89137	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="3000.00"/>
	Candidate Name Battle Born Political Action Committee	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Becerra for Congress	Transaction ID: 2011 Date of Disbursement
	Mailing Address PO Box 261060	<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Los Angeles State CA Zip Code 90026	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="2000.00"/>
	Candidate Name Xavier Becerra	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Bennet for Colorado	Transaction ID: 2071 Date of Disbursement
	Mailing Address PO Box 3078	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Denver State CO Zip Code 80201	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1000.00"/>
	Candidate Name Michael F. Bennet	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Big Tent Pac	Transaction ID: 1982 Date of Disbursement
	Mailing Address 701 8th Street, NW Suite 500	<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1000.00"/>
	Candidate Name Big Tent Pac	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bill Nelson for U S Senate	Transaction ID: 2089 Date of Disbursement
	Mailing Address 972 W Whitmire Drive	<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Melbourne State FL Zip Code 32935	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="2500.00"/>
	Candidate Name Bill Nelson	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee	Transaction ID: 1985 Date of Disbursement
	Mailing Address 6849 Old Dominion Drive Suite 222	<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City McLean State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1500.00"/>
	Candidate Name Blue Dog Political Action Committee	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee	Transaction ID: 2026 Date of Disbursement
	Mailing Address 6849 Old Dominion Drive Suite 222	<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City McLean State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1000.00"/>
	Candidate Name Blue Dog Political Action Committee	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee	Transaction ID: 2056 Date of Disbursement
	Mailing Address 6849 Old Dominion Drive Suite 222	<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City McLean State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1000.00"/>
	Candidate Name Blue Dog Political Action Committee	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee	Transaction ID: 2059 Date of Disbursement 06 / 08 / 2009
	Mailing Address 6849 Old Dominion Drive Suite 222	Amount of Each Disbursement this Period 1500.00
	City McLean State VA Zip Code 22101	
	Purpose of Disbursement Direct Contribution Candidate Name Blue Dog Political Action Committee	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	

B.	Full Name (Last, First, Middle Initial) Bluegrass Committee	Transaction ID: 2007 Date of Disbursement 03 / 19 / 2009
	Mailing Address 400 N Capitol St NW #585 #585	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Direct Contribution Candidate Name Bluegrass Committee	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	

C.	Full Name (Last, First, Middle Initial) Boyd for Congress	Transaction ID: 1992 Date of Disbursement 03 / 05 / 2009
	Mailing Address PO Box 15703	Amount of Each Disbursement this Period 1000.00
	City Tallahassee State FL Zip Code 32317	
	Purpose of Disbursement Direct Contribution Candidate Name F. Allen Boyd, Jr.	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution	

SUBTOTAL of Disbursements This Page (optional)	5000.00
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

<p>A. Full Name (Last, First, Middle Initial) Boyd for Congress</p> <p>Mailing Address PO Box 15703</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name F. Allen Boyd, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2083</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p><input type="text" value="011"/> Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Braley for Congress</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Bruce L. Braley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 1987</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><input type="text" value="011"/> Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Cantor for Congress</p> <p>Mailing Address PO Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Eric I. Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 1994</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p><input type="text" value="011"/> Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Carper for Senate	Transaction ID: 2065 Date of Disbursement
	Mailing Address 19 East Commons Blvd Second Floor	<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City New Castle State DE Zip Code 19720	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="2000.00"/>
	Candidate Name Thomas R. Carper	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Carper for Senate	Transaction ID: 2093 Date of Disbursement
	Mailing Address 19 East Commons Blvd Second Floor	<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City New Castle State DE Zip Code 19720	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="3000.00"/>
	Candidate Name Thomas R. Carper	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Citizens for Altmire	Transaction ID: 2074 Date of Disbursement
	Mailing Address PO Box 1776	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Freedom State PA Zip Code 15042	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1500.00"/>
	Candidate Name Jason Altmire	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Citizens for Arlen Specter Mailing Address 1831 Bay Street SE City Washington State DC Zip Code 20003 Purpose of Disbursement Direct Contribution Candidate Name Arlen Specter Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District:	Transaction ID: 2030 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 9	Amount of Each Disbursement this Period 2900.00
B.	Full Name (Last, First, Middle Initial) Coburn for Senate 2010 Mailing Address Post Office Box 977 City Muskogee State OK Zip Code 74402 Purpose of Disbursement Direct Contribution Candidate Name Tom A. Coburn Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OK District:	Transaction ID: 2072 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) Collins for Senator Mailing Address PO Box 1096 City Bangor State ME Zip Code 04402 Purpose of Disbursement Direct Contribution Candidate Name Susan M. Collins Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District:	Transaction ID: 2036 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	6400.00
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

