

**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 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 X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)  
 (a) Quarterly Reports:  
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) X Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 January 31 Quarterly Report(YE) Election on in the State of  
 July 31 Mid-Year Report(Non-election Year Only) (MY) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)  
 Termination Report (TER) (d) 30-Day Post -Election Report for the: Convention (12C) Special (12S)  
 Election on in the State of

5. Covering Period 01 01 2002 through 02 28 2002

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 03 21 2002

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name  
BLUEPAC - BLUE CROSS/BLUE SHIELD PAC

Report Covering the Period: From: <sup>h</sup> 0 1 <sup>d</sup> 0 1 <sup>y</sup> 2 0 0 2 To: <sup>h</sup> 0 2 <sup>d</sup> 2 8 <sup>y</sup> 2 0 0 2

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>y</sup> 2 0 0 2		89170.04
(b) Cash on Hand at Beginning of Reporting Period .....	89170.04	
(c) Total Receipts (from Line 19) .....	35279.10	35279.10
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	124449.14	124449.14
7. Total Disbursements (from Line 30) .....	39832.22	39832.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	84616.92	84616.92
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	
	<u>0.3</u>	<u>0.5</u>
	2 0 0 2	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

BLUEPAC - BLUE CROSS/BLUE SHIELD PAC

Report Covering the Period: From: <sup>W</sup>01 <sup>D</sup>01 <sup>Y</sup>2002 To: <sup>W</sup>02 <sup>D</sup>28 <sup>Y</sup>2002

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) .....	5813.20	
(ii) Unitemized .....	18695.90	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	24509.10	24509.10
(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 32, page 4) .....	24509.10	24509.10
12. Transfers From Affiliated/Other Party Committees .....	10770.00	10770.00
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 36, page 4) .....	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.) .....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	35279.10	35279.10
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	35279.10	35279.10

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39270.40	39270.40
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.....	1561.82	1561.82
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	39832.22	39832.22
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	39832.22	39832.22
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	24509.10	24509.10
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	24509.10	24509.10
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 5 / 37

(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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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 PAC

**A. MARK W. BANKS** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
4634 EDGEBROOK PL. 0 1 / 0 8 / 2 0 0 2

City State Zip Code  
EDIN MN 55424 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 40.00

Name of Employer BC/BS OF MINNESOTA	Occupation HEALTH INSURER
--	------------------------------

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 740.00

**Transaction ID: B000369S000002L11A1**

**B. MARK W. BANKS** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
4634 EDGEBROOK PL. 0 1 / 1 5 / 2 0 0 2

City State Zip Code  
EDIN MN 55424 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 500.00

Name of Employer BC/BS OF MINNESOTA	Occupation HEALTH INSURER
--	------------------------------

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 740.00

**Transaction ID: B000384S000004L11A1**

**C. MARK W. BANKS** Date of Receipt

Mailing Address N M / D E / Y Y Y Y  
4634 EDGEBROOK PL. 0 1 / 2 9 / 2 0 0 2

City State Zip Code  
EDIN MN 55424 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 40.00

Name of Employer BC/BS OF MINNESOTA	Occupation HEALTH INSURER
--	------------------------------

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 740.00

**Transaction ID: B000393S000002L11A1**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>580.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 7 / 37

(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 PAC

**A. MARK W. BANKS** Date of Receipt  
Mailing Address  
4634 EDGEBROOK PL.  
City State Zip Code  
EDIN MN 55424  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 40.00  
Name of Employer Occupation  
BC/BS OF MINNESOTA HEALTH INSURER  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 740.00  
Transaction ID: B000416S000002L11A1

**B. WILLIAM R. GOLD** Date of Receipt  
Mailing Address  
1717 DUPONT AVE. S.  
City State Zip Code  
MINNEAPOLIS MN 55403  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 7.00  
Name of Employer Occupation  
BC/BS OF MINNESOTA HEALTH INSURER  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 242.00  
Transaction ID: B000369S000005L11A1

**C. WILLIAM R. GOLD** Date of Receipt  
Mailing Address  
1717 DUPONT AVE. S.  
City State Zip Code  
MINNEAPOLIS MN 55403  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 200.00  
Name of Employer Occupation  
BC/BS OF MINNESOTA HEALTH INSURER  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 242.00  
Transaction ID: B000384S000006L11A1

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 247.00  
**TOTAL** This Period (last page this line number only) ..... ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 37	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 PAC**

**A.** Full Name (Last, First, Middle Initial)  
 WILLIAM R. GOLD  
 Mailing Address  
 1717 DUPONT AVE. S.  
 City State Zip Code  
 MINNEAPOLIS MN 55403  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 1 / 2 9 / 2 0 0 2  
 Amount of Each Receipt this Period  
 7.00  
 Name of Employer Occupation  
 BC/BS OF MINNESOTA HEALTH INSURER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 242.00  
 Transaction ID: B000393S000005L11A1

**B.** Full Name (Last, First, Middle Initial)  
 WILLIAM R. GOLD  
 Mailing Address  
 1717 DUPONT AVE. S.  
 City State Zip Code  
 MINNEAPOLIS MN 55403  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 1 / 2 9 / 2 0 0 2  
 Amount of Each Receipt this Period  
 7.00  
 Name of Employer Occupation  
 BC/BS OF MINNESOTA HEALTH INSURER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 242.00  
 Transaction ID: B000394S000005L11A1

