

# 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  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

ADDRESS (number and street) 1800 Center Street  
 Check if different than previously reported. (ACC)  
Camp Hill PA 17089

2. **FEC IDENTIFICATION NUMBER** C00302844  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 01 01 2009 through 06 30 2009

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

Type or Print Name of Treasurer Gayeta Porter

Signature of Treasurer Electronically Filed by Gayeta Porter Date 07 23 2009

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		35582.35
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	35582.35									
(c) Total Receipts (from Line 19) .....	109831.55	109831.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	145413.90	145413.90								
7. Total Disbursements (from Line 31) .....	105829.36	105829.36								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	39584.54	39584.54								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	64236.54	64236.54
(ii) Unitemized .....	45550.23	45550.23
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	109786.77	109786.77
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	109786.77	109786.77
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	44.78	44.78
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	109831.55	109831.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	109831.55	109831.55

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	21.46	21.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	21.46	21.46
22. Transfers to Affiliated/Other Party Committees.....	8000.00	8000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13050.00	13050.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	84757.90	84757.90
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	105829.36	105829.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	105829.36	105829.36

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	109786.77	109786.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	109786.77	109786.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21.46	21.46
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	21.46	21.46

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 123  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial)  
Robert T Adams

Mailing Address 102 Caridge Drive

City State Zip Code  
Moon Township PA 15108

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

Name of Employer Highmark Inc. Occupation Mgr Vendor & Business Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.80

Date of Receipt: 06 / 30 / 2009  
Transaction ID: SA11AI.12134  
Amount of Each Receipt this Period: 255.80  
payroll deduction \$20.24 biweekly

**B.**

Full Name (Last, First, Middle Initial)  
John M Akers

Mailing Address 1012 Chippewa Road

City State Zip Code  
Johnstown PA 15904

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

Name of Employer Highmark Inc. Occupation Dir, Regional Cus Svcs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 06 / 30 / 2009  
Transaction ID: SA11AI.12136  
Amount of Each Receipt this Period: 260.00  
payroll deduction \$20.00 biweekly

**C.**

Full Name (Last, First, Middle Initial)  
Karen J Badorf

Mailing Address 29 Wineberry Drive

City State Zip Code  
Mechanicsburg PA 17055

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

Name of Employer Highmark Inc. Occupation Mgr ISG Info

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.47

Date of Receipt: 06 / 30 / 2009  
Transaction ID: SA11AI.12127  
Amount of Each Receipt this Period: 222.47  
payroll deduction \$17.31 biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **738.27**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 123
	<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)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<b>A.</b>	Full Name (Last, First, Middle Initial) Jacqueline M Bauer		Date of Receipt
	Mailing Address 809 Park Plaza		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	Wexford	PA	15090
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12187
Name of Employer Highmark Inc		Occupation Associate Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 371.71	371.71
			payroll deduction \$29.03 biweekly

<b>B.</b>	Full Name (Last, First, Middle Initial) Ronald J Becker		Date of Receipt
	Mailing Address Cereal Building 300 Heinz Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	Pittsburgh	PA	15212
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12218
Name of Employer Highmark Inc		Occupation Dir, Actl Svcs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 782.88	782.88
			payroll deduction \$60.64 biweekly

<b>C.</b>	Full Name (Last, First, Middle Initial) Wayne A Berger		Date of Receipt
	Mailing Address 137 Hickory Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	Sewickley	PA	15143
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12194
Name of Employer Highmark Inc		Occupation VP, Natl Ops	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 455.00	455.00
			payroll deduction \$35.00 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1609.59</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 8 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

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

Mailing Address 18 Irongate Court

City Mechanicsburg State PA Zip Code 17050

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

Name of Employer Highmark Inc Occupation Dir, Actrl Svcs Fin/Trend/Prcng

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 207.54

Date of Receipt 06 / 30 / 2009  
**Transaction ID:** SA11AI.12119  
 Amount of Each Receipt this Period 207.54  
 payroll deduction \$16.10 biweekly

**B.** Full Name (Last, First, Middle Initial)  
Judith S Black

Mailing Address 352 Hunt Road

City Pittsburgh State PA Zip Code 15238

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

Name of Employer Highmark Inc Occupation Medical Director - Sr Prod

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 297.95

Date of Receipt 06 / 30 / 2009  
**Transaction ID:** SA11AI.12158  
 Amount of Each Receipt this Period 297.95  
 payroll deduction \$23.11 biweekly

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

Mailing Address 1304 King Arthur Drive

City Mechanicsburg State PA Zip Code 17055

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

Name of Employer Highmark Inc Occupation VP & Contractor Med Dir

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1042.91

Date of Receipt 06 / 30 / 2009  
**Transaction ID:** SA11AI.12283  
 Amount of Each Receipt this Period 1042.91  
 payroll deduction \$80.55 biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1548.40

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 123
	<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)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<b>A.</b>	Full Name (Last, First, Middle Initial) Donna Lynn Blythe	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1009 Barnsley Drive	<b>Transaction ID:</b> SA11AI.12137
	City State Zip Code Library PA 15129	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$20.00 biweekly
	Name of Employer Highmark Inc Occupation Sr Prod Spec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas P Brennan, Jr	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1409 Regency Circle	<b>Transaction ID:</b> SA11AI.12166
	City State Zip Code Harrisburg PA 17110	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$25.00 biweekly
	Name of Employer Highmark Inc Occupation Spec Inves Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark C Brooks	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 243 Gary Drive	<b>Transaction ID:</b> SA11AI.12133
	City State Zip Code Sewickley PA 15143	Amount of Each Receipt this Period 238.86
	FEC ID number of contributing federal political committee. C	payroll deduction \$18.54 biweekly
	Name of Employer Highmark Inc Occupation Finance Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 238.86	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>823.86</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 123
	<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)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles E Brown		Date of Receipt
	Mailing Address 163 McKeesport Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	Elizabeth	PA	15037
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12185
Name of Employer Highmark Inc		Occupation VP, Prod&Fin - Sr Prod	Amount of Each Receipt this Period 368.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 368.68	payroll deduction \$28.36 biweekly

<b>B.</b>	Full Name (Last, First, Middle Initial) Edmund James Bylotas		Date of Receipt
	Mailing Address 4416 Mars Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	Harrisburg	PA	17112
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12279
Name of Employer Highmark Inc		Occupation Dir, Qual&Perf Mgmt	Amount of Each Receipt this Period 430.89
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 430.89	payroll deduction \$33.65 biweekly

<b>C.</b>	Full Name (Last, First, Middle Initial) Kimberly J Carbaugh		Date of Receipt
	Mailing Address 17 White Pine Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	Hershey	PA	17033
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12162
Name of Employer Highmark Inc.		Occupation Dir, Corp Employee Benefits	Amount of Each Receipt this Period 312.73
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.73	payroll deduction \$24.29 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1112.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 123  
(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
							17

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial) William J Cashion		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 323 Heather Hill Drive		<b>Transaction ID:</b> SA11AI.12222
City Gibsonia	State PA	Zip Code 15044
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 975.00
Name of Employer Highmark Inc	Occupation VP Chief Actuary	payroll deduction \$75.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	

**B.**

Full Name (Last, First, Middle Initial) Elmo B Cecchetti		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 514 W Lincoln Avenue		<b>Transaction ID:</b> SA11AI.12150
City McDonald	State PA	Zip Code 15057
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 283.35
Name of Employer Highmark Inc	Occupation Mgr, Natl Membership&Billing	payroll deduction \$22.07 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 283.35	

**C.**

Full Name (Last, First, Middle Initial) Paul H Comfort		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 5837 Clark Avenue		<b>Transaction ID:</b> SA11AI.12182
City Bethel Park	State PA	Zip Code 15102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 357.40
Name of Employer Highmark Inc	Occupation Rptg Analyst	payroll deduction \$27.64 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 357.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1615.75</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<b>A.</b>	Full Name (Last, First, Middle Initial) Yvonne C Cook	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 249 Penhurst Drive	<b>Transaction ID:</b> SA11AI.12167
	City State Zip Code Pittsburgh PA 15235	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction \$25.00 biweekly
	Name of Employer Highmark Inc. Occupation VP Comm & Hlth Initiatives Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Anne L Crawford	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 400 Valley Drive	<b>Transaction ID:</b> SA11AI.12164
	City State Zip Code Pittsburgh PA 15215	Amount of Each Receipt this Period 320.76
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction \$24.92 biweekly
	Name of Employer Highmark Inc. Occupation Dir, Med Adv Comp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.76	

<b>C.</b>	Full Name (Last, First, Middle Initial) Chad T Cressler	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 3104 Braeburn Lane	<b>Transaction ID:</b> SA11AI.11577
	City State Zip Code Harrisburg PA 17110	Amount of Each Receipt this Period 397.51
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction \$31.27 biweekly
	Name of Employer Highmark Inc. Occupation Dir, Acct Inst & Elec Supt Svc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 397.51	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1043.27</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial)  
W. Dennis Cronin

Mailing Address 557 Old Fayette Trail

City State Zip Code  
Oakdale PA 15071

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

Name of Employer Highmark Inc Occupation SVP, Finance & CFO - HMIG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** SA11AI.12168

Amount of Each Receipt this Period  
325.00

payroll deduction \$25.00  
biweekly

**B.**

Full Name (Last, First, Middle Initial)  
David Dames

Mailing Address 111 9th Avenue

City State Zip Code  
Pittsburgh PA 15229

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

Name of Employer Highmark Inc Occupation Dir, Bus Process Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.91

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** SA11AI.12118

Amount of Each Receipt this Period  
206.91

payroll deduction \$16.07  
biweekly

**C.**

Full Name (Last, First, Middle Initial)  
Mary Anne Darragh

Mailing Address PO Box 12805

City State Zip Code  
Pittsburgh PA 15241

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

Name of Employer Highmark Inc Occupation VP, Hlth Mgmt Svcs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** SA11AI.12195

Amount of Each Receipt this Period  
455.00

payroll deduction \$35.00  
biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **986.91**

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

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

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

FOR LINE NUMBER: PAGE 14 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.** Full Name (Last, First, Middle Initial)  
Cynthia M Dellecker

Mailing Address 83 Altadena Drive

City State Zip Code  
Pittsburgh PA 15228

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

Name of Employer Highmark Inc      Occupation SVP Senior Products

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
319.80

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

**Transaction ID:** SA11AI.12163

Amount of Each Receipt this Period  
319.80

payroll deduction \$24.60  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
Nanette Paden DeTurk

Mailing Address 198 Pleasant Valley Road

City State Zip Code  
Lancaster NH 03584

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

Name of Employer Highmark Inc      Occupation EVP Finance

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
572.12

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

**Transaction ID:** SA11AI.12208

Amount of Each Receipt this Period  
572.12

payroll deduction \$47.79  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
Donna B Dow