<p>A. Full Name (Last, First, Middle Initial) Collins for Senator</p> <p>Mailing Address PO Box 1096</p> <p>City Bangor State ME Zip Code 04402</p> <p>Purpose of Disbursement ITEMIZE: Voided Check</p> <p>Candidate Name Susan M. Collins</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2040 Date of Disbursement 05 / 06 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Common Values Pac</p> <p>Mailing Address 901 N Washington St Suite 102</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Common Values Pac</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 1999 Date of Disbursement 03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee</p> <p>Mailing Address PO Box 2008</p> <p>City Murfreesboro State TN Zip Code 37133</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Bart Gordon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2055 Date of Disbursement 05 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

<p>A. Full Name (Last, First, Middle Initial) Congressman Bill Young Campaign Committee</p> <p>Mailing Address PO Box 47025</p> <p>City St. Petersburg State FL Zip Code 33743</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name C.W. Bill Young</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2033</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="1000.00"/></p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Congressman Joe Barton Committee, the</p> <p>Mailing Address PO Box 1444</p> <p>City Ennis State TX Zip Code 75120</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Joe L. Barton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2017</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="2500.00"/></p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Henry A. Waxman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 30</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2029</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="2500.00"/></p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

**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)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Dakpac	Transaction ID: 2015 Date of Disbursement 03 / 19 / 2009
	Mailing Address 607 14th Street, NW, Suite 800	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Direct Contribution	011 Category/ Type
	Candidate Name Dakpac	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Dan Burton for Congress Committee	Transaction ID: 2035 Date of Disbursement 04 / 28 / 2009
	Mailing Address PO Box 50593	Amount of Each Disbursement this Period 1000.00
	City Indianapolis State IN Zip Code 46250	
	Purpose of Disbursement Direct Contribution	011 Category/ Type
	Candidate Name Dan Burton	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IN District: 05	

C.	Full Name (Last, First, Middle Initial) Davis for Congress/Friends of Davis	Transaction ID: 2016 Date of Disbursement 03 / 27 / 2009
	Mailing Address 5956 W. Race Avenue	Amount of Each Disbursement this Period 2500.00
	City Chicago State IL Zip Code 60644	
	Purpose of Disbursement Direct Contribution	011 Category/ Type
	Candidate Name Danny K. Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: IL District: 07	

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A. Full Name (Last, First, Middle Initial)
Demint for Senate Committee Inc

Mailing Address PO Box 12425

City Columbia State SC Zip Code 29211

Purpose of Disbursement
Direct Contribution

Candidate Name
Jim DeMint

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: SC District:

Transaction ID: 2051
Date of Disbursement

05 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee-Contri-
butions

Mailing Address 430 S Capitol St SE 2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

Candidate Name
Democratic Congressional Campaign Committee-Contri-
butions

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2009 Primary General Other (specify) ▼
State: District: Contribution

Transaction ID: 2060
Date of Disbursement

06 / 08 / 2009

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
Dirigo Pac

Mailing Address PO Box 1355

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Direct Contribution

Candidate Name
Dirigo Pac

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2009 Primary General Other (specify) ▼
State: District: Contribution