**C.** Full Name (Last, First, Middle Initial)  
 WILLIAM R. GOLD  
 Mailing Address  
 1717 DUPONT AVE. S.  
 City State Zip Code  
 MINNEAPOLIS MN 55403  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 1 / 2 9 / 2 0 0 2  
 Amount of Each Receipt this Period  
 7.00  
 Name of Employer Occupation  
 BC/BS OF MINNESOTA HEALTH INSURER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 242.00  
 Transaction ID: B000395S000005L11A1

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **21.00**  
**TOTAL** This Period (last page this line number only) ..... ▶



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLUEPAC - BLUE CROSS/BLUE SHIELD PAC

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM R. GOLD

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

Mailing Address  
1717 DUPONT AVE. S.

City State Zip Code  
MINNEAPOLIS MN 55403

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period  
7.00

Name of Employer Occupation  
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 242.00

Transaction ID: B0004016000005L11A1

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM R. GOLD

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

Mailing Address  
1717 DUPONT AVE. S.

City State Zip Code  
MINNEAPOLIS MN 55403

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period  
7.00

Name of Employer Occupation  
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 242.00

Transaction ID: B000416S000005L11A1

**C.** Full Name (Last, First, Middle Initial)  
THOMAS HARTNETT

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

Mailing Address  
1310 G STREET, N.W.

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period  
69.50

Name of Employer Occupation  
BC/BS OF WESTERN NEW YORK HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 278.00

Transaction ID: B000380S000009L11A1

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **83.50**

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

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

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

FOR LINE NUMBER:  
(check only one)

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<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 PAC

**A.** Full Name (Last, First, Middle Initial)  
THOMASHARTNETT

Mailing Address  
1310 G STREET, N.W.

City State Zip Code  
WASHINGTON DC 20001

Date of Receipt  
N M / D E / Y Y Y Y  
01 / 15 / 2002

Amount of Each Receipt this Period  
34.75

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BC/BS OF WESTERN NEW YORK HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 278.00

Transaction ID: B000378S000009L11A1

**B.** Full Name (Last, First, Middle Initial)  
THOMASHARTNETT

Mailing Address  
1310 G STREET, N.W.

City State Zip Code  
WASHINGTON DC 20001

Date of Receipt  
N M / D E / Y Y Y Y  
01 / 15 / 2002

Amount of Each Receipt this Period  
34.75

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BC/BS OF WESTERN NEW YORK HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 278.00

Transaction ID: B000379S000009L11A1

**C.** Full Name (Last, First, Middle Initial)  
THOMASHARTNETT

Mailing Address  
1310 G STREET, N.W.

City State Zip Code  
WASHINGTON DC 20001

Date of Receipt  
N M / D E / Y Y Y Y  
01 / 29 / 2002

Amount of Each Receipt this Period  
34.75

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BC/BS OF WESTERN NEW YORK HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 278.00

Transaction ID: B000381S000009L11A1

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **104.25**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 37	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
**BLUEPAC - BLUE CROSS/BLUE SHIELD PAC**

Full Name (Last, First, Middle Initial)  
**A. THOMASHARTNETT**

Mailing Address  
**1310 G STREET, N.W.**

City State Zip Code  
**WASHINGTON DC 20001**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 04 2002**

FEC ID number of contributing federal political committee.  
 Amount of Each Receipt this Period  
**34.75**

Name of Employer Occupation  
**BC/BS OF WESTERN NEW YORK HEALTH INSURER**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **278.00**

Transaction ID: **B000397S000009L11A1**

Full Name (Last, First, Middle Initial)  
**B. THOMASHARTNETT**

Mailing Address  
**1310 G STREET, N.W.**

City State Zip Code  
**WASHINGTON DC 20001**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 06 2002**

FEC ID number of contributing federal political committee.  
 Amount of Each Receipt this Period  
**34.75**

Name of Employer Occupation  
**BC/BS OF WESTERN NEW YORK HEALTH INSURER**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **278.00**

Transaction ID: **B000402S000009L11A1**

Full Name (Last, First, Middle Initial)  
**C. THOMASHARTNETT**

Mailing Address  
**1310 G STREET, N.W.**

City State Zip Code  
**WASHINGTON DC 20001**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 25 2002**

FEC ID number of contributing federal political committee.  
 Amount of Each Receipt this Period  
**34.75**

Name of Employer Occupation  
**BC/BS OF WESTERN NEW YORK HEALTH INSURER**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **278.00**

Transaction ID: **B000421S000009L11A1**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **104.25**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 37	
	<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 PAC**

**A.** Full Name (Last, First, Middle Initial)  
 ROGER W. KLEPPE

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 1 / 0 8 / 2 0 0 2

Mailing Address  
 2901 MEAD CT.

City State Zip Code  
 BURNSVILLE MN 55337

Amount of Each Receipt this Period  
 14.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
 BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 284.00

Transaction ID: B000369S000007L11A1

**B.** Full Name (Last, First, Middle Initial)  
 ROGER W. KLEPPE

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

Mailing Address  
 2901 MEAD CT.