Mailing Address 6560 Rosemoor Street

City State Zip Code  
Pittsburgh PA 15217

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

Name of Employer Highmark Inc      Occupation DME Ops Consult

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
430.36

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

**Transaction ID:** SA11AI.12191

Amount of Each Receipt this Period  
430.36

payroll deduction \$33.32  
biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1322.28**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 123
	<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)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<b>A.</b>	Full Name (Last, First, Middle Initial) Gregory P Englert		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 5503 Glenallen Street		Transaction ID: SA11AI.12184		
	City Springfield	State VA	Zip Code 22151	Amount of Each Receipt this Period 368.39	
	FEC ID number of contributing federal political committee. C		payroll deduction \$28.75 biweekly		
	Name of Employer Highmark Inc	Occupation Sr Govt Affrs Rep	Aggregate Year-to-Date 368.39		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard J Enterline		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 4624 Laurel Ridge Drive		Transaction ID: SA11AI.12219		
	City Harrisburg	State PA	Zip Code 17110	Amount of Each Receipt this Period 905.40	
	FEC ID number of contributing federal political committee. C		payroll deduction \$69.96 biweekly		
	Name of Employer Highmark Inc	Occupation VP and Dep General Counsel	Aggregate Year-to-Date 905.40		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Theresa S Evans		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 1344 Bechtel Street		Transaction ID: SA11AI.12138		
	City Monaca	State PA	Zip Code 15061	Amount of Each Receipt this Period 260.00	
	FEC ID number of contributing federal political committee. C		payroll deduction \$20.00 biweekly		
	Name of Employer Highmark Inc	Occupation Senior Billing AR Consult	Aggregate Year-to-Date 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1533.79
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 123  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial)  
Byron R Falchetti

Mailing Address 1095 Fox Chapel Road

City State Zip Code  
Pittsburgh PA 15238

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

Name of Employer Highmark Inc Occupation President, Standard Property

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2009

**Transaction ID:** SA11AI.12159

Amount of Each Receipt this Period  
300.00

payroll deduction \$25.00  
biweekly

**B.**

Full Name (Last, First, Middle Initial)  
Elizabeth A Farbacher

Mailing Address 3826 Grove Road

City State Zip Code  
Gibsonia PA 15044

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

Name of Employer Highmark Inc Occupation SVP, Corp Audit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** SA11AI.12204

Amount of Each Receipt this Period  
520.00

payroll deduction \$40.00  
biweekly

**C.**

Full Name (Last, First, Middle Initial)  
Philip Gedeon Ferland

Mailing Address 621 Hastings Street

City State Zip Code  
Pittsburgh PA 15206

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

Name of Employer Highmark Inc Occupation Client Manager-Middle Market

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 302.89

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** SA11AI.12161

Amount of Each Receipt this Period  
302.89

payroll deduction \$23.65  
biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1122.89**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 123  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial)  
Michael A Fiaschetti

Mailing Address 5772 Catherine Street

City Harrisburg State PA Zip Code 17112

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

Name of Employer Highmark Inc Occupation SVP, Mid Atl Region

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 30 / 2009

**Transaction ID:** SA11AI.12196

Amount of Each Receipt this Period 455.00

payroll deduction \$35.00 biweekly

**B.**

Full Name (Last, First, Middle Initial)  
Donald R Fischer

Mailing Address 1026 Highmont Road

City Pittsburgh State PA Zip Code 15232

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

Name of Employer Highmark Inc Occupation SVP & Chief Medical Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2009

**Transaction ID:** SA11AI.12211

Amount of Each Receipt this Period 650.00

payroll deduction \$50.00 biweekly

**C.**

Full Name (Last, First, Middle Initial)  
Gino A Francavilla

Mailing Address 403 Acorn Court

City Mars State PA Zip Code 16046

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

Name of Employer Highmark Inc Occupation SVP Strategic Bus Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 344.87

Date of Receipt 04 / 10 / 2009

**Transaction ID:** SA11AI.12178

Amount of Each Receipt this Period 344.87

payroll deduction \$65.85 biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1449.87**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 123  
(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
							17

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial)  
Terri Ann Frassinelli

Mailing Address 442 Sulgrave Road

City Pittsburgh State PA Zip Code 15211

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

Name of Employer Highmark Inc. Occupation Program and Services Team Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 324.49

Date of Receipt 06 / 30 / 2009  
**Transaction ID:** SA11AI.12165  
 Amount of Each Receipt this Period 324.49  
 payroll deduction \$25.57 biweekly

**B.**

Full Name (Last, First, Middle Initial)  
Colleen Marie Gallaher

Mailing Address 404 Allendale Way

City Camp Hill State PA Zip Code 17011

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

Name of Employer Highmark Inc. Occupation Dir Reg Affrs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 647.98

Date of Receipt 06 / 30 / 2009  
**Transaction ID:** SA11AI.12209  
 Amount of Each Receipt this Period 647.98  
 payroll deduction \$50.30 biweekly

**C.**

Full Name (Last, First, Middle Initial)  
Mary C Goessler

Mailing Address 113 Beaver Creek Court

City Sewickley State PA Zip Code 15143

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

Name of Employer Highmark Inc. Occupation Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.79

Date of Receipt 06 / 30 / 2009  
**Transaction ID:** SA11AI.12153  
 Amount of Each Receipt this Period 290.79  
 payroll deduction \$22.51 biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1263.26**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 123  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial) Fasy M Greevy		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 5721 Elmer Street Apt 5		<b>Transaction ID:</b> SA11AI.12235
City Pittsburgh	State PA	Zip Code 15232
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 279.80
Name of Employer Highmark Inc.	Occupation Mgr, Special Initiatives	payroll deduction \$21.78 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.80	

**B.**

Full Name (Last, First, Middle Initial) Martha Peyton Hamrick		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 316 Autumn Chase		<b>Transaction ID:</b> SA11AI.11580
City Harrisburg	State PA	Zip Code 17110
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 613.21
Name of Employer Highmark Inc.	Occupation VP Marketing	payroll deduction \$47.17 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 613.21	

**C.**

Full Name (Last, First, Middle Initial) Mary G Heatherly		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 1001 Highfield Court		<b>Transaction ID:</b> SA11AI.12139
City Mechanicsburg	State PA	Zip Code 17055
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 260.00
Name of Employer Highmark Inc	Occupation Mgr, Corp Staffing	payroll deduction \$20.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1153.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 20 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.** Full Name (Last, First, Middle Initial)  
Tija R Hilton Phillips

Mailing Address 6668 Wiley's Alley

City State Zip Code  
Wrightsville PA 17368

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

Name of Employer Highmark Inc      Occupation Regulatory Affrs Mgr

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

**Transaction ID:** SA11AI.12140

Amount of Each Receipt this Period  
260.00

payroll deduction \$20.00  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
Daniel R Holtz

Mailing Address 304 Sixth Street

City State Zip Code  
Oakmont PA 15139

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

Name of Employer Highmark Inc      Occupation SVP, Natl Accts

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1795.82

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

**Transaction ID:** SA11AI.12228

Amount of Each Receipt this Period  
1795.82

payroll deduction \$138.14  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
Margaret A Horton

Mailing Address 171 W Vine Street  
Apt E

City State Zip Code  
Shiremanstown PA 17011

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

Name of Employer Highmark Inc.      Occupation Data Performance Analyst

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 246.46

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

**Transaction ID:** SA11AI.12277

Amount of Each Receipt this Period  
246.46

payroll deduction \$19.10  
biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2302.28**

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

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

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

FOR LINE NUMBER: PAGE 21 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.** Full Name (Last, First, Middle Initial)  
Bonnell Gustafson Irvin

Mailing Address 603 Stonehaven Court

City State Zip Code  
Gibsonia PA 15044

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

Name of Employer Highmark Inc      Occupation VP, Prov Contracting

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 474.63

Date of Receipt: 06 / 30 / 2009  
Transaction ID: SA11AI.12199  
Amount of Each Receipt this Period: 474.63  
payroll deduction \$36.51 biweekly

**B.** Full Name (Last, First, Middle Initial)  
Jack J Jaroh

Mailing Address 323 Indian Creek Drive

City State Zip Code  
Mechanicsburg PA 17055

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

Name of Employer Highmark Inc      Occupation Dir, Mid-Atl Sales

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 334.01

Date of Receipt: 06 / 30 / 2009  
Transaction ID: SA11AI.12177  
Amount of Each Receipt this Period: 334.01  
payroll deduction \$27.01 biweekly

**C.** Full Name (Last, First, Middle Initial)  
Rhonda Moore Johnson

Mailing Address 900 Highlander Circle

City State Zip Code  
Wexford PA 15090

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

Name of Employer Highmark Inc      Occupation Medical Director

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1132.50

Date of Receipt: 06 / 30 / 2009  
Transaction ID: SA11AI.12225  
Amount of Each Receipt this Period: 1132.50  
payroll deduction \$88.18 biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1941.14

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 123
	<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)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<b>A.</b>	Full Name (Last, First, Middle Initial) William B Johnson	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 411 Hoodridge Drive Apt B6	<b>Transaction ID:</b> SA11AI.12148
	City State Zip Code Pittsburgh PA 15234	Amount of Each Receipt this Period 265.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction \$20.52 biweekly
	Name of Employer Highmark Inc      Occupation Dir, Corp Security&Emp Safety Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 265.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Augusta L Kairys	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 401 Sonie Drive	<b>Transaction ID:</b> SA11AI.12223
	City State Zip Code Sewickley PA 15143	Amount of Each Receipt this Period 976.04
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction \$75.08 biweekly
	Name of Employer Highmark Inc      Occupation VP Provider Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 976.04	

<b>C.</b>	Full Name (Last, First, Middle Initial) Theresa A Kapadia	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 239 Oak Entrance	<b>Transaction ID:</b> SA11AI.12147
	City State Zip Code Jefferson Hills PA 15025	Amount of Each Receipt this Period 264.15
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction \$20.51 biweekly
	Name of Employer Highmark Inc      Occupation Ops Resource Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 264.15	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1505.19</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 123
	<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)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<b>A.</b>	Full Name (Last, First, Middle Initial) Marian V Kemp	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 3995 Tuxey Avenue	<b>Transaction ID:</b> SA11AI.12125
	City State Zip Code Pittsburgh PA 15227	Amount of Each Receipt this Period 218.49
	FEC ID number of contributing federal political committee. C	payroll deduction \$17.05 biweekly
	Name of Employer Highmark Inc. Occupation Medical Project Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.49	

<b>B.</b>	Full Name (Last, First, Middle Initial) Valerie Corbin Ketchen	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 6251 S Highlands Circle	<b>Transaction ID:</b> SA11AI.12203
	City State Zip Code Harrisburg PA 17111	Amount of Each Receipt this Period 490.23
	FEC ID number of contributing federal political committee. C	payroll deduction \$37.95 biweekly
	Name of Employer Highmark Inc. Occupation Sr Govt Affrs Rep Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 490.23	

<b>C.</b>	Full Name (Last, First, Middle Initial) Patrick M Kiley	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 104 Little Run Road	<b>Transaction ID:</b> SA11AI.12280
	City State Zip Code Camp Hill PA 17011	Amount of Each Receipt this Period 455.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$35.00 biweekly
	Name of Employer Highmark Inc. Occupation President, Highmark Medicare Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 455.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1163.72
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 123

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial)

Dale S Kirkhoff

Mailing Address 20 Ashmar Drive

City State Zip Code  
Duncannon PA 17020

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

Name of Employer Occupation  
Highmark Inc. Dir Procurement

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12141

Amount of Each Receipt this Period

260.00

payroll deduction \$20.00  
biweekly

**B.**

Full Name (Last, First, Middle Initial)

Richard P Klich

Mailing Address 1056 Broodwood Drive

City State Zip Code  
Mechanicsburg PA 17055

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

Name of Employer Occupation  
Highmark Inc. National Dental Director

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

Date of Receipt

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

Transaction ID: SA11AI.12295

Amount of Each Receipt this Period

300.00

one-time contribution \$30-  
0.00

**C.**

Full Name (Last, First, Middle Initial)

