

RECEIVED  
 FEDERAL  
 COMPLAINTS CENTER

NOV 14 AM 15



**Blue Shield**  
 of California

An Independent Member  
 of the Blue Shield Association

November 12, 2002

Federal Election Commission  
 Attn: Andrea Needles  
 Reports Analysis Division  
 999 E. Street, NW  
 Washington, DC 20463

Identification Number: C00340364

Reference: FEC letter dated October 30, 2002 regarding our July Quarterly Report  
 (4/1/02-6/30/02)

Dear Ms. Needles:

We have received your letter and we will take the following corrective actions:

- (1) We have requested a full refund from Health Plan PAC and are enclosing a copy of that letter.
- (2) We are updating our contribution processes to alleviate the possibility of excessive contributions in the future.

If you require further information, please give me a call at (415) 229-5989.

Sincerely,

Ronald Holroyd  
 Treasurer  
 Blue Shield of California PAC



**Blue Shield**  
of California

An Independent Member  
of the Blue Shield Association

November 12, 2002

Tony Lamb  
American Association of Health Plans  
1129 20<sup>th</sup> Street, NW  
Washington, DC 20036

Dear Mr. Lamb:

We received a letter from the Federal Election Commission stating we gave an excessive contribution to Health Plan PAC. Enclosures to the Federal Election Commission's letter show Health Plan PAC receiving the following contributions:

Date	Amount	Contributor
2/25/02	\$1,000.00	Highmark Health PAC of Highmark Blue Cross Blue Shield
5/13/02	\$5,000.00	Blue Shield of California Political Action Committee
6/28/02	\$5,000.00	Highmark Health PAC of Highmark Blue Cross Blue Shield

Since the Blue Shield of California Political Action Committee is affiliated with the Highmark Health PAC of Highmark Blue Cross Blue Shield, the total combined contributions cannot exceed \$5,000.00. So, we are required by FEC regulations to request a refund from you for the excessive contribution. Please refund Blue Shield \$5,000.00 and make the check payable to: Blue Shield of California Political Action Committee

and send it to

Ronald Holroyd  
Blue Shield of California  
50 Beale Street 16<sup>th</sup> Floor  
San Francisco, CA 94105

Please call me or my assistant (Leonard Hunter) at (415) 229-5989 if you require additional information.

Sincerely,

Ronald Holroyd  
Treasurer  
Blue Shield of California PAC



50 Beale Street, San Francisco, CA 94105-1819  
Mail to: P.O. Box 7168, San Francisco, CA 94120-7168  
www.mybluepath.com



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

Ronald B. Holroyd, Treasurer  
Blue Shield of California  
50 Beale Street  
San Francisco, CA 94105

OCT 30 2002

Identification Number: C00340364

Reference: July Quarterly Report (4/1/02-6/30/02)

Dear Mr. Holroyd:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses one or more contributions which appear to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) prohibits a committee from making contributions to another political committee and its affiliates in excess of \$5,000 per calendar year.

If any apparently excessive contribution in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information.

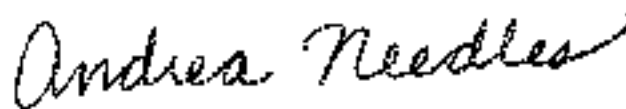
If you have made an excessive contribution, you must notify the recipient and request a refund of the amount in excess of \$5,000. The refund of the excessive amount must be made within sixty (60) days of receipt of the contribution.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received.

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund will be taken into consideration.