City State Zip Code  
 BURNSVILLE MN 55337

Amount of Each Receipt this Period  
 200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
 BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 284.00

Transaction ID: B000384S000001L11A1

**C.** Full Name (Last, First, Middle Initial)  
 ROGER W. KLEPPE

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

Mailing Address  
 2901 MEAD CT.

City State Zip Code  
 BURNSVILLE MN 55337

Amount of Each Receipt this Period  
 14.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
 BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 284.00

Transaction ID: B000393S000007L11A1

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **228.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 37

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

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 PAC

**A.** Full Name (Last, First, Middle Initial)  
ROGER W. KLEPPE

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

Mailing Address  
2901 MEAD CT.

City State Zip Code  
BURNSVILLE MN 55337

Amount of Each Receipt this Period  
14.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 284.00

Transaction ID: B000394S000007L11A1

**B.** Full Name (Last, First, Middle Initial)  
ROGER W. KLEPPE

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

Mailing Address  
2901 MEAD CT.

City State Zip Code  
BURNSVILLE MN 55337

Amount of Each Receipt this Period  
14.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 284.00

Transaction ID: B000395S000007L11A1

**C.** Full Name (Last, First, Middle Initial)  
ROGER W. KLEPPE

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

Mailing Address  
2901 MEAD CT.

City State Zip Code  
BURNSVILLE MN 55337

Amount of Each Receipt this Period  
14.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 284.00

Transaction ID: B000401S000007L11A1

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **42.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 37	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 PAC**

**A.** Full Name (Last, First, Middle Initial)  
**MARY N. LEHNARD**

Mailing Address  
**1310 G STREET, N.W.**

City State Zip Code  
**WASHINGTON DC 20005**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 04 2002**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**BLUE CROSS/BLUE SHIELD ASSOCIATION SENIOR V.P.**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **460.00**

Amount of Each Receipt this Period  
**115.00**

Transaction ID: **B0003986S000029L11A1**

**B.** Full Name (Last, First, Middle Initial)  
**MARY N. LEHNARD**

Mailing Address  
**1310 G STREET, N.W.**

City State Zip Code  
**WASHINGTON DC 20005**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 15 2002**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**BLUE CROSS/BLUE SHIELD ASSOCIATION SENIOR V.P.**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **460.00**

Amount of Each Receipt this Period  
**115.00**

Transaction ID: **B000410S000029L11A1**

**C.** Full Name (Last, First, Middle Initial)  
**HAYES D. MCCLERKIN**

Mailing Address  
**P.O. BOX 3053**

City State Zip Code  
**TEXARKANA AR 75604**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 06 2002**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**BLUE CROSS BLUE SHIELD OF ARKANSAS BOARD OF DIRECTOR**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **800.00**

Amount of Each Receipt this Period  
**800.00**

Transaction ID: **B000399S000010L11A1**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1030.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 37	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 PAC**

**A.** Full Name (Last, First, Middle Initial)  
 DONALD MLNRO  
 Mailing Address  
 P.O BOX 1157  
 City State Zip Code  
 HOT SPRINGS AR 71902  
 Date of Receipt  
 M / D / Y  
 02 / 06 / 2002  
 Amount of Each Receipt this Period  
 300.00  
 Name of Employer Occupation  
 BLUE CROSS BLUE SHIELD OF ARKANSAS BOARD OF DIRECTORS  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 300.00  
 Transaction ID: B000389S000004L11A1

**B.** Full Name (Last, First, Middle Initial)  
 RICHARD M. NIEMIEC  
 Mailing Address  
 4239 HARRIET AVE.  
 City State Zip Code  
 MINNEAPOLIS MN 55409  
 Date of Receipt  
 M / D / Y  
 01 / 08 / 2002  
 Amount of Each Receipt this Period  
 50.00  
 Name of Employer Occupation  
 BC/BS OF MINNESOTA HEALTH INSURER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 800.00  
 Transaction ID: B000389S000017L11A1

**C.** Full Name (Last, First, Middle Initial)  
 RICHARD M. NIEMIEC  
 Mailing Address  
 4239 HARRIET AVE.  
 City State Zip Code  
 MINNEAPOLIS MN 55409  
 Date of Receipt  
 M / D / Y  
 01 / 15 / 2002  
 Amount of Each Receipt this Period  
 500.00  
 Name of Employer Occupation  
 BC/BS OF MINNESOTA HEALTH INSURER  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 800.00  
 Transaction ID: B000384S000003L11A1

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**  
**TOTAL** This Period (last page this line number only) ..... ▶



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 37	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 PAC**

**A.** Full Name (Last, First, Middle Initial)  
 RICHARD M. NIEMIEC

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 29 / 2002

Mailing Address  
 4239 HARRIET AVE.

City State Zip Code  
 MINNEAPOLIS MN 55409

Amount of Each Receipt this Period  
 50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
 BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 800.00

Transaction ID: B000393S000017L11A1

**B.** Full Name (Last, First, Middle Initial)  
 RICHARD M. NIEMIEC

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 29 / 2002

Mailing Address  
 4239 HARRIET AVE.