John Michael Klimchock

Mailing Address 12 Cree Drive

City State Zip Code  
Greensburg PA 15601

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

Name of Employer Occupation  
Highmark Inc. Corp Learning Specialist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 291.55

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12155

Amount of Each Receipt this Period

291.55

payroll deduction \$24.91  
biweekly

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

851.55

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 123  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial) Nancy L Knox		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 1375 Table Rock Road		<b>Transaction ID:</b> SA11AI.12129
City Gettysburg	State PA	Zip Code 17325
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 232.70
Name of Employer Highmark Inc	Occupation Mgr, Prov Relations Staff Svcs	payroll deduction \$18.12 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.70	

**B.**

Full Name (Last, First, Middle Initial) Richard S Kopco		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 2312 Woodcrest Drive		<b>Transaction ID:</b> SA11AI.12142
City Johnstown	State PA	Zip Code 15905
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 260.00
Name of Employer Highmark Inc.	Occupation Client Manager	payroll deduction \$20.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

**C.**

Full Name (Last, First, Middle Initial) Michael W Kronenwetter		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 174 Forsythe Road		<b>Transaction ID:</b> SA11AI.12193
City Valencia	State PA	Zip Code 16059
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 445.58
Name of Employer Highmark Inc	Occupation VP, Tech Mgmt	payroll deduction \$34.82 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 445.58	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>938.28</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 123  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial)  
Karen Ruth Larson

Mailing Address 7466 McClure Avenue

City State Zip Code  
Pittsburgh PA 15218

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

Name of Employer Highmark Inc Occupation ISG Reptg Consult

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** SA11AI.12143

Amount of Each Receipt this Period  
260.00

payroll deduction \$20.00  
biweekly

**B.**

Full Name (Last, First, Middle Initial)  
Daniel J Lebish

Mailing Address 1826 Murdstone Road

City State Zip Code  
Pittsburgh PA 15241

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

Name of Employer Highmark Inc Occupation President and CEO - HMIG & UCCI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 648.65

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** SA11AI.12210

Amount of Each Receipt this Period  
648.65

payroll deduction \$71.85  
biweekly

**C.**

Full Name (Last, First, Middle Initial)  
Howard C Lee

Mailing Address 33 Colonial Drive

City State Zip Code  
Jonestown PA 17038

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

Name of Employer Highmark Inc Occupation Dir, Underwriting&Rating

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.75

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** SA11AI.12117

Amount of Each Receipt this Period  
205.75

payroll deduction \$16.03  
biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1114.40**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 123  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial)  
Mary Lynne Leone

Mailing Address 206 Pine Cone Court

City State Zip Code  
Wexford PA 15090

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

Name of Employer Highmark Inc. Occupation Client Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.21

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12146

Amount of Each Receipt this Period  
262.21

payroll deduction \$20.17 biweekly

**B.**

Full Name (Last, First, Middle Initial)  
Audrey F Lindsey

Mailing Address 108 Sandstone Court

City State Zip Code  
Bethel Park PA 15102

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

Name of Employer Highmark Inc. Occupation Corp Integrity Coord

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.90

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12120

Amount of Each Receipt this Period  
211.90

payroll deduction \$16.54 biweekly

**C.**

Full Name (Last, First, Middle Initial)  
John Richard Little

Mailing Address 2300 Parkway West

City State Zip Code  
Harrisburg PA 17112

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

Name of Employer Highmark Inc. Occupation VP, Comm Benefits, HRIS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1023.36

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12224

Amount of Each Receipt this Period  
1023.36

payroll deduction \$78.72 biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1497.47**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 123
	<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)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<b>A.</b>	Full Name (Last, First, Middle Initial) Ralph C Lovasic	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1196 Sky Ridge Drive	<b>Transaction ID:</b> SA11AI.12132
	City State Zip Code Pittsburgh PA 15241	Amount of Each Receipt this Period 237.04
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction \$18.32 biweekly
	Name of Employer Highmark Inc Occupation Project Lead - PMR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 237.04	

<b>B.</b>	Full Name (Last, First, Middle Initial) Darren P Macioce	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 2293 Salem Drive	<b>Transaction ID:</b> SA11AI.12214
	City State Zip Code Pittsburgh PA 15237	Amount of Each Receipt this Period 722.66
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction \$56.00 biweekly
	Name of Employer Highmark Inc Occupation SVP Health Plan Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 722.66	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael A Madden	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 320 Fort Duquesne Boulevard	<b>Transaction ID:</b> SA11AI.12157
	City State Zip Code Pittsburgh PA 15222	Amount of Each Receipt this Period 294.13
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction \$22.81 biweekly
	Name of Employer Highmark Inc Occupation Medical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 294.13	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1253.83</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 123  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial) Connie S Maggi		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 461 Cochran Road #203		<b>Transaction ID:</b> SA11AI.12212
City Pittsburgh	State PA	Zip Code 15228
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 696.55
Name of Employer Highmark Inc.	Occupation Medical Director	payroll deduction \$70.08 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 696.55	

**B.**

Full Name (Last, First, Middle Initial) Philip Majewski		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 215 Quail Court		<b>Transaction ID:</b> SA11AI.12220
City Baden	State PA	Zip Code 15005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 938.45
Name of Employer Highmark Inc.	Occupation Medical Director	payroll deduction \$73.85 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 938.45	

**C.**

Full Name (Last, First, Middle Initial) Kevin E Marpoe		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 1845 Clayton Avenue, Unit 210		<b>Transaction ID:</b> SA11AI.12176
City Pittsburgh	State PA	Zip Code 15214
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 332.82
Name of Employer Highmark Inc	Occupation Dir, Investor Rel	payroll deduction \$26.06 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.82	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1967.82</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 123
	<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)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<b>A.</b>	Full Name (Last, First, Middle Initial) James W Martin		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 4281 Normandy Rue		<b>Transaction ID:</b> SA11AI.12198		
	City Erie	State PA	Zip Code 16506	Amount of Each Receipt this Period 468.66	
	FEC ID number of contributing federal political committee. C		payroll deduction \$36.42 biweekly		
	Name of Employer Highmark Inc	Occupation Comm Affrs Dir	Aggregate Year-to-Date 468.66		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Kimberly G Martin		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 28 Charisma Drive		<b>Transaction ID:</b> SA11AI.12281		
	City Camp Hill	State PA	Zip Code 17011	Amount of Each Receipt this Period 484.35	
	FEC ID number of contributing federal political committee. C		payroll deduction \$36.20 biweekly		
	Name of Employer Highmark Inc	Occupation Dir, Cust Svc - HMS	Aggregate Year-to-Date 484.35		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Gloria Urbanik Mathie		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 160 Springmeadow Drive		<b>Transaction ID:</b> SA11AI.12144		
	City Pittsburgh	State PA	Zip Code 15241	Amount of Each Receipt this Period 260.00	
	FEC ID number of contributing federal political committee. C		payroll deduction \$20.00 biweekly		
	Name of Employer Highmark Inc.	Occupation Client Manager	Aggregate Year-to-Date 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1213.01
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 123

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial)  
John M McDermott

Mailing Address 455 Royce Avenue

City State Zip Code  
Pittsburgh PA 15216

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

Name of Employer Occupation  
Highmark Inc VP, Corp Comm

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 371.15

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12186

Amount of Each Receipt this Period

371.15

payroll deduction \$28.55  
biweekly

**B.**

Full Name (Last, First, Middle Initial)  
Michael P McGinley

Mailing Address 1118 Tunbridge Lane

City State Zip Code  
Mechanicsburg PA 17050

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

Name of Employer Occupation  
Highmark Inc VP, Procurement

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 455.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12197

Amount of Each Receipt this Period

455.00

payroll deduction \$35.00  
biweekly

**C.**

Full Name (Last, First, Middle Initial)  
Lawrence David McKinley

Mailing Address 2311 North Front Street

City State Zip Code  
Harrisburg PA 17110

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

Name of Employer Occupation  
Highmark Inc. Corp VP, Dental Program

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 494.67

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.11579

Amount of Each Receipt this Period

494.67

payroll deduction \$38.25  
biweekly

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

1320.82

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 123
	<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)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Kenneth R Melani		Date of Receipt
	Mailing Address 1100 Stonegate Manor		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Cheswick	PA	15024
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12231
Name of Employer Highmark Inc		Occupation CEO & President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="4950.40"/>	<input type="text" value="4950.40"/>
			payroll deduction \$380.80 biweekly

<b>B.</b>	Full Name (Last, First, Middle Initial) F G Merkel		Date of Receipt
	Mailing Address 4452 Dunmore Drive		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Harrisburg	PA	17112
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11581
Name of Employer Highmark Inc		Occupation Sr VP & Chief Mktg Offr	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	<input type="text" value="650.00"/>
			payroll deduction \$50.00 biweekly

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert M Mill		Date of Receipt
	Mailing Address 119 Laurel Oak Drive		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Sewickley	PA	15143
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12216
Name of Employer Highmark Inc		Occupation VP, Special Accts	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="733.74"/>	<input type="text" value="733.74"/>
			payroll deduction \$62.44 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="6334.14"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 123

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial)  
Pamela Lynn Monahan

Mailing Address 4 Brandon Court

City State Zip Code  
Sicklerville NJ 08081

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

Name of Employer Occupation  
Highmark Inc. VP Insourced & Partnership Ops

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 290.81

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12154

Amount of Each Receipt this Period

290.81

payroll deduction \$22.37  
biweekly

**B.**

Full Name (Last, First, Middle Initial)  
Cynthia S Moran

Mailing Address 2849 Oakwood Drive

City State Zip Code  
Harrisburg PA 17110

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

Name of Employer Occupation  
Highmark Inc Client Mgr

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.11538

Amount of Each Receipt this Period

260.00

payroll deduction \$20.00  
biweekly

**C.**

Full Name (Last, First, Middle Initial)  
Pamela S Nickol

Mailing Address 2711 Carmelita Drive

City State Zip Code  
Upper St. Clair PA 15241

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

Name of Employer Occupation  
Highmark Inc. Business Analyst

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 215.31

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12123

Amount of Each Receipt this Period

215.31

payroll deduction \$16.79  
biweekly

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

766.12

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 123

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial)  
David O'Brien

Mailing Address 165 Millview Drive

City State Zip Code  
Pittsburgh PA 15238

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

Name of Employer Occupation  
Highmark Inc EVP, Govt Services

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2190.11

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12230

Amount of Each Receipt this Period

2190.11

payroll deduction \$168.47  
biweekly

**B.**

Full Name (Last, First, Middle Initial)  
Gerald P O'Donnell, Jr

Mailing Address 1507 Jennifer Court

City State Zip Code  
North Hunting PA 15642

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

Name of Employer Occupation  
Highmark Inc Decision Support Consult

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.85

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12180

Amount of Each Receipt this Period

350.85

payroll deduction \$27.25  
biweekly

**C.**

Full Name (Last, First, Middle Initial)  
Daniel W O'Malley

Mailing Address 1618 Ashwood Court

City State Zip Code  
Pittsburgh PA 15237

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

Name of Employer Occupation  
Highmark Inc VP, National Accts

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 289.57

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12152

Amount of Each Receipt this Period

289.57

payroll deduction \$27.08  
biweekly

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

2830.53

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 123  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial)  
Tina D Palaggo-Toy

