REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JAN 10 9 07 AM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Blue Cross & Blue Shield of Ne. PAC

ADDRESS (Number and street) ☐ Check if different than previously reported
P.O. Box 3248 Main Station

CITY, STATE and ZIP CODE
Omaha Nebraska 68180

2. FEC IDENTIFICATION NUMBER
C00276311

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☒ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

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

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 11-26-96 through 12-31-96		
6. (a) Cash on Hand January 1, 19____		$ 5323.09
(b) Cash on Hand at Beginning of Reporting Period	$ 3477.33	
(c) Total Receipts (from Line 19)	$ 1143.79	$ 12610.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 4621.12	$ 17934.06
7. Total Disbursements (from Line 30)	$ 1000.00	$ 14312.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 3621.12	$ 3621.12
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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

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

Type or Print Name of Treasurer: David V. Realph

Signature of Treasurer: David V. Realph

Date: 1-3-97

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

FEC FORM 3X
(revised 9/95)

FES/NI36

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

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM 11-26-96 TO: 12-31-96

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	396.08	2487.10	11(a)(i)
ii. Unitemized	753.71	10123.87	11(a)(ii)
iii. Total (add i and ii) ➤	1143.79	12,610.97	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤			11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1143.79	12610.97	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤			20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	14312.34	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤			30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	1000.00	14312.34	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE6AN125

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

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)

Blue Cross Blue Shield of Ne PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Chuck Hagel P.O. Box 241497 Omaha Ne 68154-5497	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-5-96	1000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

FE6AN135

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full): Blue Cross & Blue Shield of NE PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard L. Guffey, 13035 Heavenly Drive, Omaha NE 68154 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blue Cross & Blue Shield (BCBS) — Occupation: CEO — Aggregate Year-to-Date $ 716.81	Oct. Semi monthly PR deductions	59.68
B. David V. Realph, 12829 Nicholas St., Omaha NE 68154 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBS — Occupation: Treasurer CFO — Aggregate Year-to-Date $ 353.48		29.46
C. Terry Groves, 1005 Magnolia Court, Papillion NE 68128 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBS — Occupation: CIO — Aggregate Year-to-Date $ 261.90		21.82
D. Steve Sorenson, 15213 Hickory Street, Omaha NE 68144 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBS — Occupation: V.P. Provider Relations — Aggregate Year-to-Date $ 244.60		20.38
E. Jerome Dworak, 15317 Hickory, Omaha NE 68144 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBS — Occupation: CMO — Aggregate Year-to-Date $ 244.46		20.38
F. Dennis Chapman, 3613 South 116 ave, Omaha NE 68144 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBS — Occupation: Gen. Counsel — Aggregate Year-to-Date $ 234.20		1952
G. Larry Beam, 12133 Larchard ave, Omaha NE 68137 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBS — Occupation: VP. I.S — Aggregate Year-to-Date $ 232.84		1940

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

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

FE6AN135

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 3

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full): Blue Cross : Blue Shield of Ne. PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Michelina Balduno 12310 Rose Lane Omaha Ne. 68154 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBS Ne Occupation: V.P. Human Resources Aggregate Year-to-Date: $ 228.44	Var. Semi monthly PAR Ded	$ 19.02
B. Kandy Boldt 3315 South 29th street Lincoln Ne 68502 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBSN. Occupation: V.P. Corp. Development Aggregate Year-to-Date: $ 227.98		$ 19.01
C. Duane Wilson 1706 S 79th street Omaha Ne 68124 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBSN. Occupation: Controller Aggregate Year-to-Date: $ 222.30		18.94
D. John Hines R.R. 1 Box 134 Fort Calhoun Ne 68023 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBSN. Occupation: V.P. Govt. Programs Aggregate Year-to-Date: $ 224.62		18.72
E. Al. Gilmore 16004 Ruggles Omaha Ne 68116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBS. Occupation: V.P. Marketing Aggregate Year-to-Date: $ 224.28		18.69
F. John Blacketer 6504 S 92nd street Omaha Ne 68127 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBS Occupation: V.P. Electronic Claims Aggregate Year-to-Date: $ 217.06		18.09
G. Karen Hollingsworth 1215 North 122nd street Omaha Ne 68154 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	BCBS Occupation: V.P. Claims adm. Aggregate Year-to-Date: $ 216.72		18.06

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

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

FE6AN135

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 7 OF 13
	FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
Blue Cross + Blue Shield of NE PAC

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code James Pusateri 5803 South 171st Street Omaha NE 68135 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: BCBS N. Occupation: V.P. actuary Aggregate Year-to-Date: $ 215.54	Var Semi monthly P.R. ded.	17.96
B. Full Name, Mailing Address and ZIP Code Maxine Crossley R.R. 1 Pacific Junction IA. 51561 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: BCBS N. Occupation: COO Hmo NE Aggregate Year-to-Date: $ 207.98		17.33
C. Full Name, Mailing Address and ZIP Code Sue Schneiderwind 1613 South 155th Street Omaha NE. 68144 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: BCBS N. Occupation: Corp. Secretary Aggregate Year-to-Date: $ 203.71		16.93
D. Full Name, Mailing Address and ZIP Code Steve Martin 521 South 38th ave. Omaha NE 68105 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: BC BS N. Occupation: V.P. research Aggregate Year-to-Date: $ 200.16		16.68
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	390.08

FEBAN135

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 1-6-97
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

JMW
PREPARER

1-10-97
DATE PREPARED

FEC FORM 70-2 (12/92)