# FIGHER OF THE PROPERTY OF WAR WEST

FEC FORM 3X

Use

Only

### REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2018 OCT 10 AM 7: 43

Rev. 05/2016

Office Use Only

1.	NAME C	OF TEE (in full)	TYPE OR	PRINT ▼		mple: If typ r the lines.	ping, type	12FI	E4M5		
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L	thai	previously orted. (ACC)	[ QMAI	<u> IA</u>	1 1 1 1	<u> </u>		NE	6818	<u>a</u> _ ]-	- 0001
2.	FEC ID	ENTIFICATION N	IUMBER <b>T</b>	, 	CITY A			STATE 4	<u> </u>	ZIP CO	DE <b>A</b>
	C o	0,2,7,6,3	1 1	3	. IS THIS REPORT	×	NEW (N) OR		AMENDEI (A)	)	
4.	TYPE (Choose	OF REPORT	(b) Mo	onthly D	Feb 20 (M2)		May 20 (M5	·) []	Aug 20 (M8)	· []	Nov 20 (M11) (Non-Election
	·	arterly Reports:		e On:	Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)	· <b>D</b>	Year Only) Dec 20 (M12) (Non-Election
	(a) Qua			П	Apr 20 (M4)	П	Jul 20 (M7)	П	Oct 20 (M10	» <b>П</b>	Year Only) Jan 31 (YE)
		April 15 Quarterly Report	(Q1)   — (c)	12-Day	П	Primary (1	2P)	Ge	eneral (12G)	П	Runoff (12R)
		July 15 Quarterly Report	(Q2)	PRE-Election Report for the	P-102	Convention	n (12C)	□ □ so	ecial (12S)		
	$\times$	October 15 Quarterly Report	(Q3)					b=3			
		January 31 Year-End Report	(YE)	El	ection on		/ [0-1-0-] /	7,77		in the State of	of
		July 31 Mid-Year Report (Non-elect Year Only) (MY)	ion (d)	30-Day POST-Election		General (3	30G)	Ru	unoff (30R)		Special (30S)
	0	Termination Repo (TER)	rt	•	ection on	MZM	/ 0 0 /	7070	<del>~~</del>	in the State o	of C
5.	Coverin	g Period 0	7 / O	1 / Y Y 1 2 0	1 8	through	M 0 9	9 / 3	0 / 2 0	1 8	
I c	ertify that	I have examined	this Report	and to the bes	t of my kno	wledge an	d belief it is	true, corre	ect and comp	lete.	
Тур	e or Prin	t Name of Treasu	rer David	Anderson	<u></u>						
Sig	nature of	Treasurer	Tan	if my	Chil	en		Date	701 C	25	20/8
NO	TE: Subm	ission of false, erro	oneous, or in	complete inform	nation may s	ubject the p	person signing	this Repo	ort to the pena	ulties of 52	2 U.S.C. § 30109
	O	ffice							FE	C FO	RM 3X

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#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBORGENIENTS	Page 2
Write o	r Type Committee Name		
B	LUE CROSS BLUE SHIELD OF	F NE PAC (BLUEPAC)	
Report	Covering the Period: From:	0 7 0 1 2 0 1 8 To:	0 9 / 3 0 / 2 0 1 8
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a)	Cash on Hand January 1,  2 0 1 8		50,454.33
` '	Cash on Hand at Beginning of Reporting Period	42,052.70	
(c)	Total Receipts (from Line 19)	5,358.93	19,126.21
	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47,411,63	69,580,54
7. Tota	l Disbursements (from Line 31)	45.43	22,214.34
Rep	h on Hand at Close of orting Period tract Line 7 from Line 6(d))	, 47,366.20	47,366,20
the	ts and Obligations Owed <b>TO</b> Committee (Itemize all on edule C and/or Schedule D)	0.00	
the	cts and Obligations Owed <b>BY</b> Committee (Itemize all on edule C and/or Schedule D)	0.00	
	This committee has qualified as a mu	lticandidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 1050 First Street, N.E. Washington, DC 20463	

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

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#### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC) Report Covering the Period: From: To: **COLUMN A COLUMN B** 1. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 15,345.92 (i) Itemized (use Schedule A)..... 186.18 (ii) Uniternized ..... (iii) TOTAL (add 19,126.21 Lines 11(a)(i) and (ii).....▶ (b) Political Party Committees ..... (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received ...... 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)..... (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 5,358.93 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ....... 5,358.93 19,126.21