Mailing Address 230 Mesa Drive

City State Zip Code  
Freeport PA 16229

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

Name of Employer Highmark Inc Occupation Dir, PHS, National Bus

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12169

Amount of Each Receipt this Period  
325.00

payroll deduction \$25.00 biweekly

**B.**

Full Name (Last, First, Middle Initial)  
Faith E Parker

Mailing Address 147 Hunters Ridge Drive

City State Zip Code  
Harrisburg PA 17110

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

Name of Employer Highmark Inc Occupation Provider Reporting Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.37

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.11573

Amount of Each Receipt this Period  
201.37

payroll deduction \$15.69 biweekly

**C.**

Full Name (Last, First, Middle Initial)  
Lynette R Parker

Mailing Address 313 Market Street

City State Zip Code  
Millersburg PA 17061

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

Name of Employer Highmark Inc Occupation Business Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.84

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12131

Amount of Each Receipt this Period  
236.84

payroll deduction \$18.44 biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **763.21**

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

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

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

FOR LINE NUMBER: PAGE 36 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.** Full Name (Last, First, Middle Initial)  
Teddy J Pesano  
 Mailing Address 440 Franklin Church Road  
 City Dillsburg State PA Zip Code 17019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Highmark Inc Occupation Quality Improvement Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00  
 Date of Receipt 06 / 30 / 2009  
**Transaction ID:** SA11AI.11576  
 Amount of Each Receipt this Period 325.00  
 payroll deduction \$25.00 biweekly

**B.** Full Name (Last, First, Middle Initial)  
Patricia A Polacheck  
 Mailing Address 35 Riverview Drive  
 City Middletown State PA Zip Code 17057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Highmark Inc Occupation Mgr Claims Admin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 347.50  
 Date of Receipt 06 / 30 / 2009  
**Transaction ID:** SA11AI.12179  
 Amount of Each Receipt this Period 347.50  
 payroll deduction \$27.49 biweekly

**C.** Full Name (Last, First, Middle Initial)  
Gayeta C Porter  
 Mailing Address 507 Katrina Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Highmark Inc Occupation Dir, Med Contract Admin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00  
 Date of Receipt 06 / 30 / 2009  
**Transaction ID:** SA11AI.12282  
 Amount of Each Receipt this Period 650.00  
 payroll deduction \$50.00 biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1322.50  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 123
	<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)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<b>A.</b>	Full Name (Last, First, Middle Initial) Yvette Porter		Date of Receipt
	Mailing Address 2808 Oakwood Drive		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Harrisburg	PA	17110
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12181
Name of Employer Highmark Inc		Occupation Commod Plr II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="356.54"/>
			payroll deduction \$27.74 biweekly

<b>B.</b>	Full Name (Last, First, Middle Initial) Deborah L Rice		Date of Receipt
	Mailing Address 1313 Samantha Way		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	North Hunting	PA	15642
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12170
Name of Employer Highmark Inc		Occupation SVP, Regional Accts	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="325.00"/>
			payroll deduction \$25.00 biweekly

<b>C.</b>	Full Name (Last, First, Middle Initial) Sally Jane Rich		Date of Receipt
	Mailing Address 103 Hampshire Drive		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Cranberry Township	PA	16066
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12121
Name of Employer Highmark Inc		Occupation VP, Sr Products	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="213.98"/>
			payroll deduction \$16.46 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="895.52"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 123  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial)  
Christine Marie Ritro Pugh

Mailing Address 631 Martin Drive

City State Zip Code  
Mechanicsburg PA 17055

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

Name of Employer Highmark Inc Occupation Tech Business Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 476.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** SA11AI.12200

Amount of Each Receipt this Period  
476.00

payroll deduction \$37.04  
biweekly

**B.**

Full Name (Last, First, Middle Initial)  
Michael A Romano

Mailing Address 104 Red Oak Court

City State Zip Code  
Pittsburgh PA 15237

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

Name of Employer Highmark Inc Occupation SVP, Corp Compliance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1179.55

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** SA11AI.12226

Amount of Each Receipt this Period  
1179.55

payroll deduction \$97.65  
biweekly

**C.**

Full Name (Last, First, Middle Initial)  
Russell Rubin

Mailing Address 2022 Elmbrook Lane

City State Zip Code  
Pittsburgh PA 15243

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

Name of Employer Highmark Inc Occupation Regional VP Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 445.38

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** SA11AI.11578

Amount of Each Receipt this Period  
445.38

payroll deduction \$34.26  
biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.93**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 123  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial) Gary A Rux		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 202 N Catherine Street		<b>Transaction ID:</b> SA11AI.12128
City Middletown	State PA	Zip Code 17057
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 225.30
Name of Employer Highmark Inc	Occupation Application Arch	payroll deduction \$17.54 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.30	

**B.**

Full Name (Last, First, Middle Initial) Manda Bea Sanders		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 701 Hickory Grade Road		<b>Transaction ID:</b> SA11AI.12188
City Bridgeville	State PA	Zip Code 15017
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 383.97
Name of Employer Highmark Inc	Occupation Govt Affrs Rep	payroll deduction \$29.61 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 383.97	

**C.**

Full Name (Last, First, Middle Initial) William Robert Sarniak		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 102 Forestwood Drive		<b>Transaction ID:</b> SA11AI.12116
City Venetia	State PA	Zip Code 15367
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 204.75
Name of Employer Highmark Inc	Occupation Dir, Actuarial Svcs - Sr Mkts	payroll deduction \$15.91 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.75	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>814.02</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 123  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial)  
David M Scott

Mailing Address 2103 Walnut Street

City State Zip Code  
Camp Hill PA 17011

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

Name of Employer Highmark Inc. Occupation VP Small & Mid mkt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 274.30

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** SA11AI.12149

Amount of Each Receipt this Period  
274.30

payroll deduction \$21.10  
biweekly

**B.**

Full Name (Last, First, Middle Initial)  
Elena G Segal

Mailing Address 396 Hemlock Court

City State Zip Code  
Pittsburgh PA 15237

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

Name of Employer Highmark Inc. Occupation Application Architect

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 214.51

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** SA11AI.12122

Amount of Each Receipt this Period  
214.51

payroll deduction \$16.71  
biweekly

**C.**

Full Name (Last, First, Middle Initial)  
Jon K Seltenheim

Mailing Address 509 Bridgeview Drive

City State Zip Code  
Lemoyne PA 17043

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

Name of Employer Highmark Inc Occupation Sr VP, Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** SA11AI.11575

Amount of Each Receipt this Period  
260.00

payroll deduction \$20.00  
biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **748.81**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 123  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial)  
Carl Harris Shuman

Mailing Address 2904 Ionoff Road

City Harrisburg State PA Zip Code 17110

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

Name of Employer Highmark Inc Occupation Senior Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2009

Transaction ID: SA11AI.12171

Amount of Each Receipt this Period 325.00

payroll deduction \$25.00 biweekly

**B.**

Full Name (Last, First, Middle Initial)  
Dianna L Shutt

Mailing Address 1 Altoona Avenue

City Enola State PA Zip Code 17025

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

Name of Employer Highmark Inc Occupation Tech Business Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 217.60

Date of Receipt 06 / 30 / 2009

Transaction ID: SA11AI.12124

Amount of Each Receipt this Period 217.60

payroll deduction \$16.88 biweekly

**C.**

Full Name (Last, First, Middle Initial)  
Anna L Silberman

Mailing Address 4031 Breckenridge Drive

City Presto State PA Zip Code 15142

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

Name of Employer Highmark Inc Occupation VP Prev Hlth Svcs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt 06 / 30 / 2009

Transaction ID: SA11AI.12217

Amount of Each Receipt this Period 780.00

payroll deduction \$60.00 biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1322.60**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 123
	<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)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<b>A.</b>	Full Name (Last, First, Middle Initial) Jamie A Smith		Date of Receipt
	Mailing Address 1222 Sandstone Court East		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	Tarentum	PA	15084
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12135
Name of Employer Highmark Inc.		Occupation Mgr Bus Platform Mod	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 259.61	<input type="text"/> 259.61
			payroll deduction \$20.13 biweekly

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark A Stine		Date of Receipt
	Mailing Address 301 Antler Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	Marysville	PA	17053
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12202
Name of Employer Highmark Inc		Occupation HCIRA Consulting Practice Mgr	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 485.03	<input type="text"/> 485.03
			payroll deduction \$37.63 biweekly

<b>C.</b>	Full Name (Last, First, Middle Initial) Leslie Anne Stokan		Date of Receipt
	Mailing Address 309 Nichols Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	Pittsburgh	PA	15237
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.12190
Name of Employer Highmark Inc.		Occupation Mgr Clin Perf Measures	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.04	<input type="text"/> 420.04
			payroll deduction \$32.78 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>1164.68</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 123  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial)  
Elizabeth Ann Stone

Mailing Address 19 Church Road

City State Zip Code  
Newport PA 17074

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

Name of Employer Highmark Inc Occupation Privacy&Sec Comp Anal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.37

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** SA11AI.12160

Amount of Each Receipt this Period  
300.37

payroll deduction \$24.17  
biweekly

**B.**

Full Name (Last, First, Middle Initial)  
Joli A Studley

Mailing Address 330 Hazel Drive

City State Zip Code  
Pittsburgh PA 15228

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

Name of Employer Highmark Inc Occupation Mgr Clinical Report Devel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 361.73

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** SA11AI.12183

Amount of Each Receipt this Period  
361.73

payroll deduction \$28.33  
biweekly

**C.**

Full Name (Last, First, Middle Initial)  
Michael Allen Sweigard

Mailing Address 4601 Custer Drive

City State Zip Code  
Harrisburg PA 17110

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

Name of Employer Highmark Inc Occupation Facilities Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.42

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** SA11AI.11574

Amount of Each Receipt this Period  
249.42

payroll deduction \$19.38  
biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **911.52**

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

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

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

FOR LINE NUMBER: PAGE 44 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.** Full Name (Last, First, Middle Initial)  
Tom R Tabor

Mailing Address 3260 Long Meadow Drive

City Allison Park State PA Zip Code 15101

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

Name of Employer Highmark Inc Occupation SVP & CIO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2009  
**Transaction ID:** SA11AI.12205  
 Amount of Each Receipt this Period 520.00  
 payroll deduction \$40.00 biweekly

**B.** Full Name (Last, First, Middle Initial)  
Betsy H Taylor

Mailing Address 4921 Franklin Street

City Harrisburg State PA Zip Code 17111

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

Name of Employer Highmark Inc Occupation Govt & Reg Affrs Attorney

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 483.68

Date of Receipt 06 / 30 / 2009  
**Transaction ID:** SA11AI.12201  
 Amount of Each Receipt this Period 483.68  
 payroll deduction \$37.68 biweekly

**C.** Full Name (Last, First, Middle Initial)  
Richard B Taylor, II

Mailing Address 6012 Devonshire Road

City Harrisburg State PA Zip Code 17112

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

Name of Employer Highmark Inc Occupation Change/ProbMgmt

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 435.68

Date of Receipt 06 / 30 / 2009  
**Transaction ID:** SA11AI.12192  
 Amount of Each Receipt this Period 435.68  
 payroll deduction \$33.76 biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1439.36

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 123

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial)  
Sandra R Tomlinson

Mailing Address 4020 Muirfield Drive

City State Zip Code  
Presto PA 15142

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

Name of Employer Occupation  
Highmark Inc SVP, Provider Service

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12145

Amount of Each Receipt this Period

260.00

payroll deduction \$20.00  
biweekly

**B.**

Full Name (Last, First, Middle Initial)  
Sandra D Troia

Mailing Address 704 Ohio River Boulevard

City State Zip Code  
Sewickley PA 15143

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

Name of Employer Occupation  
Highmark Inc Direct Pay Prod Dir

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 293.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12156