Transaction ID: 2042
Date of Disbursement

05 / 06 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

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)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Duncan for Congress	Transaction ID: 1997 Date of Disbursement
	Mailing Address PO Box 2646	<input type="text" value="03"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Knoxville State TN Zip Code 37901	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1000.00"/>
	Candidate Name John J. Duncan, Jr.	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress	Transaction ID: 1986 Date of Disbursement
	Mailing Address Post Office Box 9336	<input type="text" value="03"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Fargo State ND Zip Code 58106	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="2500.00"/>
	Candidate Name Earl Pomeroy	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ensign for Senate	Transaction ID: 2020 Date of Disbursement
	Mailing Address PO Box 370667	<input type="text" value="03"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Las Vegas State NV Zip Code 89137	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1000.00"/>
	Candidate Name John Ensign	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Ensign for Senate	Transaction ID: 2057 Date of Disbursement
	Mailing Address PO Box 370667	<input type="text" value="05"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Las Vegas State NV Zip Code 89137	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1000.00"/>
	Candidate Name John Ensign	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Evan Bayh Committee	Transaction ID: 2004 Date of Disbursement
	Mailing Address 850 Fort Wayne Avenue	<input type="text" value="03"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1500.00"/>
	Candidate Name Evan Bayh	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Evan Bayh Committee	Transaction ID: 2054 Date of Disbursement
	Mailing Address 850 Fort Wayne Avenue	<input type="text" value="05"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="900.00"/>
	Candidate Name Evan Bayh	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3400.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) First State Pac	Transaction ID: 2105 Date of Disbursement 06 / 29 / 2009
	Mailing Address PO Box 3006	Amount of Each Disbursement this Period 5000.00
	City Wilmington State DE Zip Code 19804	
	Purpose of Disbursement Direct Contribution	011 Category/Type
	Candidate Name First State Pac	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	State: District: Contribution	

B.	Full Name (Last, First, Middle Initial) For Americas Republican Majority Pac (FARM PAC)	Transaction ID: 1977 Date of Disbursement 02 / 12 / 2009
	Mailing Address 675 N Washington St. Suite 410	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Direct Contribution	011 Category/Type
	Candidate Name For Americas Republican Majority Pac (FARM PAC)	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	State: District: Contribution	

C.	Full Name (Last, First, Middle Initial) Forward Together Pac	Transaction ID: 2082 Date of Disbursement 06 / 23 / 2009
	Mailing Address 201 North Union Street Suite 300	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Direct Contribution	011 Category/Type
	Candidate Name Forward Together Pac	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	State: District: Contribution	

SUBTOTAL of Disbursements This Page (optional)	7000.00
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Freedom Project; the	Transaction ID: 1995 Date of Disbursement
	Mailing Address 631-B Pennsylvania Ave., SE Basement Unit	<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="5000.00"/>
	Candidate Name Freedom Project; the	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	

B.	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln	Transaction ID: 1973 Date of Disbursement
	Mailing Address PO Box 3197	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Little Rock State AR Zip Code 72203	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="2500.00"/>
	Candidate Name Blanche Lambert Lincoln	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: Contribution	