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. 1	Operating Expenditures: - (a) Allocated Federal/Non-Federal		
1	Activity (from Schedule H4)		
	(i) Federal Share		1 4 4 1 1 4 4 5 1 1 4 5 1 1 4 5 1 1 4 5 1 1 1 4 5 1 1 1 4 5 1 1 1 4 5 1 1 1 1
	(ii) Non-Federal Share		
	(b) Other Federal Operating	45.42	214.24
	Expenditures	45.43	214.34
	(c) Total Operating Expenditures	45.42	214.34
2	(add 21(a)(i), (a)(ii), and (b))▶  Transfers to Affiliated/Other Party	45.43	
	Committees		8,500.00
3.	Contributions to Federal Candidates/Committees		
	and Other Political Committees		13,500,00
	Independent Expenditures		
5	(use Schedule E)		
	(52 U.S.C. § 30116(d))		
	(use Schedule F)		
3	Loan Repayments Made		
<b>J</b> .	Loan repayments wade		
7.	Loans Made		
3.	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)	_ a_	N 4-673 A 4-673 A 4-673 A
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
9.	Other Disbursements (Including		
	Non-Federal Donations)		
^	Fodoral Floation Activity (52 LLS C. & 20101/2)	011	
J.	Federal Election Activity (52 U.S.C. § 30101(24)  (a) Allocated Federal Election Activity	<i>&gt;11</i>	
	(from Schedule H6)		
	(i) Federal Share		
	,,		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid		
	Entirely With Federal Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	45.43	22,214.34
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	45.40	00.044.04
	,	45.43	<b>₽</b> 22.214.34

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	5,358.93	19,126,21
34.	Total Contribution Refunds (from Line 28(d))		A A 412 A A 412 A A 422 A
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	- A - C - C - A - C -	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	45.43	214.34
37.	Offsets to Operating Expenditures (from Line 15, page 3)		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	45.43	214.34

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90	HEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE   OF				
	•		Use separate schedule(s)	FOR LINE NUMBER: PAGE OF (check only one)				
116	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 12				
			Detailed Summary Fage	13 14 15 16 17				
	y information copied from such Reports and Sta for commercial purposes, other than using the r			person for the purpose of soliciting contributions e to solicit contributions from such committee.				
$\setminus$	NAME OF COMMITTEE (In Full)							
$ \rangle$		UE DAO	(DLUEDAO)					
_	BLUE CROSS BLUE SHIELD OF N		<u> </u>					
A.	Full Name of Individual (Last, First, Middle Initia Mackel, Dale	al) or Full C	Organization Name	Date of Receipt				
	Mailing Address			69/30/2018				
	12618 S. 81st Ave  City	State	Zip Code					
	Papillion	NE	68046	Amount of Foot Possint this Posint				
		145	00040	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.			<u> </u>				
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
	BCBS of NE	EV	P Finance and Admin	RINGEL				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	م م		<b>a</b>				
	Other (specify) ▼		2.8.4.2.4.	5				
_								
В.	Full Name of Individual (Last, First, Middle Initia Courtney, Susan	ai) or Full C	organization Name	Date of Receipt				
ъ.	Mailing Address	Date of Receipt						
	1711 N 171 St.			00/30/2018				
	City	State	Zip Code					
	Omaha	NE	68118	Amount of Each Receipt this Period				
	FEC ID number of contributing		0 0 0 0 0					
	federal political committee.			<u> </u>				
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item				
	BCBS of NE		/P Operations					
	Receipt For:		Year-to-Date ▼					
	Primary General	7.55.05.00		<b>-</b> 3				
	Other (specify) ▼	سلا	L8428.FALLLA	<u>.</u> ]				
_								
^	Full Name of Individual (Last, First, Middle Initi	al) or Full (	Organization Name	Data of Bookins				
C.	Kolli, Rama			Date of Receipt				
	Mailing Address			[ [ [ ]   ]   [ ]				
		State	Zip Code					
	Elkhorn	NE	68022	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	$\Box$		<u> </u>				
	Name of Frederic (for Individual)			Memo Item				
	Name of Employer (for Individual)		cupation (for Individual)	LI MOTTO REIT				
	BCBS of NE Receipt For:		ef Information Officer	—				
	Primary General	Aygregate	e Year-to-Date ▼	<b>-</b>				
	Other (specify)		2.2.0.0.0.1	<u>.  </u>				
			<u> </u>	F-2				
Γ								
8	SUBTOTAL of Receipts This Page (optional)			·				