Amount of Each Receipt this Period

293.68

payroll deduction \$22.76  
biweekly

**C.**

Full Name (Last, First, Middle Initial)  
Gary R Truitt

Mailing Address 4238 Yarmouth Drive

City State Zip Code  
Allison Park PA 15101

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

Name of Employer Occupation  
Highmark Inc SVP, Legal

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 2129.53

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12229

Amount of Each Receipt this Period

2129.53

payroll deduction \$163.81  
biweekly

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

2683.21

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 123

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.**

Full Name (Last, First, Middle Initial)  
Carey T Vinson

Mailing Address 615 Berkshire Drive

City State Zip Code  
Pittsburgh PA 15215

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

Name of Employer Occupation  
Highmark Inc VP, Quality&Med Perf Mgmt

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 286.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12151

Amount of Each Receipt this Period

286.00

payroll deduction \$22.00  
biweekly

**B.**

Full Name (Last, First, Middle Initial)  
Terese A Vorsheck

Mailing Address 3809 Royann Drive

City State Zip Code  
Fairview PA 16415

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

Name of Employer Occupation  
Highmark Inc Director, Caring Place

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 254.91

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12234

Amount of Each Receipt this Period

254.91

payroll deduction \$19.83  
biweekly

**C.**

Full Name (Last, First, Middle Initial)  
Jill J Walmer Snavely

Mailing Address 10 South Clearview

City State Zip Code  
Palmyra PA 17078

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

Name of Employer Occupation  
Highmark Inc VP, Shared Service Center

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.12172

Amount of Each Receipt this Period

325.00

payroll deduction \$25.00  
biweekly

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

865.91

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 123

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<b>A.</b>	Full Name (Last, First, Middle Initial) Aaron A Walton		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 4283 Forest Glen Drive		<b>Transaction ID:</b> SA11AI.12227
	City Allison Park	State PA	Zip Code 15101
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1185.86
	Name of Employer Highmark Inc	Occupation SVP, Corp Affrs	payroll deduction \$91.22 biweekly

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1185.86
---	-------------------------------------

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert T Wanovich		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1907 Margaret Street		<b>Transaction ID:</b> SA11AI.12206
	City Pittsburgh	State PA	Zip Code 15209
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 525.86
	Name of Employer Highmark Inc	Occupation VP, Pharmacy Affairs	payroll deduction \$41.78 biweekly

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.86
---	------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael G Warfel		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1077 Country Club Road		<b>Transaction ID:</b> SA11AI.12215
	City Camp Hill	State PA	Zip Code 17011
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 728.00
	Name of Employer Highmark Inc	Occupation VP Govt Affrs	payroll deduction \$56.00 biweekly

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 728.00
---	------------------------------------

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

2439.72

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

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

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

FOR LINE NUMBER: PAGE 48 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.** Full Name (Last, First, Middle Initial)  
Dale L Warner

Mailing Address 1420 Regency Circle

City State Zip Code  
Harrisburg PA 17110

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

Name of Employer Highmark Inc      Occupation Mgr, Application Devel

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.91

Date of Receipt: 06 / 30 / 2009  
Transaction ID: SA11AI.12207  
Amount of Each Receipt this Period: 540.91  
payroll deduction \$42.01 biweekly

**B.** Full Name (Last, First, Middle Initial)  
Gina M Welsh

Mailing Address 527 Fishing Creek Road

City State Zip Code  
Lewisberry PA 17339

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

Name of Employer Highmark Inc      Occupation Supv, Medicare Claims Prep

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 301.63

Date of Receipt: 06 / 30 / 2009  
Transaction ID: SA11AI.12278  
Amount of Each Receipt this Period: 301.63  
payroll deduction \$23.87 biweekly

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

Mailing Address 421 McKinney Road

City State Zip Code  
Wexford PA 15090

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

Name of Employer Highmark Inc      Occupation Regl Sales VP - HMIG

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 30 / 2009  
Transaction ID: SA11AI.12250  
Amount of Each Receipt this Period: 325.00  
payroll deduction \$25.00 biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1167.54**

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

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

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

FOR LINE NUMBER: PAGE 49 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.** Full Name (Last, First, Middle Initial)  
Mark R Wood

Mailing Address 4473 Nantucket Road

City Harrisburg State PA Zip Code 17112

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

Name of Employer Highmark Inc Occupation Dir Data Ctr Infra

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2009  
**Transaction ID:** SA11AI.12173  
 Amount of Each Receipt this Period 325.00  
 payroll deduction \$25.00 biweekly

**B.** Full Name (Last, First, Middle Initial)  
Thomas E Wood

Mailing Address 500 Brentwater Road

City Camp Hill State PA Zip Code 17011

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

Name of Employer Highmark Inc Occupation Associate Counsel

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2009  
**Transaction ID:** SA11AI.12175  
 Amount of Each Receipt this Period 325.00  
 payroll deduction \$25.00 biweekly

**C.** Full Name (Last, First, Middle Initial)  
Sharon A Woodward

Mailing Address 532 Lincoln Street

City Steelton State PA Zip Code 17113

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

Name of Employer Highmark Inc Occupation Supv, Opr Suppt Clms & Svc

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 386.50

Date of Receipt 06 / 30 / 2009  
**Transaction ID:** SA11AI.12189  
 Amount of Each Receipt this Period 386.50  
 payroll deduction \$30.18 biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1036.50

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

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

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

FOR LINE NUMBER: PAGE 50 / 123  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

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

Mailing Address 38 Logans Run

City State Zip Code  
Enola PA 17025

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

Name of Employer Occupation  
Highmark Inc Mgr, Procedure Review

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
236.76

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.12130

Amount of Each Receipt this Period  
236.76

payroll deduction \$18.28  
biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	236.76
<b>TOTAL</b> This Period (last page this line number only) .....	▶	64236.54

**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 51 / 123

<input type="checkbox"/> 21b	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<b>A.</b> Full Name (Last, First, Middle Initial) BLUE PAC Mailing Address PO BOX 34676 City WASHINGTON State DC Zip Code 20043 Purpose of Disbursement transfer to affiliated PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB22.11305 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 4000.00
<b>B.</b> Full Name (Last, First, Middle Initial) BLUE PAC Mailing Address PO BOX 34676 City WASHINGTON State DC Zip Code 20043 Purpose of Disbursement transfer to affiliated PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB22.11477 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 4000.00

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

8000.00

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

8000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) BOB CASEY FOR SENATE INC	Transaction ID: SB23.11487
	Mailing Address PO BOX 22469	Date of Disbursement 06 / 01 / 2009
	City PHILADELPHIA State PA Zip Code 19110	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BOB CASEY FOR SENATE INC	Transaction ID: SB23.11534
	Mailing Address PO BOX 22469	Date of Disbursement 06 / 19 / 2009
	City PHILADELPHIA State PA Zip Code 19110	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE	Transaction ID: SB23.11288
	Mailing Address PO BOX 1776	Date of Disbursement 02 / 13 / 2009
	City FREEDOM State PA Zip Code 15042	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2550.00
<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)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE	Transaction ID: SB23.11354 Date of Disbursement
	Mailing Address PO BOX 1776	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City FREEDOM State PA Zip Code 15042	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE	Transaction ID: SB23.11492 Date of Disbursement
	Mailing Address PO BOX 1776	<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City FREEDOM State PA Zip Code 15042	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN TIM HOLDEN	Transaction ID: SB23.11496 Date of Disbursement
	Mailing Address 18 N. SECOND STREET PO BOX 37 PO BOX 37	<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City SAINT CLAIR State PA Zip Code 17970	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF GLENN THOMPSON

Mailing Address 198 PARK ROAD

City HOWARD State PA Zip Code 16841

Purpose of Disbursement contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 05

Transaction ID: SB23.11264

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF GLENN THOMPSON

Mailing Address 198 PARK ROAD

City HOWARD State PA Zip Code 16841

Purpose of Disbursement contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 05

Transaction ID: SB23.11368

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF GLENN THOMPSON

Mailing Address 198 PARK ROAD

City HOWARD State PA Zip Code 16841

Purpose of Disbursement contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 05

Transaction ID: SB23.11519

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS	Transaction ID: SB23.11287 Date of Disbursement
	Mailing Address PO BOX 775	<input type="text" value="02"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Unionville State PA Zip Code 19375	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GERLACH, JIM	Transaction ID: SB23.11447 Date of Disbursement
	Mailing Address 649 Deep Hollow Lane	<input type="text" value="05"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Chester Springs State PA Zip Code 19425	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MURTHA FOR CONGRESS COMMITTEE	Transaction ID: SB23.11286 Date of Disbursement
	Mailing Address Suite 220 551 Main Street BT FINANCIAL PLAZA SUITE 220	<input type="text" value="02"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City JOHNSTOWN State PA Zip Code 15901	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