C.	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln	Transaction ID: 1996 Date of Disbursement
	Mailing Address PO Box 3197	<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Little Rock State AR Zip Code 72203	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1000.00"/>
	Candidate Name Blanche Lambert Lincoln	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: Contribution	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln	Transaction ID: 2068 Date of Disbursement
	Mailing Address PO Box 3197	<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Little Rock State AR Zip Code 72203	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1500.00"/>
	Candidate Name Blanche Lambert Lincoln	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln	Transaction ID: 2069 Date of Disbursement
	Mailing Address PO Box 3197	<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Little Rock State AR Zip Code 72203	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="500.00"/>
	Candidate Name Blanche Lambert Lincoln	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Chris Dodd	Transaction ID: 2000 Date of Disbursement
	Mailing Address PO Box 270701	<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City West Hartford State CT Zip Code 06127	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="2000.00"/>
	Candidate Name Christopher J. Dodd	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Friends of Chris Dodd	Transaction ID: 2084 Date of Disbursement 06 / 23 / 2009
	Mailing Address PO Box 270701	Amount of Each Disbursement this Period 2500.00
	City West Hartford State CT Zip Code 06127	
	Purpose of Disbursement Direct Contribution Candidate Name Christopher J. Dodd	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Glenn Nye	Transaction ID: 2037 Date of Disbursement 05 / 01 / 2009
	Mailing Address PO Box 68444	Amount of Each Disbursement this Period 1000.00
	City Virginia Beach State VA Zip Code 23471	
	Purpose of Disbursement Direct Contribution Candidate Name Glenn C. Nye	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of John McCain Inc	Transaction ID: 2081 Date of Disbursement 06 / 23 / 2009
	Mailing Address PO Box 16664	Amount of Each Disbursement this Period 1000.00
	City Arlington State VA Zip Code 22215	
	Purpose of Disbursement Direct Contribution Candidate Name John McCain	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

<p>A. Full Name (Last, First, Middle Initial) Friends of John Tanner</p> <p>Mailing Address Post Office Box 1994 Post Office Box 1994</p> <p>City Union City State TN Zip Code 38281</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name John S. Tanner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2091 Date of Disbursement 06 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of John Thune</p> <p>Mailing Address 200 North Phillips Avenue Ste L101</p> <p>City Sioux Falls State SD Zip Code 57104</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name John R. Thune</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 1974 Date of Disbursement 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Mark Warner</p> <p>Mailing Address 201 North Union Street Suite 300</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Mark R. Warner</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2076 Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/Type</p>

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

<p>A. Full Name (Last, First, Middle Initial) Friends of Mark Warner</p> <p>Mailing Address 201 North Union Street Suite 300</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement ITEMIZE: Voided Check</p> <p>Candidate Name Mark R. Warner</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2087 Date of Disbursement 06 / 25 / 2009</p> <p>Amount of Each Disbursement this Period -2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Schumer</p> <p>Mailing Address 509 Madison Ave Suite 1902</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Charles E. Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2014 Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Geoff Davis for Congress</p> <p>Mailing Address PO Box 17192 Suite F</p> <p>City Ft Mitchell State KY Zip Code 41017</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Geoffrey C. Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2046 Date of Disbursement 05 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A. Full Name (Last, First, Middle Initial) Georgians for Isakson <hr/> Mailing Address Post Office Box 250116 <hr/> City Atlanta State GA Zip Code 30325 <hr/> Purpose of Disbursement Direct Contribution Candidate Name Johnny Isakson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District:	Transaction ID: 2062 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00 Category/Type: 011

B. Full Name (Last, First, Middle Initial) Gillibrand for Senate <hr/> Mailing Address 236 Massachusetts Ave Suite 110 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Direct Contribution Candidate Name Kirsten E. Gillibrand Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District:	Transaction ID: 2023 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011

C. Full Name (Last, First, Middle Initial) Glacier Pac <hr/> Mailing Address 3242 Cummins Way <hr/> City Missoula State MT Zip Code 59802 <hr/> Purpose of Disbursement Direct Contribution Candidate Name Glacier Pac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 2052 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00 Category/Type: 011

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Great Plains Leadership Fund	Transaction ID: 1990 Date of Disbursement
	Mailing Address 818 Connecticut Ave., NW #1100 Suite 1100	<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="2500.00"/>
	Candidate Name Great Plains Leadership Fund	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	

B.	Full Name (Last, First, Middle Initial) Hagan Senate Committee Inc	Transaction ID: 1993 Date of Disbursement
	Mailing Address PO Box 29103	<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Greensboro State NC Zip Code 27429	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1000.00"/>
	Candidate Name Kay R. Hagan	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	