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page  FOR LINE NUMBER: PAGE (check only one)  11a 11b 11c 11c 11s					
Ar	for commercial purposes, other than using the	atements m	ay not be sold or used by any paddress of any political committe	erson for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)  BLUE CROSS BLUE SHIELD OF	NE PAC	(BLUEPAC)					
Α.	Full Name of Individual (Last, First, Middle Initi Grandfield, Steve	ial) or Full C	Organization Name	Date of Receipt				
	Mailing Address 23307 Sunshine Ln		Tân a	09 BO 2011				
	Council Bluffs	State IA	Zip Code 51503	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C)		34033				
	Name of Employer (for Individual)  BCBS of NE		supation (for Individual) esident and CEO	Memo Item				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼	]				
В.	Full Name of Individual (Last, First, Middle Init Schaefer, Joann	ial) or Full (	Organization Name	Date of Receipt				
	Mailing Address 106 Abbey Landing City	State	Zip Code	09/33/2018				
	Valley FEC ID number of contributing	NE_	68046-9332	Amount of Each Receipt this Period				
	federal political committee.  Name of Employer (for Individual)	000	cupation (for Individual)	Memo Item				
	BCBS of NE Receipt For:		P Health Delivery Engagement  Year-to-Date ▼	_				
	Primary General  Other (specify) ▼		<u> </u>	ם				
c.	<del></del>	tial) or Full (	Organization Name	Date of Receipt				
	Mailing Address 12351 S 74th Street City	State	Zip Code	<u> </u>				
	Papillion	NE NE	68046	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.			1.6.5.00				
	Name of Employer (for Individual)  BCBS of NE Receipt For:	Dit	cupation (for Individual) r Group Sales	Memo Item				
	Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 	]				
	SUBTOTAL of Receipts This Page (optional)			, 7.3.1.9.4]				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(che	R LINE ok only	NUMBER: one)	11c	E 3
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NAME OF COMMITTEE (In Full)											
Full Name of Individual (Last, First, Middle  A. Alm, Dan  Mailing Address 5071 S. 175 St.  City Omaha  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  BCBS of NE  Receipt For:  Primary General Other (specify) ▼	State NE	Zip Code			] ′ 	Ea	3.G ach Re	ceipt th	nis F	Period	89
Full Name of Individual (Last, First, Middle  Richardson, Jennifer  Mailing Address  21501 Honesuckle Drive  City Elkhorn  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  BCBS of NE  Receipt For: Primary General Other (specify)	State NI	Zip Code 68022  cupation (for Individual) Compliance & Ethics Year-to-Date ▼			t of	E &	3,0	ceipt the	nis I	Period	§] 4.8]
Full Name of Individual (Last, First, Middle  C. Twohig, Gretchen  Mailing Address  18676 Oregon Circle  City  Elkhom  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  BCBS of NE  Receipt For:  Primary General  Other (specify)	State  C Occ	Organization Name  Zip Code NE 68022  Cupation (for Individual)  neral Counsel  Year-to-Date ▼			t of	I E	38	ceceipt t	his	Period	<u>5</u> ]
SUBTOTAL of Receipts This Page (optiona  TOTAL This Period (last page this line num	<u> </u>	<del></del>	<u> </u>						<u></u>	<u>.</u> 7_	88

OF

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

SCḤEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE U OF \(\) (check only one)  11a
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full)  BLUE CROSS BLUE SHIELD OF NE PAC (BLUE	nd address of any political committee	rson for the purpose of soliciting contributions
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  BCBS of NE		Date of Receipt  OP / BO / 2018  Amount of Each Receipt this Period  Memo Item
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  BCBS of NE		Date of Receipt    Oad   3.6   2.0.1.9
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  BCBS of NE		Date of Receipt  Amount of Each Receipt this Period  Memo Item
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number only)		321.49