City State Zip Code  
 MINNEAPOLIS MN 55409

Amount of Each Receipt this Period  
 50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
 BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 800.00

Transaction ID: B000394S000017L11A1

**C.** Full Name (Last, First, Middle Initial)  
 RICHARD M. NIEMIEC

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 29 / 2002

Mailing Address  
 4239 HARRIET AVE.

City State Zip Code  
 MINNEAPOLIS MN 55409

Amount of Each Receipt this Period  
 50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
 BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 800.00

Transaction ID: B000395S000017L11A1

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 37	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 PAC**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD M. NIEMIEC**

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

Mailing Address  
**4239 HARRIET AVE.**

City State Zip Code  
**MINNEAPOLIS MN 55409**

Amount of Each Receipt this Period  
**50.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**BC/BS OF MINNESOTA HEALTH INSURER**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **800.00**

Transaction ID: **B000401S000017L11A1**

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD M. NIEMIEC**

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

Mailing Address  
**4239 HARRIET AVE.**

City State Zip Code  
**MINNEAPOLIS MN 55409**

Amount of Each Receipt this Period  
**50.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**BC/BS OF MINNESOTA HEALTH INSURER**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **800.00**

Transaction ID: **B000416S000017L11A1**

**C.** Full Name (Last, First, Middle Initial)  
**TIMOTHY PETERSON**

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 1 / 0 8 / 2 0 0 2

Mailing Address  
**19865 ANDOVER PLACE**

City State Zip Code  
**DEEPHAVEN MN 55331**

Amount of Each Receipt this Period  
**10.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
**BC/BS OF MINNESOTA HEALTH INSURER**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **260.00**

Transaction ID: **B000369S000019L11A1**

**SUBTOTAL** of Receipts This Page (optional) ..... **110.00**

**TOTAL** This Period (last page this line number only) ..... **110.00**

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

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

FOR LINE NUMBER: PAGE 19 / 37

(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 PAC

Full Name (Last, First, Middle Initial)  
A. TIMOTHY PETERSON

Date of Receipt

Mailing Address  
19865 ANDOVER PLACE  
City State Zip Code  
DEEPHAVEN MN 55331

N M / D E / Y Y Y Y  
0 1 / 1 5 / 2 0 0 2

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period 200.00

Name of Employer Occupation  
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 260.00

Transaction ID: B000384S000002L11A1

Full Name (Last, First, Middle Initial)  
B. TIMOTHY PETERSON

Date of Receipt

Mailing Address  
19865 ANDOVER PLACE  
City State Zip Code  
DEEPHAVEN MN 55331

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

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period 10.00

Name of Employer Occupation  
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 260.00

Transaction ID: B000383S0000019L11A1

Full Name (Last, First, Middle Initial)  
C. TIMOTHY PETERSON

Date of Receipt

Mailing Address  
19865 ANDOVER PLACE  
City State Zip Code  
DEEPHAVEN MN 55331

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

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period 10.00

Name of Employer Occupation  
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 260.00

Transaction ID: B000384S0000019L11A1

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **220.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 37	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
BLUEPAC - BLUE CROSS/BLUE SHIELD PAC

Full Name (Last, First, Middle Initial)  
**A. TIMOTHY PETERSON**

Mailing Address  
19865 ANDOVER PLACE

City State Zip Code  
DEEPHAVEN MN 55331

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

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 260.00

Transaction ID: B0003956000019L11A1

Full Name (Last, First, Middle Initial)  
**B. TIMOTHY PETERSON**

Mailing Address  
19865 ANDOVER PLACE

City State Zip Code  
DEEPHAVEN MN 55331

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

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 260.00

Transaction ID: B0004018000019L11A1

Full Name (Last, First, Middle Initial)  
**C. TIMOTHY PETERSON**

Mailing Address  
19865 ANDOVER PLACE

City State Zip Code  
DEEPHAVEN MN 55331

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

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 260.00

Transaction ID: B0004168000019L11A1

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **30.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 37	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
**BLUEPAC - BLUE CROSS/BLUE SHIELD PAC**

**A.** Full Name (Last, First, Middle Initial)  
**COLLEEN FOLE REITAN**

Mailing Address  
**295 MACALESTER ST.**

City State Zip Code  
**ST. PAUL MN 55105**

Date of Receipt  
 N M / D E / Y Y Y Y  
**01 08 2002**

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period  
**10.00**

Name of Employer Occupation  
**BC/BS OF MINNESOTA HEALTH INSURER**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **260.00**

Transaction ID: **B000369S000020L11A1**

**B.** Full Name (Last, First, Middle Initial)  
**COLLEEN FOLE REITAN**

Mailing Address  
**295 MACALESTER ST.**

City State Zip Code  
**ST. PAUL MN 55105**

Date of Receipt  
 N M / D E / Y Y Y Y  
**01 15 2002**

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period  
**200.00**

Name of Employer Occupation  
**BC/BS OF MINNESOTA HEALTH INSURER**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **260.00**