C.	Full Name (Last, First, Middle Initial) Higgins for Congress	Transaction ID: 2002 Date of Disbursement
	Mailing Address PO Box 28	<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Buffalo State NY Zip Code 14220	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="500.00"/>
	Candidate Name Brian M. Higgins	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 27	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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 - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Hoosiers for Hill	Transaction ID: 2012 Date of Disbursement
	Mailing Address PO Box 1071	<input type="text" value="03"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Seymour State IN Zip Code 47274	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1000.00"/>
	Candidate Name Baron P. Hill	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hoyer for Congress	Transaction ID: 2024 Date of Disbursement
	Mailing Address 607 14th Street, NW Suite 800	<input type="text" value="04"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="2500.00"/>
	Candidate Name Steny H. Hoyer	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Hoyer for Congress	Transaction ID: 2048 Date of Disbursement
	Mailing Address 607 14th Street, NW Suite 800	<input type="text" value="05"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement ITEMIZE: Voided Check	<input type="text" value="-2500.00"/>
	Candidate Name Steny H. Hoyer	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Hoyer for Congress	Transaction ID: 2092 Date of Disbursement
	Mailing Address 607 14th Street, NW Suite 800	<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="2500.00"/>
	Candidate Name Steny H. Hoyer	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Inslee for Congress	Transaction ID: 2073 Date of Disbursement
	Mailing Address PO Box 33027	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Seattle State WA Zip Code 98133	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1000.00"/>
	Candidate Name Jay Inslee	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jazz Pac	Transaction ID: 2027 Date of Disbursement
	Mailing Address 607 14th Street, NW, Suite 800 Suite 800	<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="5000.00"/>
	Candidate Name Jazz Pac	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Jeanne Shaheen for Senate	Transaction ID: 2044 Date of Disbursement
	Mailing Address PO Box 1510	<input type="text" value="05"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Manchester State NH Zip Code 03105	Amount of Each Disbursement this Period
	Purpose of Disbursement Debt Retirement	<input type="text" value="1000.00"/>
	Candidate Name Jeanne Shaheen	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jon Kyl for U S Senate	Transaction ID: 2022 Date of Disbursement
	Mailing Address PO Box 10246	<input type="text" value="03"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Phoenix State AZ Zip Code 85064	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1000.00"/>
	Candidate Name Jon Kyl	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Langevin for Congress	Transaction ID: 2078 Date of Disbursement
	Mailing Address 181A Knight Street	<input type="text" value="06"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Warwick State RI Zip Code 02886	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1500.00"/>
	Candidate Name James R. Langevin	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Larson for Congress	Transaction ID: 1976 Date of Disbursement
	Mailing Address 109 Pitkin Street	<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City East Hartford State CT Zip Code 06108	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1000.00"/>
	Candidate Name John B. Larson	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Larson for Congress	Transaction ID: 2077 Date of Disbursement
	Mailing Address 109 Pitkin Street	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City East Hartford State CT Zip Code 06108	Amount of Each Disbursement this Period
	Purpose of Disbursement ITEMIZE: Stop Payment	<input type="text" value="-1000.00"/>
	Candidate Name John B. Larson	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Leadership 21	Transaction ID: 2075 Date of Disbursement
	Mailing Address 6849 Old Dominion Drive Suite 222	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City McLean State VA Zip Code 22101	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1500.00"/>
	Candidate Name Leadership 21	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Lincoln Davis for Congress	Transaction ID: 2049 Date of Disbursement 05 / 18 / 2009
	Mailing Address PO Box 350	Amount of Each Disbursement this Period 1000.00
	City Jamestown State TN Zip Code 38556	
	Purpose of Disbursement Direct Contribution	011 Category/Type
	Candidate Name Lincoln Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Making Business Excel Political Action Committee	Transaction ID: 2006 Date of Disbursement 03 / 19 / 2009
	Mailing Address PO Box 3241	Amount of Each Disbursement this Period 1000.00
	City Cheyenne State WY Zip Code 82003	
	Purpose of Disbursement Direct Contribution	011 Category/Type
	Candidate Name Making Business Excel Political Action Committee	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