**A.** Full Name (Last, First, Middle Initial)  
TIM MURPHY FOR CONGRESS

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: PA District: 18

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.11340

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
TIM MURPHY FOR CONGRESS

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: PA District: 18

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.11353

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
TIM MURPHY FOR CONGRESS

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: PA District: 18

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.11377

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Baker for Senate <hr/> Mailing Address 1095 Mountain View Road <hr/> City Dallas State PA Zip Code 18612 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.11371 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Bill DeWeese Campaign Committee <hr/> Mailing Address PO Box 513 <hr/> City Harrisburg State PA Zip Code 17108 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.11249 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Bill DeWeese Campaign Committee <hr/> Mailing Address PO Box 513 <hr/> City Harrisburg State PA Zip Code 17108 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.11474 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1750.00
<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 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Boyd Victory Committee	Transaction ID: SB29.11370 Date of Disbursement
	Mailing Address PO Box 265	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Lancaster State PA Zip Code 17537	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="200.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bracey for Mayor Committee	Transaction ID: SB29.11453 Date of Disbursement
	Mailing Address PO Box 7365	<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Steelton State PA Zip Code 17113	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Brennan for State Representative	Transaction ID: SB29.11338 Date of Disbursement
	Mailing Address 1201 Delaware Avenue	<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Bethlehem State PA Zip Code 18015	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Brobson for Commonwealth Court</p> <p>Mailing Address PO Box 664</p> <p>City Harrisburg State PA Zip Code 17108</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11389</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Citizens Bank</p> <p>Mailing Address 4101 Carlisle Pike</p> <p>City Camp Hill State PA Zip Code 17011</p> <p>Purpose of Disbursement 2008 Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11316</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="11.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Citizens Committee for Camille George</p> <p>Mailing Address 125 Spring Street</p> <p>City Houtzdale State PA Zip Code 16651</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11469</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Browne <hr/> Mailing Address 1111 N 11th Street <hr/> City Whitehall State PA Zip Code 18052 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.11417 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Citizens for George P. Hartwick, III <hr/> Mailing Address 813 Chambers Street <hr/> City Bressler State PA Zip Code 17113 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.11362 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Citizens for Greenleaf <hr/> Mailing Address 1555 Terwood Road <hr/> City Huntingdon Valley State PA Zip Code 19006 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.11386 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Citizens for Grove	Transaction ID: SB29.11408 Date of Disbursement
	Mailing Address 1854 Ashcombe Drive	<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Dover State PA Zip Code 17315	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Citizens for Grove	Transaction ID: SB29.11502 Date of Disbursement
	Mailing Address 1854 Ashcombe Drive	<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Dover State PA Zip Code 17315	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="200.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Citizens for Hughes	Transaction ID: SB29.11309 Date of Disbursement
	Mailing Address 4601 Market Street	<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Philadelphia State PA Zip Code 19139	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="950.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Jake Wheatley</p> <p>Mailing Address 3143 Ewart Drive</p> <p>City Pittsburgh State PA Zip Code 15219</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11252</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Citizens for Jim Christiana</p> <p>Mailing Address 368 Lincoln Avenue</p> <p>City Beaver State PA Zip Code 15009</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11281</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="275.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Citizens for Ron Buxton</p> <p>Mailing Address PO Box 11781</p> <p>City Harrisburg State PA Zip Code 17108</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11410</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="825.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Saylor</p> <p>Mailing Address 122 North Franklin Street</p> <p>City Red Lion State PA Zip Code 17356</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11482</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Citizens for Yudichak Committee</p> <p>Mailing Address 44 West Grand Street</p> <p>City Nanticoke State PA Zip Code 18634</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11327</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="125.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Citizens to Elect Craig Dally</p> <p>Mailing Address 124 Belvidere Street</p> <p>City Nazareth State PA Zip Code 18064</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11310</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="925.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Citizens to Elect Craig Dally</p> <p>Mailing Address 124 Belvidere Street</p> <p>City Nazareth State PA Zip Code 18064</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11406</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Citizens to Elect Dwight Evans</p> <p>Mailing Address PO Box 19097</p> <p>City Philadelphia State PA Zip Code 19138</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11258</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Citizens to Re-Elect Hess State Representative</p> <p>Mailing Address PO Box 319</p> <p>City Bedford State PA Zip Code 15522</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11312</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1250.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Committee to Elect Anthony Melio	Transaction ID: SB29.11511 Date of Disbursement
	Mailing Address 511 Hartford Lane	<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Fairless Hills State PA Zip Code 19030	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Committee to Elect Bear	Transaction ID: SB29.11528 Date of Disbursement
	Mailing Address PO Box 116	<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Lititz State PA Zip Code 17543	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Committee to Elect Brian Ellis	Transaction ID: SB29.11409 Date of Disbursement
	Mailing Address 103 Deer Run Road	<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Butler State PA Zip Code 16001	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee to Elect Bryan Barbin</p> <p>Mailing Address 430 Main Street 2nd Floor</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11422</p> <p>Date of Disbursement 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee to Elect Bryan Lentz</p> <p>Mailing Address PO Box 347</p> <p>City Swarthmore State PA Zip Code 19081</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11271</p> <p>Date of Disbursement 02 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 150.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee to Elect Curt Sonney</p> <p>Mailing Address 525 Strathmore Avenue</p> <p>City Erie State PA Zip Code 16505</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11532</p> <p>Date of Disbursement 06 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>650.00</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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Committee to Elect Dave Millard  Mailing Address 36 Woodside Drive  City Millville State PA Zip Code 17846  Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11296 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 9  Amount of Each Disbursement this Period 125.00
B.	Full Name (Last, First, Middle Initial) Committee to Elect Eddie Day Pashinski  Mailing Address 259 East Northampton Street  City Wilkes-Barre State PA Zip Code 18702  Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11375 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9  Amount of Each Disbursement this Period 100.00
C.	Full Name (Last, First, Middle Initial) Committee to Elect Eddie Day Pashinski  Mailing Address 259 East Northampton Street  City Wilkes-Barre State PA Zip Code 18702  Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11448 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 9  Amount of Each Disbursement this Period 250.00

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

475.00

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<b>A.</b>	Full Name (Last, First, Middle Initial) Committee to Elect Frank Burns  Mailing Address 1654 William Penn Avenue  City Johnstown State PA Zip Code 15909  Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11404 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9  Amount of Each Disbursement this Period 275.00  Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Committee to Elect Jesse White  Mailing Address PO Box 384  City Cecil State PA Zip Code 15321  Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11335 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 9  Amount of Each Disbursement this Period 125.00  Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Committee to Elect Julie Harhart  Mailing Address 640 Willow Drive  City North Catasauqua State PA Zip Code 18032  Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11328 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 9  Amount of Each Disbursement this Period 150.00  Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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FOR LINE NUMBER:  
(check only one)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Committee to Elect Ken Smith	<b>Transaction ID:</b> SB29.11430 Date of Disbursement
	Mailing Address 1209 Quincy Avenue	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Dunmore State PA Zip Code 18510	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="125.00"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Committee to Elect Rick Taylor	<b>Transaction ID:</b> SB29.11337 Date of Disbursement
	Mailing Address PO Box 866	<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Ambler State PA Zip Code 19002	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Committee to Elect Rob Kauffman	<b>Transaction ID:</b> SB29.11475 Date of Disbursement
	Mailing Address 1764 Barnegat Light Drive	<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Chambersburg State PA Zip Code 17201	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="125.00"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Committee to Elect Ronald G. Waters	Transaction ID: SB29.11336 Date of Disbursement
	Mailing Address 108 South 61st Street	<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Philadelphia State PA Zip Code 19139	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Committee to Elect Scott Hutchinson	Transaction ID: SB29.11462 Date of Disbursement
	Mailing Address 517 W Third Way	<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Oil City State PA Zip Code 16301	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="150.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Committee to Elect Tim Solobay	Transaction ID: SB29.11302 Date of Disbursement
	Mailing Address 107 Hawthorne Street	<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City Canonsburg State PA Zip Code 15317	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee to Elect Tom Quigley</p> <p>Mailing Address 560 Pine Street</p> <p>City Royersford State PA Zip Code 19468</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11461</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="125.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee to Elect Wayne Fontana</p> <p>Mailing Address PO Box 96071</p> <p>City Pittsburgh State PA Zip Code 15226</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11360</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect John Taylor</p> <p>Mailing Address 3316 Belgrade Street</p> <p>City Philadelphia State PA Zip Code 19134</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11507</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect John Wozniak</p> <p>Mailing Address 2276 Sunshine Avenue</p> <p>City Johnstown State PA Zip Code 15905</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11438</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Keith R. McCall</p> <p>Mailing Address PO Box 244</p> <p>City Lansford State PA Zip Code 18232</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11489</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Mario Scavello</p> <p>Mailing Address PO Box 550</p> <p>City Tannersville State PA Zip Code 18372</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11460</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1650.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Peter J. Daley</p> <p>Mailing Address 217 Chestnut Street</p> <p>City Coal Center State PA Zip Code 15423</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11444</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Sandra J. Major</p> <p>Mailing Address PO Box 363</p> <p>City Montrose State PA Zip Code 18801</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11470</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Senator Mike Stack</p> <p>Mailing Address PO Box 21114</p> <p>City Philadelphia State PA Zip Code 19114</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11428</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Committee to Re-Elect Senator Mike Stack	Transaction ID: SB29.11459 Date of Disbursement
	Mailing Address PO Box 21114	<input type="text" value="05"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Philadelphia State PA Zip Code 19114	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cumberland County Federation of Republican Women	Transaction ID: SB29.11267 Date of Disbursement
	Mailing Address 6 Todd Road	<input type="text" value="01"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Carlisle State PA Zip Code 17013	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="200.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Dan Frankel for the 23rd District	Transaction ID: SB29.11529 Date of Disbursement
	Mailing Address PO Box 81594	<input type="text" value="06"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Pittsburgh State PA Zip Code 15217	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="400.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p><b>A.</b> Full Name (Last, First, Middle Initial) DayPAC</p> <p>Mailing Address PO Box 246</p> <p>City Bryn Mawr State PA Zip Code 19010</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11361</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DeLuca for Legislator Committee</p> <p>Mailing Address 1438 Homestead Road</p> <p>City Verona State PA Zip Code 15147</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11383</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Democratic State Senate Campaign Committee</p> <p>Mailing Address PO Box 3792</p> <p>City Harrisburg State PA Zip Code 17105</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11503</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1250.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Democratic State Senate Campaign Committee	Transaction ID: SB29.11517 Date of Disbursement
	Mailing Address PO Box 3792	<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Harrisburg State PA Zip Code 17105	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="1250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DePasquale for the 95th	Transaction ID: SB29.11301 Date of Disbursement
	Mailing Address PO Box 1822	<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City York State PA Zip Code 17405	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="125.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DePasquale for the 95th	Transaction ID: SB29.11535 Date of Disbursement
	Mailing Address PO Box 1822	<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City York State PA Zip Code 17405	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1625.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Earll for Senate Committee	Transaction ID: SB29.11499 Date of Disbursement
	Mailing Address PO Box 6527	<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Erie State PA Zip Code 16512	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Elder Vogel for Senate	Transaction ID: SB29.11256 Date of Disbursement
	Mailing Address 489 Glen Eden Road	<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Rochester State PA Zip Code 15074	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Elect Bill Kortz Committee	Transaction ID: SB29.11325 Date of Disbursement
	Mailing Address 514 Ridgeview Road	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Dravosburg State PA Zip Code 15034	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="125.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1125.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends for Daryl Metcalfe	Transaction ID: SB29.11384 Date of Disbursement
	Mailing Address PO Box 1536	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Cranberry Township State PA Zip Code 16066	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="125.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Bill Adolph	Transaction ID: SB29.11387 Date of Disbursement
	Mailing Address PO Box 303	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Springfield State PA Zip Code 19064	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Bob Godshall	Transaction ID: SB29.11372 Date of Disbursement
	Mailing Address 316 Godshall Road	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Souderton State PA Zip Code 18964	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="725.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Bob Mellow	Transaction ID: SB29.11251 Date of Disbursement
	Mailing Address 524 Main Street PO Box B	<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Peckville State PA Zip Code 18452	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Bob Mellow	Transaction ID: SB29.11485 Date of Disbursement
	Mailing Address 524 Main Street PO Box B	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Peckville State PA Zip Code 18452	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Brendan Boyle	Transaction ID: SB29.11319 Date of Disbursement
	Mailing Address 602 Avon Road	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Philadelphia State PA Zip Code 19116	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Bryan Cutler	Transaction ID: SB29.11464 Date of Disbursement
	Mailing Address PO Box 624	<input type="text" value="05"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Quarryville State PA Zip Code 17566	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Caltagirone	Transaction ID: SB29.11314 Date of Disbursement
	Mailing Address 2521 Hill Road Box 96	<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Reading State PA Zip Code 19606	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Chelsa Wagner	Transaction ID: SB29.11317 Date of Disbursement
	Mailing Address PO Box 96050	<input type="text" value="03"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Pittsburgh State PA Zip Code 15226	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="150.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="650.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Cherelle L. Parker</p> <p>Mailing Address PO Box 27647</p> <p>City Philadelphia State PA Zip Code 19118</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB29.11357</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p> <p>Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Chuck McIlhinney</p> <p>Mailing Address PO Box 2014</p> <p>City Doylestown State PA Zip Code 18901</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB29.11322</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p> <p>Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Chuck McIlhinney</p> <p>Mailing Address PO Box 2014</p> <p>City Doylestown State PA Zip Code 18901</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB29.11481</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p>Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Dan Onorato	Transaction ID: SB29.11425 Date of Disbursement
	Mailing Address 249 Fifth Avenue 30th Floor	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Pittsburgh State PA Zip Code 15222	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Dave Hickernell	Transaction ID: SB29.11473 Date of Disbursement
	Mailing Address 2068 Meadow Road	<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Mount Joy State PA Zip Code 17552	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Dick Stevenson	Transaction ID: SB29.11427 Date of Disbursement
	Mailing Address 10 Woodland Center Drive	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Grove City State PA Zip Code 16127	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1050.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Dom Costa	Transaction ID: SB29.11504 Date of Disbursement
	Mailing Address PO Box 38306	<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Pittsburgh State PA Zip Code 15238	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Dominic Pileggi	Transaction ID: SB29.11293 Date of Disbursement
	Mailing Address 101 West Baltimore Avenue 2nd Floor	<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City Media State PA Zip Code 19063	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Dominic Pileggi	Transaction ID: SB29.11392 Date of Disbursement
	Mailing Address 101 West Baltimore Avenue 2nd Floor	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Media State PA Zip Code 19063	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Dominic Pileggi	Transaction ID: SB29.11403 Date of Disbursement
	Mailing Address 101 West Baltimore Avenue 2nd Floor	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Media State PA Zip Code 19063	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Dominic Pileggi	Transaction ID: SB29.11458 Date of Disbursement
	Mailing Address 101 West Baltimore Avenue 2nd Floor	<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Media State PA Zip Code 19063	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Don White	Transaction ID: SB29.11397 Date of Disbursement
	Mailing Address PO Box 363	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Indiana State PA Zip Code 15701	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution Candidate Name	<input type="text" value="500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Doug Reichley	Transaction ID: SB29.11275 Date of Disbursement
	Mailing Address 10024 Weiss Road	<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Breinigsville State PA Zip Code 18031	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Doug Shields	Transaction ID: SB29.11500 Date of Disbursement
	Mailing Address PO Box 81869	<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Pittsburgh State PA Zip Code 15217	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Frank Farry	Transaction ID: SB29.11440 Date of Disbursement
	Mailing Address PO Box 231	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Langhorne State PA Zip Code 19047	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Gene Yaw	Transaction ID: SB29.11277 Date of Disbursement
	Mailing Address PO Box 3246	<input type="text" value="02"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Williamsport State PA Zip Code 17701	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Gordon Denlinger	Transaction ID: SB29.11262 Date of Disbursement
	Mailing Address 281 East Church Road	<input type="text" value="01"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Stevens State PA Zip Code 17578	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Haste & DiFrancesco	Transaction ID: SB29.11369 Date of Disbursement
	Mailing Address PO Box 7365	<input type="text" value="03"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Steelton State PA Zip Code 17113	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Jake Corman <hr/> Mailing Address 270 Edward Drive <hr/> City Bellefonte State PA Zip Code 16823 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11253 Date of Disbursement 01 / 20 / 2009 <hr/> Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Friends of Jake Corman <hr/> Mailing Address 270 Edward Drive <hr/> City Bellefonte State PA Zip Code 16823 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11516 Date of Disbursement 06 / 17 / 2009 <hr/> Amount of Each Disbursement this Period 1500.00
C.	Full Name (Last, First, Middle Initial) Friends of Jaret Gibbons <hr/> Mailing Address 930 Bridge Street <hr/> City Ellwood City State PA Zip Code 16117 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11343 Date of Disbursement 03 / 12 / 2009 <hr/> Amount of Each Disbursement this Period 250.00