Transaction ID: **B000384S000005L11A1**

**C.** Full Name (Last, First, Middle Initial)  
**COLLEEN FOLE REITAN**

Mailing Address  
**295 MACALESTER ST.**

City State Zip Code  
**ST. PAUL MN 55105**

Date of Receipt  
 N M / D E / Y Y Y Y  
**01 29 2002**

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period  
**10.00**

Name of Employer Occupation  
**BC/BS OF MINNESOTA HEALTH INSURER**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **260.00**

Transaction ID: **B000393S000020L11A1**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **220.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 37	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
**BLUEPAC - BLUE CROSS/BLUE SHIELD PAC**

**A.** Full Name (Last, First, Middle Initial)  
**COLLEEN FOLE REITAN**

Mailing Address  
**295 MACALESTER ST.**

City State Zip Code  
**ST. PAUL MN 55105**

Date of Receipt  
 N M / D E / Y Y Y Y  
**01 20 2002**

FEC ID number of contributing federal political committee. **10.00**

Name of Employer Occupation  
**BC/BS OF MINNESOTA HEALTH INSURER**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **260.00**

Transaction ID: **B000394S000020L11A1**

**B.** Full Name (Last, First, Middle Initial)  
**COLLEEN FOLE REITAN**

Mailing Address  
**295 MACALESTER ST.**

City State Zip Code  
**ST. PAUL MN 55105**

Date of Receipt  
 N M / D E / Y Y Y Y  
**01 20 2002**

FEC ID number of contributing federal political committee. **10.00**

Name of Employer Occupation  
**BC/BS OF MINNESOTA HEALTH INSURER**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **260.00**

Transaction ID: **B000395S000020L11A1**

**C.** Full Name (Last, First, Middle Initial)  
**COLLEEN FOLE REITAN**

Mailing Address  
**295 MACALESTER ST.**

City State Zip Code  
**ST. PAUL MN 55105**

Date of Receipt  
 N M / D E / Y Y Y Y  
**02 06 2002**

FEC ID number of contributing federal political committee. **10.00**

Name of Employer Occupation  
**BC/BS OF MINNESOTA HEALTH INSURER**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **260.00**

Transaction ID: **B000401S000020L11A1**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **30.00**

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

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

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

FOR LINE NUMBER: PAGE 23 / 37

(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 PAC

Full Name (Last, First, Middle Initial)

A. COLLEEN FOLE REITAN

Date of Receipt

Mailing Address

295 MACALESTER ST.

N M / D E / Y Y Y Y  
02 / 25 / 2002

City

State

Zip Code

ST. PAUL

MN

55105

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

10.00

Name of Employer  
BC/BS OF MINNESOTA

Occupation  
HEALTH INSURER

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Transaction ID: B000416S000020L11A1

Full Name (Last, First, Middle Initial)

B. SCOTT P. BEROTA

Date of Receipt

Mailing Address

1310 G STREET, N.W.

N M / D E / Y Y Y Y  
01 / 04 / 2002

City

State

Zip Code

WASHINGTON

DC

20005

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

197.30

Name of Employer  
BLUE CROSS/BLUE SHIELD ASSOCIATION

Occupation  
CEO

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

789.20

Transaction ID: B000373S000036L11A1

Full Name (Last, First, Middle Initial)

C. SCOTT P. BEROTA

Date of Receipt

Mailing Address

1310 G STREET, N.W.

N M / D E / Y Y Y Y  
01 / 18 / 2002

City

State

Zip Code

WASHINGTON

DC

20005

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

197.30

Name of Employer  
BLUE CROSS/BLUE SHIELD ASSOCIATION

Occupation  
CEO

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

789.20

Transaction ID: B000385S000036L11A1

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **404.60**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 / 37	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 PAC

**A.** Full Name (Last, First, Middle Initial)  
SCOTT P. SERDTA

Mailing Address  
1310 G STREET, N.W.

City State Zip Code  
WASHINGTON DC 20005

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 0 2

Amount of Each Receipt this Period  
197.30

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BLUE CROSS/BLUE SHIELD ASSOCIATION CEO

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 789.20

Transaction ID: B0003986S000035L11A1

**B.** Full Name (Last, First, Middle Initial)  
SCOTT P. SERDTA

Mailing Address  
1310 G STREET, N.W.

City State Zip Code  
WASHINGTON DC 20005

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

Amount of Each Receipt this Period  
197.30

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BLUE CROSS/BLUE SHIELD ASSOCIATION CEO

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 789.20

Transaction ID: B000410S000035L11A1

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL B. UNHJEM

Mailing Address  
2122 STERLING ROSE LANE

City State Zip Code  
FARGO ND 58104

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 0 8 / 2 0 0 2

Amount of Each Receipt this Period  
600.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BLUE CROSS BLUE SHIELD OF NORTH DAKOTA PRES/CEO

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 600.00

Transaction ID: B000366S000001L11A1

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>994.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>5813.20</b>



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 / 37	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
**BLUEPAC - BLUE CROSS/BLUE SHIELD PAC**

Full Name (Last, First, Middle Initial)  
**A. BCBS OF NORTH CAROLINA EMPLOYEE PAC**