C.	Full Name (Last, First, Middle Initial) Making Business Excel Political Action Committee	Transaction ID: 2061 Date of Disbursement 06 / 08 / 2009
	Mailing Address PO Box 3241	Amount of Each Disbursement this Period 1000.00
	City Cheyenne State WY Zip Code 82003	
	Purpose of Disbursement Direct Contribution	011 Category/Type
	Candidate Name Making Business Excel Political Action Committee	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

SUBTOTAL of Disbursements This Page (optional)	3000.00
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Marion Berry for Congress</p> <p>Mailing Address PO Box 8084 PO Box 8084</p> <p>City Jonesboro State AR Zip Code 72403</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Marion Berry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AR District: 01</p>	<p>Transaction ID: 2047</p> <p>Date of Disbursement 05 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress Inc.</p> <p>Mailing Address PO Box 3750</p> <p>City Brentwood State TN Zip Code 37024</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Marsha Blackburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 07</p>	<p>Transaction ID: 2050</p> <p>Date of Disbursement 05 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) McNerney for Congress</p> <p>Mailing Address 6520 Village Parkway Second Floor</p> <p>City Dublin State CA Zip Code 94568</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Gerald McNerney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 11</p>	<p>Transaction ID: 2066</p> <p>Date of Disbursement 06 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee	Transaction ID: 2013 Date of Disbursement																			
	Mailing Address PO Box 360	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Direct Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Mike Ross	011 Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Mikulski for Senate Committee	Transaction ID: 2001 Date of Disbursement																			
	Mailing Address PO Box 13147	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	6		2	0	0	9												
	City Baltimore State MD Zip Code 21203	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Direct Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Barbara A. Mikulski	011 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Minnick for Congress	Transaction ID: 2005 Date of Disbursement																			
	Mailing Address 8150 West Emerald, Ste. 170	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
	City Boise State ID Zip Code 83704	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Direct Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Walter C. Minnick	011 Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00
3000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

**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)

PAGE 82 / 92

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.

Full Name (Last, First, Middle Initial)
Minnick for Congress

Transaction ID: 2045
Date of Disbursement

Mailing Address 8150 West Emerald, Ste. 170

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	0	9

City State Zip Code
Boise ID 83704

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Walter C. Minnick

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: ID District: 01

B.

Full Name (Last, First, Middle Initial)
Moderate Democrats Pac

Transaction ID: 2003
Date of Disbursement

Mailing Address 426 C Street NE

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	9

City State Zip Code
Washington DC 20002

Amount of Each Disbursement this Period

-1500.00

Purpose of Disbursement
Itemize: Stop Payment

011
Category/
Type

Candidate Name
Moderate Democrats Pac

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Moderate Democrats Pac

Transaction ID: 2031
Date of Disbursement

Mailing Address 426 C Street NE

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	0	9

City State Zip Code
Washington DC 20002

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Moderate Democrats Pac

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District: Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

<p>A. Full Name (Last, First, Middle Initial) Nathan Deal for Congress</p> <p>Mailing Address PO Box 902 PO Box 902</p> <p>City Gainesville State GA Zip Code 30503</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Nathan Deal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2009 Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) National Republican Congressional Committee</p> <p>Mailing Address 320 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name National Republican Congressional Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 2021 Date of Disbursement 03 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) National Republican Senatorial Committee</p> <p>Mailing Address 425 Second Street NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name National Republican Senatorial Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 2063 Date of Disbursement 06 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11500.00

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.