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

2250.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Jeff Piccola	Transaction ID: SB29.11382 Date of Disbursement
	Mailing Address PO Box 741	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Harrisburg State PA Zip Code 17108	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Friends of Jennifer Mann	Transaction ID: SB29.11265 Date of Disbursement
	Mailing Address PO Box 1881	<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Allentown State PA Zip Code 18105	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Friends of Jewell Williams	Transaction ID: SB29.11364 Date of Disbursement
	Mailing Address 2343 N Smedley Street	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Philadelphia State PA Zip Code 19132	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends of Jim Cox  Mailing Address PO Box 2550  City West Lawn State PA Zip Code 19609  Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.11452 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9	Amount of Each Disbursement this Period  125.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Friends of Jim Marshall  Mailing Address 1220 Shenango Road  City Darlington State PA Zip Code 16115  Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.11415 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 9	Amount of Each Disbursement this Period  125.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends of Jim Roebuck  Mailing Address 435 South 46th Street  City Philadelphia State PA Zip Code 19143  Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.11278 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 9	Amount of Each Disbursement this Period  125.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>375.00</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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Joe Scarnati	Transaction ID: SB29.11280 Date of Disbursement
	Mailing Address PO Box 177	<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City Brockway State PA Zip Code 15824	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Joe Scarnati	Transaction ID: SB29.11388 Date of Disbursement
	Mailing Address PO Box 177	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Brockway State PA Zip Code 15824	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="1250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Joe Scarnati	Transaction ID: SB29.11393 Date of Disbursement
	Mailing Address PO Box 177	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Brockway State PA Zip Code 15824	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="1250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Joe Scarnati	Transaction ID: SB29.11445 Date of Disbursement
	Mailing Address PO Box 177	<input type="text" value="05"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Brockway State PA Zip Code 15824	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of John Evans	Transaction ID: SB29.11311 Date of Disbursement
	Mailing Address PO Box 180	<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Edinboro State PA Zip Code 16412	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of John Gordner	Transaction ID: SB29.11291 Date of Disbursement
	Mailing Address 1914 Brittain Street	<input type="text" value="02"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Berwick State PA Zip Code 18603	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1800.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of John Pippy	Transaction ID: SB29.11306 Date of Disbursement
	Mailing Address PO Box 1183	<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Moon Township State PA Zip Code 15108	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Josh Shapiro	Transaction ID: SB29.11379 Date of Disbursement
	Mailing Address PO Box 162	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Abington State PA Zip Code 19001	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Karen Boback	Transaction ID: SB29.11401 Date of Disbursement
	Mailing Address 5 South Hazel Street	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Tunkhannock State PA Zip Code 18657	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="100.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Kathy Watson	Transaction ID: SB29.11321 Date of Disbursement
	Mailing Address 1931 Appaloosa Road	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Warrington State PA Zip Code 18976	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Kenyatta Johnson	Transaction ID: SB29.11358 Date of Disbursement
	Mailing Address PO Box 3822	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Philadelphia State PA Zip Code 19146	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Kim Ward	Transaction ID: SB29.11272 Date of Disbursement
	Mailing Address PO Box 203	<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Greensburg State PA Zip Code 15601	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Kim Ward	Transaction ID: SB29.11465 Date of Disbursement
	Mailing Address PO Box 203	<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Greensburg State PA Zip Code 15601	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of LeAnna M. Washington	Transaction ID: SB29.11307 Date of Disbursement
	Mailing Address PO Box 27013	<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Philadelphia State PA Zip Code 19118	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Marguerite Quinn	Transaction ID: SB29.11414 Date of Disbursement
	Mailing Address PO Box 58	<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Doylestown State PA Zip Code 18901	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="200.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Mario Civera</p> <p>Mailing Address PO Box 682</p> <p>City Drexel Hill State PA Zip Code 19026</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11493</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Mark Keller</p> <p>Mailing Address 6441 Waggoners Gap Road</p> <p>City Landisburg State PA Zip Code 17040</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11295</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Mark Longietti</p> <p>Mailing Address 542 Shenango Blvd</p> <p>City Farrell State PA Zip Code 16121</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11468</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="125.00"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Martin Causer	Transaction ID: SB29.11436 Date of Disbursement
	Mailing Address PO Box 124	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Bradford State PA Zip Code 16701	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="125.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Matt Smith	Transaction ID: SB29.11344 Date of Disbursement
	Mailing Address PO Box 13445	<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Pittsburgh State PA Zip Code 15243	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Matt Smith	Transaction ID: SB29.11363 Date of Disbursement
	Mailing Address PO Box 13445	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Pittsburgh State PA Zip Code 15243	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="675.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Matt Smith	Transaction ID: SB29.11456 Date of Disbursement
	Mailing Address PO Box 13445	<input type="text" value="05"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Pittsburgh State PA Zip Code 15243	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Mike Brubaker	Transaction ID: SB29.11455 Date of Disbursement
	Mailing Address 1002 Lititz Pike Box 222	<input type="text" value="05"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Lititz State PA Zip Code 17543	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="75.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Mike Carroll	Transaction ID: SB29.11400 Date of Disbursement
	Mailing Address 33 Old Boston Road	<input type="text" value="04"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Pittston State PA Zip Code 18640	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="100.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="425.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Mike Fleck	Transaction ID: SB29.11399 Date of Disbursement
	Mailing Address PO Box 404	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Three Springs State PA Zip Code 17264	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="100.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Friends of Mike Gerber	Transaction ID: SB29.11292 Date of Disbursement
	Mailing Address PO Box 208	<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City Ambler State PA Zip Code 19002	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Friends of Mike O'Pake	Transaction ID: SB29.11439 Date of Disbursement
	Mailing Address PO Box 12264	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Reading State PA Zip Code 19612	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="850.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Mike Peifer</p> <p>Mailing Address PO Box 1010</p> <p>City Greentown State PA Zip Code 18426</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11341</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Mike Reese</p> <p>Mailing Address 1222 Village Road</p> <p>City Mount Pleasant State PA Zip Code 15666</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11380</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="125.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Mike Turzai</p> <p>Mailing Address PO Box 721</p> <p>City Wexford State PA Zip Code 15090</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11326</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="875.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends of Neal P. Goodman <hr/> Mailing Address PO Box 5 <hr/> City Mahanoy City State PA Zip Code 17948 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.11471 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9	Amount of Each Disbursement this Period 65.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Friends of Nick Micozzie <hr/> Mailing Address PO Box 234 <hr/> City Clifton Heights State PA Zip Code 19018 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.11411 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 9	Amount of Each Disbursement this Period 500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends of Paul Drucker <hr/> Mailing Address 1435 Anthony Wayne Drive <hr/> City Wayne State PA Zip Code 19087 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.11449 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 9	Amount of Each Disbursement this Period 125.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	690.00
<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 101 / 123