Mailing Address  
**P.O. BOX 2291**

City State Zip Code  
**DURHAM NC 27702-2291**

Date of Receipt  
**01 08 2002**

Amount of Each Receipt this Period  
**5500.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
 Primary General Other (specify) ▼ **5500.00**

Transaction ID: **B0003756000001L12**

Full Name (Last, First, Middle Initial)  
**B. CAREPAC OF KANSAS BLUE CROSS BLUE SHIELD**

Mailing Address  
**1133 TOPEKA BOULEVARD, SW**

City State Zip Code  
**TOPEKA KS 66629**

Date of Receipt  
**01 28 2002**

Amount of Each Receipt this Period  
**635.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
 Primary General Other (specify) ▼ **1270.00**

Transaction ID: **B000389S000001L12**

Full Name (Last, First, Middle Initial)  
**C. CAREPAC OF KANSAS BLUE CROSS BLUE SHIELD**

Mailing Address  
**1133 TOPEKA BOULEVARD, SW**

City State Zip Code  
**TOPEKA KS 66629**

Date of Receipt  
**02 25 2002**

Amount of Each Receipt this Period  
**635.00**

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
 Primary General Other (specify) ▼ **1270.00**

Transaction ID: **B000420S000001L12**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6770.00**

**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 26	<input type="checkbox"/> 22 27	<input checked="" type="checkbox"/> 23 28a	<input type="checkbox"/> 24 28b	<input type="checkbox"/> 25 28c	<input type="checkbox"/> 29
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NAME OF COMMITTEE (In Full)  
BLUEPAC - BLUE CROSS/BLUE SHIELD PAC

Full Name (Last, First, Middle Initial) <b>A. DEVIN NUNES FOR CONGRESS</b>		Date of Disbursement 02 / 06 / 2002	
Mailing Address P.O. BOX 891 City PIXLEY State CA Zip Code 93256		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement 2002 PRIMARY ELECTION		24K Category/ Type	
Candidate Name DEVIN NUNES			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: B000388S000001L23	
State: CA      District: 21			

Full Name (Last, First, Middle Initial) <b>B. DOUG OSE FOR CONGRESS</b>		Date of Disbursement 02 / 19 / 2002	
Mailing Address 8858 IVANPAH CT. City ELK GROVE State CA Zip Code 95624		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002 PRIMARY ELECTION		24K Category/ Type	
Candidate Name DOUG OSE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: B000405S000002L23	
State: CA      District: 03			

Full Name (Last, First, Middle Initial) <b>C. AMERICAN BENEFITS COUNCIL PAC</b>		Date of Disbursement 02 / 05 / 2002	
Mailing Address 1212 NEW YORK AVENUE, NW SUITE 1250 City WASHINGTON State DC Zip Code 20005		Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement 2002 GENERAL ELECTION		24K Category/ Type	
Candidate Name			
Office Sought:      House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: B000387S000002L23	
State:      District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8000.00</b>
<b>TOTAL</b> 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				

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NAME OF COMMITTEE (In Full)  
BLUEPAC - BLUE CROSS/BLUE SHIELD PAC

Full Name (Last, First, Middle Initial) <b>A. AMERICAN SUCCESS PAC</b>		Date of Disbursement 02 / 19 / 2002
Mailing Address 1155 21ST STREET, NW SUITE 300 City State Zip Code WASHINGTON DC 20036		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002 GENERAL ELECTION		24K Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼	Transaction ID: B000405S000001L23
State:            District:		

Full Name (Last, First, Middle Initial) <b>B. MISCELLANEOUS CANDIDATES PRIOR TO 1996</b>		Date of Disbursement 02 / 25 / 2002
Mailing Address 1310 G. STREET, NW City State Zip Code WASHINGTON DC 20006		Amount of Each Disbursement this Period -2500.47
Purpose of Disbursement 1996 GENERAL/MISCELLANEOUS CANDIDATES VO		24K Category/ Type
Candidate Name MISCELLANEOUS CANDIDATES		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 1996 Primary    X General Other (specify) ▼	Transaction ID: B000414S000001L23
State: DC            District: 01		

Full Name (Last, First, Middle Initial) <b>C. GREAT PLAINS LEADERSHIP FUND</b>		Date of Disbursement 02 / 27 / 2002
Mailing Address 607 14TH STREET SUITE 800 City State Zip Code WASHINGTON DC 20005		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement 2002 GENERAL ELECTION		24K Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼	Transaction ID: B000422S000002L23
State:            District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>939.53</b>
<b>TOTAL</b> 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				

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NAME OF COMMITTEE (In Full)  
BLUEPAC - BLUE CROSS/BLUE SHIELD PAC