Full Name (Last, First, Middle Initial)
Nelson 2012

Mailing Address PO Box 8666

City Omaha State NE Zip Code 68108

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
E. Benjamin Nelson

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NE District:

Transaction ID: 2019
Date of Disbursement

03 / 27 / 2009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
Nelson 2012

Mailing Address PO Box 8666

City Omaha State NE Zip Code 68108

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
E. Benjamin Nelson

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NE District:

Transaction ID: 2053
Date of Disbursement

05 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Nelson 2012

Mailing Address PO Box 8666

City Omaha State NE Zip Code 68108

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
E. Benjamin Nelson

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NE District:

Transaction ID: 2085
Date of Disbursement

06 / 23 / 2009

Amount of Each Disbursement this Period

2500.00

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)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Nelson 2012	Transaction ID: 2088 Date of Disbursement 06 / 25 / 2009
	Mailing Address PO Box 8666	Amount of Each Disbursement this Period -2500.00
	City Omaha State NE Zip Code 68108	
	Purpose of Disbursement ITEMIZE: Voided Check	011 Category/ Type
	Candidate Name E. Benjamin Nelson	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) New Democrat Coalition Political Action Committee Aka Ndc Pac	Transaction ID: 2025 Date of Disbursement 04 / 17 / 2009
	Mailing Address 607 14th Street NW Suite 800	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Direct Contribution	011 Category/ Type
	Candidate Name New Democrat Coalition Political Action Committee Aka Ndc Pac	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Orrinpac	Transaction ID: 1975 Date of Disbursement 02 / 12 / 2009
	Mailing Address 175 S. West Temple, Suite 650	Amount of Each Disbursement this Period 1000.00
	City Salt Lake City State UT Zip Code 84101	
	Purpose of Disbursement Direct Contribution	011 Category/ Type
	Candidate Name Orrinpac	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1000.00
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

<p>A. Full Name (Last, First, Middle Initial) Portman for Senate Committee</p> <p>Mailing Address 9856 Archer Lane</p> <p>City Dublin State OH Zip Code 43017</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Rob Portman</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2079</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>Category/Type: <input type="text" value="011"/></p>
<p>B. Full Name (Last, First, Middle Initial) Preserving America's Traditions (PATPAC)</p> <p>Mailing Address 610 S. Boulevard</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Preserving America's Traditions (PATPAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Contribution</p>	<p>Transaction ID: 2008</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Category/Type: <input type="text" value="011"/></p>
<p>C. Full Name (Last, First, Middle Initial) Preserving America's Traditions (PATPAC)</p> <p>Mailing Address 610 S. Boulevard</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Preserving America's Traditions (PATPAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Contribution</p>	<p>Transaction ID: 2086</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Category/Type: <input type="text" value="011"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="5500.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Priority Pac	Transaction ID: 2070 Date of Disbursement 06 / 08 / 2009
	Mailing Address 2821 Kavanaugh Blvd. Suite 3G	Amount of Each Disbursement this Period 2500.00
	City Little Rock State AR Zip Code 72205	
	Purpose of Disbursement Direct Contribution	011 Category/ Type
	Candidate Name Priority Pac	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	Contribution

B.	Full Name (Last, First, Middle Initial) Richard Burr Committee; the	Transaction ID: 2018 Date of Disbursement 03 / 27 / 2009
	Mailing Address Post Office Box 5928	Amount of Each Disbursement this Period 1000.00
	City Winston-Salem State NC Zip Code 27113	
	Purpose of Disbursement Direct Contribution	011 Category/ Type
	Candidate Name Richard M. Burr	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NC District:	

C.	Full Name (Last, First, Middle Initial) Richard Burr Committee; the	Transaction ID: 2064 Date of Disbursement 06 / 08 / 2009
	Mailing Address Post Office Box 5928	Amount of Each Disbursement this Period 1000.00
	City Winston-Salem State NC Zip Code 27113	
	Purpose of Disbursement Direct Contribution	011 Category/ Type
	Candidate Name Richard M. Burr	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NC District:	