A response or amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Andrea Needles  
Senior Campaign Finance Analyst  
Reports Analysis Division

RECEIVED  
FEDERAL  
ELECTION  
COMMISSION CENTER  
NOV 14 AM 11:45

### STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE/PAGE:  Check if name is stamped  
Highmark Health PAC of Highmark Blue Cross Blue Shield

(b) Number and Street Address:  Check if address is stamped  
1800 Center Street

(c) City, State and ZIP Code: Camp Hill, PA 17089

2. DATE: 5/11/00

3. FEC IDENTIFICATION NUMBER: 000302844

4. IS THIS STATEMENT AN AMENDMENT?  YES  NO

FEDERAL ELECTION  
COMMISSION MAIL ROOM  
NOV 15 P 2:31

#### 3. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
  - (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
|                   |                             |               |                |
- (c) This committee supports/ opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee. (Name of candidate)
  - (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party. (Name of State or subcommittee) (Democratic, Republican, etc.)
  - (e) This committee is a separate segregated fund.
  - (f) This committee supports/ opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing address and ZIP Code	Relationship
BluePAC	Blue Cross Blue Shield Assoc. 1310 G Street, N.W. Washington, DC 20003	Affiliated
Highmark Blue Cross Blue Shield	1800 Center Street Camp Hill, PA 17089	Connected

Type of Connected Organization:  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

#### 7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Donald L. Fisher (717)763-3092	Highmark Health PAC of Highmark BC/BS 1800 Center Street, Camp Hill, PA 17089	Treasurer

#### 8. Treasurer: Use the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any disbursement agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Donald L. Fisher	Same as above	Treasurer
Elizabeth A. Farberber	Highmark Blue Cross Blue Shield 120 Fifth Avenue Place Pittsburgh, PA 15222-3092	Assistant Treasurer

#### 9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, and holds deposits, notes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Sollon Bank	10 South Market Square P.O. Box 1010 Harvisburg, PA 17108

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

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
Donald L. Fisher	<i>Donald L. Fisher</i>	5/11/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 4373. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:  
 Federal Election Commission  
 101-4999 P.O. Box 424-2550  
 Local 302-378-3120

**FEC FORM 1**  
(revised 4/87)

22037635100

**SCHEDULE B (FEC Form 3X)  
FINANCIALLY ASSISTED CONTRIBUTIONS**

Last reported contribution(s) for both liability of FCU Detailed Summary Page		FOR MEMBER:		PERIOD: 01/01 - 03/31			
2a	2b	2c	2d	2e	2f	2g	2h

Any contribution reported from such reports are determined solely on the basis of actual contributions for the purpose of federal campaign contribution law and are not intended to represent the financial support of any political candidate or committee from such reports.

NAME OF CONTRIBUTOR (in Full)  
Class Board of Citizens Political Action Committee

**A. Name of Contributor (Full Name, No. of P.O. Box)**  
Class Board of Citizens Political Action Committee

**Mailing Address**  
1310 G Street N.W.  
City: Washington  
State: DC Zip Code: 20004

**Date of Contribution:** 02/15/01

**Amount of Cash Contribution:** \$600.00

**Category:** [ ] Other [ ] Political Party [ ] Candidate [ ] Party Official [ ] Candidate for Party [ ] Party Official Candidate [ ] Party Official Candidate for Party [ ] Party Official Candidate for Party

**Contribution For:** 2002  
Primary [ ] General [x] Other (Specify):

**State:** District  
District: [ ]

**Transaction ID:** 2002-2370

**B. Name of Contributor (Full Name, No. of P.O. Box)**  
Congressional Outreach Campaign Committee

**Mailing Address**  
800 B Street N.W.  
City: Beverly Hills  
State: CA Zip Code: 90248

**Date of Contribution:** 02/15/01

**Amount of Cash Contribution:** \$120.00

**Category:** [ ] Other [ ] Political Party [ ] Candidate [ ] Party Official [ ] Candidate for Party [ ] Party Official Candidate [ ] Party Official Candidate for Party [ ] Party Official Candidate for Party

**Contribution For:** 2002  
Primary [ ] General [x] Other (Specify):

**State:** District  
District: [ ]

**Transaction ID:** 2002-2375

**C. Name of Contributor (Full Name, No. of P.O. Box)**  
Harold Penn PAC

**Mailing Address**  
1250 20th Street N.W.  
City: Washington  
State: DC Zip Code: 20002

**Date of Contribution:** 02/15/01

**Amount of Cash Contribution:** \$500.00

**Category:** [ ] Other [ ] Political Party [ ] Candidate [ ] Party Official [ ] Candidate for Party [ ] Party Official Candidate [ ] Party Official Candidate for Party [ ] Party Official Candidate for Party