Full Name (Last, First, Middle Initial) <b>A. REPUBLICAN MAJORITY FUND</b>			Date of Disbursement 01 / 08 / 2002	
Mailing Address 425 2ND STREET, NE City: WASHINGTON State: DC Zip Code: 20002			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement 2002 GENERAL ELECTION		24K Category/ Type	Transaction ID: B000365S000003L23	
Candidate Name				
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> X General <input checked="" type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. VIEW PAC</b>			Date of Disbursement 02 / 27 / 2002	
Mailing Address 1155 21ST STREET, NW SUITE 300 City: WASHINGTON State: DC Zip Code: 20038			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002 GENERAL ELECTION		24K Category/ Type	Transaction ID: B000422S000001L23	
Candidate Name				
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> X General <input checked="" type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. BOYD FOR CONGRESS</b>			Date of Disbursement 02 / 19 / 2002	
Mailing Address 227 MASSACHUSETTS AVE., NE #101 City: WASHINGTON State: DC Zip Code: 20003			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002 PRIMARY ELECTION		24K Category/ Type	Transaction ID: B000405S000004L23	
Candidate Name ALLEN BOYD				
Office Sought: X House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 X Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: FL District: 02				

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7000.00</b>
<b>TOTAL</b> 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				

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NAME OF COMMITTEE (In Full)  
BLUEPAC - BLUE CROSS/BLUE SHIELD PAC

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF KATHERINE HARRIS</b>		Date of Disbursement 02 / 19 / 2002	
Mailing Address P.O. BOX 25187 City: SARASOTA State: FL Zip Code: 34277		Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement 2002 PRIMARY ELECTION		24K Category/ Type	
Candidate Name KATHERINE HARRIS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: FL      District: 13	Transaction ID: B000405S000007L23		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF LINDER FOR CONGRESS</b>		Date of Disbursement 01 / 30 / 2002	
Mailing Address P.O. BOX 4026 City: DULUTH State: CA Zip Code: 95008		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002 PRIMARY ELECTION		24K Category/ Type	
Candidate Name JOHN LINDER			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: CA      District: 07	Transaction ID: B000386S000005L23		

Full Name (Last, First, Middle Initial) <b>C. VOLUNTEERS FOR SHIMKUS</b>		Date of Disbursement 01 / 30 / 2002	
Mailing Address P.O. BOX 545B City: SPRINGFIELD State: IL Zip Code: 62705		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement 2002 PRIMARY ELECTION		24K Category/ Type	
Candidate Name JOHN SHIMKUS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: IL      District: 18	Transaction ID: B000386S000002L23		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> 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				

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NAME OF COMMITTEE (In Full)  
BLUEPAC - BLUE CROSS/BLUE SHIELD PAC

Full Name (Last, First, Middle Initial) <b>A. COMMITTEE FOR PRESERVATION OF CAPITALISM</b>		Date of Disbursement 02 / 19 / 2002
Mailing Address P.O. BOX 22614 City: ALEXANDRIA State: VA Zip Code: 22304		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement 2002 GENERAL ELECTION		24K Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary   X General Other (specify) ▼	Transaction ID: B000405S000005L23
State:           District:		

Full Name (Last, First, Middle Initial) <b>B. NORM COLEMAN FOR U.S. SENATE</b>		Date of Disbursement 01 / 08 / 2002
Mailing Address 1410 ENERGY PARK DRIVE SUITE 11 City: ST. PAUL State: MN Zip Code: 55108		Amount of Each Disbursement this Period 180.87
Purpose of Disbursement 2002 PRIMARY ELECTION		24Z Category/ Type
Candidate Name NORMAN COLEMAN		
Office Sought: House X Senate President	Disbursement For: 2002 X Primary   General Other (specify) ▼	Transaction ID: B000386S000002L23
State: MN       District:		

Full Name (Last, First, Middle Initial) <b>C. NORM COLEMAN FOR U.S. SENATE</b>		Date of Disbursement 01 / 30 / 2002
Mailing Address 1410 ENERGY PARK DRIVE SUITE 11 City: ST. PAUL State: MN Zip Code: 55108		Amount of Each Disbursement this Period 150.00
Purpose of Disbursement 2002 PRIMARY ELECTION		24Z Category/ Type
Candidate Name NORMAN COLEMAN		
Office Sought: House X Senate President	Disbursement For: 2002 X Primary   General Other (specify) ▼	Transaction ID: B000386S000001L23
State: MN       District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5330.87</b>
<b>TOTAL</b> 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				

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NAME OF COMMITTEE (In Full)  
BLUEPAC - BLUE CROSS/BLUE SHIELD PAC

Full Name (Last, First, Middle Initial) <b>A. EARL POMEROY FOR CONGRESS</b>			Date of Disbursement 02 / 19 / 2002	
Mailing Address 80 F STREET, NW SUITE 804 City State Zip Code WASHINGTON DC 20001			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002 PRIMARY ELECTION		24K Category/ Type		
Candidate Name EARL POMEROY				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			
State: ND      District:	Transaction ID: B000405S000003L23			

Full Name (Last, First, Middle Initial) <b>B. LEADERSHIP PAC 2002</b>			Date of Disbursement 01 / 08 / 2002	
Mailing Address 1199 N. FAIRFAX STREET SUITE 425 City State Zip Code ALEXANDRIA VA 22314			Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement 2002 GENERAL ELECTION		24K Category/ Type		
Candidate Name				
Office Sought:      House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼			
State:      District:	Transaction ID: B000385S000001L23			