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)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A. Full Name (Last, First, Middle Initial)
Rob Andrews U.S. House Committee

Mailing Address 215 Fourth Avenue

City Haddon Heights State NJ Zip Code 07076

Purpose of Disbursement
Direct Contribution

Category/
Type

Candidate Name
Robert E. Andrews

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: NJ District: 01

Transaction ID: 1978

Date of Disbursement

/

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Rogers for Congress

Mailing Address PO Box 581
Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement
Direct Contribution

Category/
Type

Candidate Name
Mike Rogers

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: MI District: 08

Transaction ID: 2010

Date of Disbursement

/

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Roskam for Congress Committee

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
Direct Contribution

Category/
Type

Candidate Name
Peter J. Roskam

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: IL District: 06

Transaction ID: 1988

Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

<p>A. Full Name (Last, First, Middle Initial) Sanford D. Bishop, Jr. for Congress</p> <p>Mailing Address PO Box 909</p> <p>City Columbus State GA Zip Code 31902</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Sanford D. Bishop, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 1998 Date of Disbursement 03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Schakowsky for Congress</p> <p>Mailing Address PO Box 5130</p> <p>City Evanston State IL Zip Code 60204</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Janice D. Schakowsky</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 1989 Date of Disbursement 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Senate Conservatives Fund</p> <p>Mailing Address 228 S. Washington St., Ste. 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Senate Conservatives Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 2058 Date of Disbursement 05 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Solidarity Pac	Transaction ID: 2067 Date of Disbursement 06 / 08 / 2009
	Mailing Address 607 14th Street, NW, Suite 800 Suite 800	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Direct Contribution Candidate Name Solidarity Pac	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Texans for Senator John Cornyn Inc	Transaction ID: 2038 Date of Disbursement 05 / 01 / 2009
	Mailing Address PO Box 13026 Suite 180	Amount of Each Disbursement this Period 1000.00
	City Austin State TX Zip Code 78711	
	Purpose of Disbursement Direct Contribution Candidate Name John Cornyn	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Texans for Senator John Cornyn Inc	Transaction ID: 2041 Date of Disbursement 05 / 06 / 2009
	Mailing Address PO Box 13026 Suite 180	Amount of Each Disbursement this Period -1000.00
	City Austin State TX Zip Code 78711	
	Purpose of Disbursement ITEMIZE: Voided Check Candidate Name John Cornyn	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	1500.00
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) The Hawkeye Pac	Transaction ID: 2028 Date of Disbursement
	Mailing Address PO Box 192	<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City Des Moines State IA Zip Code 50301	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="2500.00"/>
	Candidate Name The Hawkeye Pac	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Tiberi for Congress	Transaction ID: 1991 Date of Disbursement
	Mailing Address 2931 E Dublin Granville Road Suite 190	<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Columbus State OH Zip Code 43231	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1000.00"/>
	Candidate Name Pat Tiberi	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: OH District: 12	

C.	Full Name (Last, First, Middle Initial) Tim Murphy for Congress	Transaction ID: 1983 Date of Disbursement
	Mailing Address PO Box 24551	<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Pittsburgh State PA Zip Code 15234	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Contribution	<input type="text" value="1000.00"/>
	Candidate Name Timothy F. Murphy	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: PA District: 18	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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

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NAME OF COMMITTEE (In Full)
Bluepac - Blue Cross Blue Shield Association Pac

A. Full Name (Last, First, Middle Initial)
Wally Herger for Congress Committee

Mailing Address PO Box 1007

City Willows State CA Zip Code 95988

Purpose of Disbursement
Direct Contribution

Category/
Type

Candidate Name
Walter Herger, Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 02

Transaction ID: 1980

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Webb for Senate

Mailing Address PO Box 17427

City Arlington State VA Zip Code 22216

Purpose of Disbursement
Direct Contribution

Category/
Type

Candidate Name
James Webb

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VA District:

Transaction ID: 2039

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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