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) **ITEMIZED RECEIPTS** for each category of the **7** 11a 11b 11c 12 **Detailed Summary Page** 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Anderson, Dave Date of Receipt Mailing Address 15406 Lakeside Plaza City State Zip Code NE Omaha 68137 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item BCBS of NE Chief Accounting Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name В. Dunning, Eric Date of Receipt Mailing Address 1625 N 53rd St. City State Zip Code ΝĒ 68104 Omaha Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) BCBS of NE **Dir Government Affairs** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) \(\nbeggreat{\psi}\) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Beerman, Jane Date of Receipt Mailing Address 8704 Douglas St City State Zip Code Omaha NE 68114 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) BCBS of NE **Dir Internal Communications** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A	(FEC	Form	3X)
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FOR LINE NUMBER: PAGE OF \ Use separate schedule(s) (check only one) for each category of the **X** 11a 11c 12 **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Konnath, Steve Date of Receipt Mailing Address 4118 North 158th Avenue City State Zip Code NE Omaha 68116 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item **BCBS of NE** Senior Director Actuarial Services Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Archuleta, Dan Date of Receipt Mailing Address 6745 Shadow Ridge Road City State Zip Code Lincoln NE 68512 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) BCBS of NE **VP Innovation** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Williams, Clint Date of Receipt Mailing Address 19522 Pearl Cir City State Zip Code Elkhorn NE 68022 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) BCBS of NE VP Risk Adjustment Receipt For: Aggregate Year-to-Date ▼ General Primary Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	<b>EIPTS</b>	•	

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NAME OF COMMITTEE (In Full)					
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Full Name of Individual (Last, First, Middle Init	tial) or Full C	Organization Name			
A. Beaton, Susan			Date o	f Receipt	
Mailing Address				] 1378] 1	7678
4309 Amos Gate Drive City	State	Zip Code			
Bellevue	NE	68123	Amoun	t of Each Receip	t this Period
FEC ID number of contributing	C	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		0.0.0	25.6.7.0
federal political committee.	ــــــــــــــــــــــــــــــــــــــ				
Name of Employer (for Individual)	1	upation (for Individual)	<b></b> M	emo Item	
BCBS of NE Receipt For:		/P Provider Services			
Primary General	Aggregate	Year-to-Date ▼			
Other (specify) ▼		251.70	<u> </u>		
	<u> </u>		<i>-</i>		
Full Name of Individual (Last, First, Middle Ini <b>B.</b> Gilsdorf, Thomas	itial) or Full (	Organization Name	Data a	f Dessint	
Mailing Address		_ <del></del>	Date 0	f Receipt	
5113 Bernadette Ave				(13.01)	2018
City	State	Zip Code		(1) Designation	
Bellevue	NE	68157	Amoun	t of Each Receip	ot this Period
FEC ID number of contributing federal political committee.	C :			1_9} 1_0	25297
Name of Employer (for Individual)		cupation (for Individual)	_	lemo Item	
BCBS of NE Receipt For:		r Medicare Advantage			
Primary General	Aggregate	Year-to-Date ▼	_		
Other (specify) ▼		F.ASZA	]		
Full Name of Individual (Last, First, Middle In	itial) or Full (	Organization Name	+		
C. Huether, Jeff			Date o	of Receipt	
Mailing Address			K &	7 777 /	161. V. V.
City	State	Zip Code	"O"	7 22	10101
Omaha	NE NE	68135	Amour	nt of Each Receip	ot this Period
FEC ID number of contributing federal political committee.	C]			· · · · · · · · · · · · · · · · · · ·	250.45
Name of Employer (for Individual)	Oc	cupation (for Individual)	<b>⊣</b> 🔲 ′	lemo Item	
BCBS of NE	Dir	of Pharmacy			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify)		7 50 110	1		
			<b>4</b>		
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TOTAL This Period (last page this line number	only)		· L	حاجية فيدا	

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name		
NAME OF COMMITTEE (in Full)		
BLUE CROSS BLUE SHIELD OF NE	PAC (BLUEPAC)	. )
Full Name of Individual (Last, First, Middle Initial) or I	·	T
A. Behrends, Julie		Date of Receipt
Mailing Address 5709 214th Street		09/30/2018
City Sta	te Zip Code 68304	
	3334	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		25.0.2.3
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
BCBS of NE Receipt For:	Mgr Medicare Advantage	_
Primary General Aggr	egate Year-to-Date ▼	
Other (specify) ▼		
Full Name of Individual (Last, First, Middle Initial) or B. Harden, Susan	Full Organization Name	Date of Receipt
Mailing Address		
11671 Truble Loup E  City Sta	te Zip Code	
	NE 68123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		23.9.53
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
BCBS of NE Receipt For:	Dir Health Network Operations	
Primary General Aggr	egate Year-to-Date ▼	
Other (specify) ▼	E319.53	
Full Name of Individual (Last, First, Middle Initial) or C. Toney, Pemell	Full Organization Name	Date of Receipt
Mailing Address 4601 Lake Forest Drive		
City Sta	ate Zip Code	
Papillion	NE 68133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		23.8.35
Name of Employer (for Individual)  BCBS of NE	Occupation (for Individual) Dir Talent Analytics	Memo Item
Receipt For: Aggr Primary General	egate Year-to-Date ▼	
Other (specify)	,,23.8.3.5	
SUBTOTAL of Receipts This Page (optional)	•	7.2.8.1.1
TOTAL This Period (last page this line number only)		