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Rich Alloway	Transaction ID: SB29.11270 Date of Disbursement
	Mailing Address PO Box 351	<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Chambersburg State PA Zip Code 17201	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Rob Wonderling for State Senate	Transaction ID: SB29.11255 Date of Disbursement
	Mailing Address 575 Paterno Drive	<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Harleysville State PA Zip Code 19438	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Scott Petri	Transaction ID: SB29.11269 Date of Disbursement
	Mailing Address PO Box 161	<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Richboro State PA Zip Code 18954	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="150.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1150.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Sheryl Delozier <hr/> Mailing Address PO Box 6688 <hr/> City New Cumberland State PA Zip Code 17070 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11318 Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2009 <hr/> Amount of Each Disbursement this Period 250.00
B.	Full Name (Last, First, Middle Initial) Friends of Sheryl Delozier <hr/> Mailing Address PO Box 6688 <hr/> City New Cumberland State PA Zip Code 17070 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11520 Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2009 <hr/> Amount of Each Disbursement this Period 100.00
C.	Full Name (Last, First, Middle Initial) Friends of Ted Erickson <hr/> Mailing Address PO Box 564 <hr/> City Drexel Hill State PA Zip Code 19026 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11254 Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2009 <hr/> Amount of Each Disbursement this Period 500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>850.00</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 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Ted Erickson <hr/> Mailing Address PO Box 564 <hr/> City Drexel Hill State PA Zip Code 19026 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11443 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 150.00
B.	Full Name (Last, First, Middle Initial) Friends of Tim Hennessey <hr/> Mailing Address 1178 Foxview Road <hr/> City Pottstown State PA Zip Code 19465 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11356 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 350.00
C.	Full Name (Last, First, Middle Initial) Friends of Tim Krieger <hr/> Mailing Address 26 East Pittsburgh Street <hr/> City Delmont State PA Zip Code 15626 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11331 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 125.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	625.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Tim Krieger <hr/> Mailing Address 26 East Pittsburgh Street <hr/> City Delmont State PA Zip Code 15626 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11501 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 100.00
B.	Full Name (Last, First, Middle Initial) Friends of Tim Mahoney <hr/> Mailing Address PO Box 1592 <hr/> City Uniontown State PA Zip Code 15401 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11333 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 300.00
C.	Full Name (Last, First, Middle Initial) Friends of Tim Seip <hr/> Mailing Address 1432 Mountain Road <hr/> City Pine Grove State PA Zip Code 17963 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11300 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 125.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	525.00
<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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Tim Seip <hr/> Mailing Address 1432 Mountain Road <hr/> City Pine Grove State PA Zip Code 17963 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11484 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 125.00
B.	Full Name (Last, First, Middle Initial) Friends of Tom Houghton <hr/> Mailing Address 113 E Evergreen Street <hr/> City West Grove State PA Zip Code 19390 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11521 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 250.00
C.	Full Name (Last, First, Middle Initial) Friends of Tom Murt <hr/> Mailing Address 3728 Meyer Lane <hr/> City Hatboro State PA Zip Code 19040 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11416 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 125.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	500.00
<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 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of W. Curtis Thomas	Transaction ID: SB29.11432 Date of Disbursement
	Mailing Address PO Box 16536	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Philadelphia State PA Zip Code 19122	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="125.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends to Elect Mike McGeehan	Transaction ID: SB29.11498 Date of Disbursement
	Mailing Address 4401 Cottman Avenue	<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Philadelphia State PA Zip Code 19135	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Geist for Assembly	Transaction ID: SB29.11394 Date of Disbursement
	Mailing Address PO Box 1243	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Altoona State PA Zip Code 16603	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="875.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gingrich for State House</p> <p>Mailing Address 7 Sandalwood Drive</p> <p>City Palmyra State PA Zip Code 17078</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11433</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Harrisburg Regional Chamber PAC</p> <p>Mailing Address 3211 North Front Street Suite 201</p> <p>City Harrisburg State PA Zip Code 17110</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11294</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) House Democratic Campaign Committee</p> <p>Mailing Address PO Box 555 Federal Square Station</p> <p>City Harrisburg State PA Zip Code 17108</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11248</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1750.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) House Democratic Campaign Committee	Transaction ID: SB29.11412 Date of Disbursement
	Mailing Address PO Box 555 Federal Square Station	<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Harrisburg State PA Zip Code 17108	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) House Republican Campaign Committee	Transaction ID: SB29.11274 Date of Disbursement
	Mailing Address PO Box 11787	<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Harrisburg State PA Zip Code 17108	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) House Republican Campaign Committee	Transaction ID: SB29.11385 Date of Disbursement
	Mailing Address PO Box 11787	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Harrisburg State PA Zip Code 17108	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) House Republican Campaign Committee  Mailing Address PO Box 11787  City Harrisburg State PA Zip Code 17108  Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11472 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9	Amount of Each Disbursement this Period 700.00
B.	Full Name (Last, First, Middle Initial) Jane Clare Orie for Senate Committee  Mailing Address 1471 Montgomery Road  City Allison Park State PA Zip Code 15101  Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11260 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 9	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Jane Clare Orie for Senate Committee  Mailing Address 1471 Montgomery Road  City Allison Park State PA Zip Code 15101  Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11376 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2200.00
<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 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Jane Clare Orie for Senate Committee</p> <p>Mailing Address 1471 Montgomery Road</p> <p>City Allison Park State PA Zip Code 15101</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11378</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Jane Clare Orie for Senate Committee</p> <p>Mailing Address 1471 Montgomery Road</p> <p>City Allison Park State PA Zip Code 15101</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11391</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Jane Clare Orie for Senate Committee</p> <p>Mailing Address 1471 Montgomery Road</p> <p>City Allison Park State PA Zip Code 15101</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11407</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="3000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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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	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jane Clare Orie for Senate Committee</p> <p>Mailing Address 1471 Montgomery Road</p> <p>City Allison Park State PA Zip Code 15101</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11419</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jay Costa for State Senate</p> <p>Mailing Address 314 Newport Road</p> <p>City Pittsburgh State PA Zip Code 15221</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11323</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Joan Orie Melvin for Supreme Court</p> <p>Mailing Address 750 Stonegate Drive</p> <p>City Wexford State PA Zip Code 15090</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11395</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="600.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2100.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 112 / 123

<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	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Judge Judy Olson for Superior Court	Transaction ID: SB29.11420 Date of Disbursement
	Mailing Address Fifth Avenue Place Suite 2700	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Pittsburgh State PA Zip Code 15222	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kathy Manderino for State Representative	Transaction ID: SB29.11299 Date of Disbursement
	Mailing Address PO Box 26048	<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City Philadelphia State PA Zip Code 19128	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="275.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Killion Victory Committee	Transaction ID: SB29.11276 Date of Disbursement
	Mailing Address 115 West State Street	<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Media State PA Zip Code 19063	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="825.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kotik for Representative</p> <p>Mailing Address 104 Scottsdale Drive</p> <p>City Pittsburgh State PA Zip Code 15202</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11509</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Levdansky for Legislature</p> <p>Mailing Address 5118 Dorris Drive</p> <p>City Elizabeth State PA Zip Code 15037</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11435</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Logan for Senate</p> <p>Mailing Address PO Box 935</p> <p>City Monroeville State PA Zip Code 18031</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11266</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="350.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Markosek for State Legislature Committee</p> <p>Mailing Address 207 Glenwood Drive</p> <p>City Monroeville State PA Zip Code 15146</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11334</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mary Jo White for PA Senate</p> <p>Mailing Address 1514 Liberty</p> <p>City Franklin State PA Zip Code 16323</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11426</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mike Folmer for State Senate</p> <p>Mailing Address PO Box 804</p> <p>City Jonestown State PA Zip Code 17038</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11329</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="350.00"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Mike Sturla for State Representative	Transaction ID: SB29.11284 Date of Disbursement
	Mailing Address PO Box 206	<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City Lancaster State PA Zip Code 17608	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="750.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mike Sturla for State Representative	Transaction ID: SB29.11512 Date of Disbursement
	Mailing Address PO Box 206	<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Lancaster State PA Zip Code 17608	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Musto for Senate Committee	Transaction ID: SB29.11429 Date of Disbursement
	Mailing Address PO Box 271	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Pittston State PA Zip Code 18640	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="300.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1550.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) PA House Democratic Campaign Committee	Transaction ID: SB29.11526 Date of Disbursement
	Mailing Address PO Box 555 Federal Square Station	<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Harrisburg State PA Zip Code 17108	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="1250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paul Costa for State Representative	Transaction ID: SB29.11434 Date of Disbursement
	Mailing Address 526 Lucia Drive	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Pittsburgh State PA Zip Code 15221	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PEG PAC	Transaction ID: SB29.11250 Date of Disbursement
	Mailing Address 116 Pine Street Suite 201	<input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City Harrisburg State PA Zip Code 17101	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) PEG PAC  Mailing Address 116 Pine Street Suite 201  City Harrisburg State PA Zip Code 17101  Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11373 Date of Disbursement 03 / 26 / 2009  Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) People for Deberah Kula  Mailing Address 71 North Mount Vernon Avenue  City Uniontown State PA Zip Code 15401  Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11365 Date of Disbursement 03 / 26 / 2009  Amount of Each Disbursement this Period 125.00
C.	Full Name (Last, First, Middle Initial) People for Matt Baker  Mailing Address PO Box 602  City Wellsboro State PA Zip Code 16901  Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11374 Date of Disbursement 03 / 26 / 2009  Amount of Each Disbursement this Period 500.00

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

3125.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Rafferty for Senate	Transaction ID: SB29.11483 Date of Disbursement
	Mailing Address PO Box 436	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Worcester State PA Zip Code 19490	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Readshaw for Legislator	Transaction ID: SB29.11463 Date of Disbursement
	Mailing Address 2279 Almont Street	<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Pittsburgh State PA Zip Code 15210	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="350.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Richard A. Kasunic Campaign Committee	Transaction ID: SB29.11480 Date of Disbursement
	Mailing Address 3216 Second Street	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Dunbar State PA Zip Code 15431	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Robbins for Senate Committee	Transaction ID: SB29.11324 Date of Disbursement
	Mailing Address 353 Greenville Road	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Greenville State PA Zip Code 16125	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Robbins for Senate Committee	Transaction ID: SB29.11442 Date of Disbursement
	Mailing Address 353 Greenville Road	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Greenville State PA Zip Code 16125	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="150.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Senate Republican Campaign Committee	Transaction ID: SB29.11478 Date of Disbursement
	Mailing Address PO Box 792	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Harrisburg State PA Zip Code 17108	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1400.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Smucker for Senate	Transaction ID: SB29.11366 Date of Disbursement
	Mailing Address 230 Deerfield Drive	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Lancaster State PA Zip Code 17602	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Smucker for Senate	Transaction ID: SB29.11514 Date of Disbursement
	Mailing Address 230 Deerfield Drive	<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Lancaster State PA Zip Code 17602	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Stern for Assembly	Transaction ID: SB29.11298 Date of Disbursement
	Mailing Address PO Box 312	<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City Hollidaysburg State PA Zip Code 16648	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Steve Santarsiero for State Representative</p> <p>Mailing Address 16 South Main Street</p> <p>City Yardley State PA Zip Code 19067</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11245</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sue Helm for State House</p> <p>Mailing Address 3537 Athena Avenue</p> <p>City Harrisburg State PA Zip Code 17110</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11313</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="125.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tom Corbett for Governor</p> <p>Mailing Address PO Box 1145</p> <p>City Harrisburg State PA Zip Code 17108</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.11466</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1375.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Tom Corbett for Governor  Mailing Address PO Box 1145  City Harrisburg State PA Zip Code 17108  Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11490 Date of Disbursement 06 / 05 / 2009  Amount of Each Disbursement this Period 1000.00  Category/Type
B.	Full Name (Last, First, Middle Initial) Tomlinson for State Senate  Mailing Address 2411 Elfreths Alley  City Bensalem State PA Zip Code 19020  Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11315 Date of Disbursement 03 / 03 / 2009  Amount of Each Disbursement this Period 500.00  Category/Type
C.	Full Name (Last, First, Middle Initial) Volunteers for Argall  Mailing Address PO Box 241  City Tamaqua State PA Zip Code 18252  Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.11259 Date of Disbursement 01 / 20 / 2009  Amount of Each Disbursement this Period 500.00  Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<b>A.</b>	Full Name (Last, First, Middle Initial) Volunteers for Argall  Mailing Address PO Box 241  City Tamaqua State PA Zip Code 18252  Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.11457 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9	Amount of Each Disbursement this Period  200.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Walko Campaign Committee  Mailing Address 3025 Mount Allister Road  City Pittsburgh State PA Zip Code 15214  Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.11308 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period  250.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Williams for Senate  Mailing Address PO Box 6313  City Philadelphia State PA Zip Code 19139  Purpose of Disbursement non-federal contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.11279 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 9	Amount of Each Disbursement this Period  100.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>83701.00</b>