**Contribution For:** 2002  
Primary [ ] General [x] Other (Specify):

**State:** District  
District: [ ]

**Transaction ID:** 2002-2566

**AMOUNTS AS REPORTED ON THE FISCAL REPORT:** \$600.00

**TOTAL:** This Report plus page financial support only

**SEC. 501(C)(3) or 501(C)(29)**

Jan

1500 - 2003 - 01 - 2003 - 01 - 2003 - 01 - 2003 - 01

**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 24 / 45

<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 FIF)  
Highmark Health PAC of Highmark Blue Cross Blue Shield

**A. DEVIN NUNES FOR CONGRESS 2002**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 PO BOX 891  
 City PIXLEY State CA Zip Code 93256  
 Purpose of Disbursement: Contribution  
 Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President  
 Disbursement For: 2002  
 Primary  General  
 Other (specify) \_\_\_\_\_

State: CA District: 21

Date of Disbursement: 02 / 25 / 2002  
 Amount of Each Disbursement this Period: 1000.00  
 Transaction ID: SB23.7349

**B. HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS  
FKA GROUP HEALTH ASSOC OF AMER PAC**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 1129 20TH STREET NW #600  
 City WASHINGTON State DC Zip Code 20036  
 Purpose of Disbursement: Contribution  
 Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President  
 Disbursement For: \_\_\_\_\_  
 Primary  General  
 Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 02 / 25 / 2002  
 Amount of Each Disbursement this Period: 1000.00  
 Transaction ID: SB23.7345

**C. PAT TOOMEY FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 2720 JORDAN ROAD  
 City OREFIELD State PA Zip Code 18069  
 Purpose of Disbursement: Contribution  
 Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President  
 Disbursement For: 2002  
 Primary  General  
 Other (specify) \_\_\_\_\_

State: PA District: 15

Date of Disbursement: 03 / 25 / 2002  
 Amount of Each Disbursement this Period: 500.00  
 Transaction ID: SB23.7472

SUBTOTAL of Disbursements This Page (optional) 2500.00

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)				PAGE 58/54	
<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"/> 28
<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)  
Highmark Health PAC of Highmark Blue Cross Blue Shield

Full Name (Last, First, Middle Initial) <b>A. BILL SHUSTER FOR CONGRESS</b>		Date of Disbursement M H D Y Y Y 05 28 2002	
Mailing Address 207 ALLEGHENY STREET		Amount of Each Disbursement This Period 1000.00	
City HOLLIDAYSBURG	State PA	Zip Code 15648	
Purpose of Disbursement Contribution		Category/Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: PA District: 08	Transaction ID: SB23.8508		

Full Name (Last, First, Middle Initial) <b>B. HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS PKA GROUP HEALTH ASSOC OF AMER PAC</b>		Date of Disbursement M H D Y Y Y 05 28 2002	
Mailing Address 1129 20TH STREET NW #800		Amount of Each Disbursement This Period 5000.00	
City WASHINGTON	State DC	Zip Code 20036	
Purpose of Disbursement Contribution		Category/Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:	Transaction ID: SB23.8589		

Full Name (Last, First, Middle Initial) <b>C. PEOPLE FOR ENGLISH</b>		Date of Disbursement M H D Y Y Y 05 17 2002	
Mailing Address PO BOX 1940		Amount of Each Disbursement This Period 300.00	
City ERIE	State PA	Zip Code 16507	
Purpose of Disbursement Contribution		Category/Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: PA District: 21	Transaction ID: SB23.8450		

SUBTOTAL of Disbursements This Page (optional) ..... **6300.00**

TOTAL This Period (last page this line number only) ..... **6300.00**



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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>11-14-02</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify)	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>AS1</i>	<i>11-14-02</i>
PREPARER	DATE PREPARED

2002-11-14 14:02:00