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	<b>EIPTS</b>	}	

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF // (check only one)
	y information copied from such Reports and State for commercial purposes, other than using the na			
$\rangle$	NAME OF COMMITTEE (In Full)  BLUE CROSS BLUE SHIELD	OF NE	PAC (BLUEPAC)	
Α.	Full Name of Individual (Last, First, Middle Initial) Duckett, Derong			Date of Receipt
	Mailing Address 16308 Rosewood Street			09/30/2018
	City Omaha	State NE	Zip Code 68136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	c)		235.9.7
	Name of Employer (for Individual) BCBS of NE		cupation (for Individual)	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼	]
В.	Full Name of Individual (Last, First, Middle Initial) Pruch, Joe	) or Full C	Organization Name	Date of Receipt
	Mailing Address  1227 N 185th Street  City	State	Zip Code	<u>09</u> / 30 / 2018
	Elkhorn	NE	68022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C .		233.4.3
	Name of Employer (for Individual) BCBS of NE		cupation (for Individual) enior Director Information Services	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼	]
С.	Full Name of Individual (Last, First, Middle Initial Ray, Cortney	) or Full (	Organization Name	Date of Receipt
	Mailing Address 2256 Vavrina Lane City	State	Zip Code	<u>64 '36 '26 18</u>
	Lincoln	NE	68512	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C)		,2,1639]
	Name of Employer (for Individual)  BCBS of NE		cupation (for Individual) gr Government Assoc Business	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼	
s	SUBTOTAL of Receipts This Page (optional)			(85.79)
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	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions
$\setminus$	NAME OF COMMITTEE (In Full)			
$\angle$	BLUE CROSS BLUE SHIELD OF N	E PAC (E	BLUE PAC)	
	Full Name of Individual (Last, First, Middle Initia Amold, Kim	al) or Full O	rganization Name	Date of Receipt
	Mailing Address			<b>–</b>
	10482 S. 179th Street  City	State	Zip Code	OU BO ZOIR
	Omaha	NE	68136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	CI.		209.41
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	BCBS of NE		nternal Communications	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1.H-1.P.O.G.	]
В.	Full Name of Individual (Last, First, Middle Initia Utoft, Bradley	al) or Fuli C	Organization Name	Date of Receipt
	Mailing Address 17139 "S" Street			04/36/2018
	City Omaha	State NE	Zip Code 68135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.9.00
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	BCBS of NE	Sr S	Sales Executive Large Group	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	es l
	Other (specify) ▼		<u>0.0000</u>	
<del>-</del>	Full Name of Individual (Last, First, Middle Initi- McGill, TIm	al) or Full C	Organization Name	Date of Receipt
٠.	Mailing Address		<del></del>	المتعممينية / العثمية المتعملية
	1721 N 127th Street	Ctata	Zin Code	<u> 09 BO E018</u>
	Omaha Omaha	State NE	Zip Code 68154	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20,625
	Name of Employer (for Individual) BCBS of NE	1	cupation (for Individual) ief Sales and Marketing Officer	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 20625	]
[	SUBTOTAL of Receipts This Page (optional)			624.00
<b> </b>	TOTAL This Period (last page this line number o	only)		

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NAME OF COMMITTEE (IN FUII)  BLUE CRASS BLUE SHIE		
Full Name of Individual (Last, First, Middle Initial) or Full A. Black, Lunder	Organization Name	Date of Receipt
Hailing Address Trendwood Dr.		M = M / D = D / V = Y = Y = Y
City State NE	Zip Code SO6	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		0.0.0
Name of Employer (for Individual)  BCBS of NE	cupation (for Individual)	Memo Item
Doggint For:	e Year-to-Date ▼	- - -
Full Name of Individual (Last, First, Middle Initial) or Full <b>B.</b>	Organization Name	Date of Receipt
Mailing Address		
City	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
Name of Employer (for Individual)	ecupation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	e Year-to-Date ▼	
Full Name of Individual (Last, First, Middle Initial) or Full C.	Organization Name	Date of Receipt
Mailing Address		
City	Zip Code	Amount of Each Receipt this Period
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