Full Name (Last, First, Middle Initial) <b>C. GROWPAC (FKA AMERICAN RENEWAL PAC)</b>			Date of Disbursement 02 / 05 / 2002	
Mailing Address P.O. BOX 221573			Amount of Each Disbursement this Period 2000.00	
City State Zip Code CHANTILLY VA 20153		24K Category/ Type		
Purpose of Disbursement 2002 GENERAL ELECTION				
Candidate Name				
Office Sought:      House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼			
State:      District:	Transaction ID: B000387S000001L23			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6000.00</b>
<b>TOTAL</b> 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)

PAGE 33 / 37

<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				

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NAME OF COMMITTEE (In Full)  
BLUEPAC - BLUE CROSS/BLUE SHIELD PAC

Full Name (Last, First, Middle Initial) <b>A. GROWPAC (FKA AMERICAN RENEWAL PAC)</b>		Date of Disbursement 02 / 19 / 2002	
Mailing Address P.O. BOX 221573 City: CHANTILLY State: VA Zip Code: 20153		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002 GENERAL ELECTION		24K Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary   X General Other (specify) ▼	Transaction ID: B000405S000008L23	
State:           District:			

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JIM INHOFE</b>		Date of Disbursement 02 / 19 / 2002	
Mailing Address P.O. BOX 13300 City: OKLAHOMA CITY State: OK Zip Code: 73113		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002 PRIMARY ELECTION		24K Category/ Type	
Candidate Name JIM INHOFE			
Office Sought: House X Senate President	Disbursement For: 2002 X Primary   General Other (specify) ▼	Transaction ID: B000405S000008L23	
State: OK       District:			

Full Name (Last, First, Middle Initial) <b>C. CITIZENS FOR ARLEN SPECTER</b>		Date of Disbursement 02 / 05 / 2002	
Mailing Address 228 NORTH ALFRED STREET City: ALEXANDRIA State: VA Zip Code: 22314		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2004 PRIMARY ELECTION		24K Category/ Type	
Candidate Name ARLEN SPECTER			
Office Sought: House X Senate President	Disbursement For: 2004 X Primary   General Other (specify) ▼	Transaction ID: B000387S000004L23	
State: PA       District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> 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				

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NAME OF COMMITTEE (In Full)  
BLUEPAC - BLUE CROSS/BLUE SHIELD PAC

Full Name (Last, First, Middle Initial) <b>A. LEADERSHIP 21</b>		Date of Disbursement 02 / 27 / 2002
Mailing Address 818 CONNECTICUT AVENUE, NW SUITE 1007 City State Zip Code WASHINGTON DC 20008		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002 GENERAL ELECTION	Candidate Name	24K Category/ Type
Office Sought: House Senate President		
Disbursement For: 2002 Primary X General Other (specify) ▼	State: District:	Transaction ID: B000422S000005L23

Full Name (Last, First, Middle Initial) <b>B. JOHN CORNYN FOR SENATE, INC.</b>		Date of Disbursement 01 / 30 / 2002
Mailing Address P.O. BOX 13028 City State Zip Code AUSTIN TX 78711		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2002 PRIMARY ELECTION	Candidate Name JOHN CORNYN	24K Category/ Type
Office Sought: House X Senate President		
Disbursement For: 2002 X Primary General Other (specify) ▼	State: TX District:	Transaction ID: B000386S000004L23

Full Name (Last, First, Middle Initial) <b>C. LONE STAR FUND</b>		Date of Disbursement 01 / 30 / 2002
Mailing Address 499 S. CAPITOL STREET, SW #219A City State Zip Code WASHINGTON DC 20003		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement 2002 GENERAL ELECTION	Candidate Name	24K Category/ Type
Office Sought: House Senate President		
Disbursement For: 2002 Primary X General Other (specify) ▼	State: District:	Transaction ID: B000386S000003L23

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> 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

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 PAC

Full Name (Last, First, Middle Initial) <b>A. STENHOLM FOR CONGRESS</b>		Date of Disbursement 02 <sup>N</sup> / 27 <sup>M</sup> / 2002 <sup>Y</sup>	
Mailing Address 227 MASSACHUSETTS AVE., NE SUITE 101 City State Zip Code WASHINGTON DC 20002		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002 PRIMARY ELECTION		24K Category/ Type	
Candidate Name CHARLES W. STENHOLM			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: TX      District: 17	Transaction ID: B000422S000003L23		

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>38270.40</b>

**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 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 checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
BLUEPAC - BLUE CROSS/BLUE SHIELD PAC

Full Name (Last, First, Middle Initial) <b>A. GOLF TOURNAMENT PROMOTIONS</b>		Date of Disbursement 02 / 08 / 2002
Mailing Address 3500 DEMOCRACY DRIVE SUITE 160 City State Zip Code PLANO TX 75024		Amount of Each Disbursement this Period 1581.82
Purpose of Disbursement MISC. EXPENDITURE		Category/ Type
Candidate Name		
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	Transaction ID: B000423S000001L29

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>1581.82</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>1581.82</b>

Form/Schedule: F3XN  
Transaction ID:

Please change filing status from quarterly to monthly. 2/25/2002 Misc. Candidates - Voided checks prior to 199-  
6. Checks never cashed by candidate committees. Unable to determine which checks that didn't get cashed.