REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION MAIL ROOM

Dec 3 3 25 PM '98

1. NAME OF COMMITTEE (in full)
BluePac, The Blue Cross and Blue Shield Association Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1310 G Street, N.W.

CITY, STATE and ZIP CODE
Washington, DC 20001-0001

2. FEC IDENTIFICATION NUMBER
C00194746

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

4. TYPE OF REPORT

a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:

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

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

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

b) Is this Report an Amendment? [X] YES ☐ NO

SUMMARY 5. Covering Period 10/1/98 through 10/14/98	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1998		$ 59,591.94
(b) Cash on Hand at Beginning of Reporting Period	$ 12,820.10	
(c) Total Receipts (from Line 19)	$ 10,000.82	$ 194,041.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 22,820.92	$ 253,633.57
7. Total Disbursements (from Line 30)	$ 12,304.03	$ 243,116.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 10,516.89	$ 10,516.89
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

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

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

Type or Print Name of Treasurer
Brenda Larsen Becker

Signature of Treasurer: Brenda Larsen Becker

Date 10/3/98

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

FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE
BluePac, The Blue Cross and Blue Shield Association Political Action Committee

REPORT COVERING PERIOD
FROM: 10/1/98 TO: 10/14/98

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	$1,902.98	$32,541.75
ii. Unitemized	$3,057.84	$69,572.74
iii. Total (add i and ii) »	$4,960.82	$102,114.49
b. Political Party Committees	$0.00	$0.00
c. Other Political Committees (such as PACs)	$0.00	$0.00
d. Total Contributions (add a iii, b and c) »	$4,960.82	$102,114.49
12. Transfers From Affiliated/Other Party Committees	$3,040.00	$88,629.00
13. All Loans Received	$0.00	$0.00
14. Loan Repayments Received	$0.00	$0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	$0.00	$0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	$2,000.00	$3,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	$0.00	$298.14
18. Transfers from Nonfederal Account for Joint Activity	$0.00	$0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) »	$10,000.82	$194,041.63
20. Total Federal Receipts (subtract line 18 from line 19) »	$10,000.82	$194,041.63
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	$0.00	$0.00
ii. Non-Federal Share	$0.00	$0.00
b. Other Federal Operating Expenditures	$0.00	$128.65
c. Total Operating Expenditures (add a i, a ii, and b) »	$0.00	$128.65
22. Transfers to Affiliated/Other Party Committees	$0.00	$0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	$11,304.03	$239,988.03
24. Independent Expenditures (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 a, b and c) »	$0.00	$0.00
29. Other Disbursements	$1,000.00	$3,000.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) »	$12,304.03	$243,116.68
31. Total Federal Disbursements (subtract line 21 a ii from line 30) »	$12,304.03	$243,116.68
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	$4,960.82	$102,114.49
33. Total Contribution Refunds (from line 28d)	$0.00	$0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	$4,960.82	$102,114.49
35. Total Federal Operating Expenditures (add 21 a i and 21 b) »	$0.00	$128.65
36. Offsets to Operating Expenditures (from line 15)	$0.00	$0.00
37. Net Operating Expenditures (subtract line 36 from 35) »	$0.00	$128.65

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 6

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (Itemized)

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

NAME OF COMMITTEE (in Full)
BluePac, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Christopher Aasland **13645 Garrett Avenue** **Apple Valley, MN 55124** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: **Health Insurer** Aggregate Year-to-Date: $ 300.00	10/6/98 10/7/98	$15.00 $15.00
Mark W Banks **4634 Edgebrook Place** **Edina, MN 55424** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: **Health Insurance** Aggregate Year-to-Date: $ 541.00	10/6/98 10/7/98	$27.08 $27.08
Brenda L. Becker **2703 Fleming Street** **Alexandria, VA 22306** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: **Health Insurer** Aggregate Year-to-Date: $ 475.00	10/14/98	$25.00
Norman Becker **2716 Huber Heights Drive** **Las Vegas, NV 89128** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: **Health Insurance** Aggregate Year-to-Date: $ 210.00	10/7/98	$20.00
Judith Bertling **207 Winston Drive** **Bolingbrook, IL 60439** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: **Health Insurance** Aggregate Year-to-Date: $ 210.00	10/14/98	$12.00
Harry Cain **9317 Mercy Hollow Lane** **Potomac, MD 20854** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: **Health Insurance** Aggregate Year-to-Date: $ 285.00	10/14/98	$15.00
Taylor L Cook **109 President Circle** **Summerville, SC 29489** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **BCBSSC** Occupation: **Health Insurer** Aggregate Year-to-Date: $ 271.78	10/14/98	$15.00

SUBTOTAL of Receipts This Page (optional)	$ 171.16
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (Itemized)

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NAME OF COMMITTEE (in Full)
BluePac, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Judith M Davis 1309 Wellington Drive Columbia, SC 29204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: BCBS SC Occupation: Health Insurance Aggregate Year-to-Date: $ 232.19	10/14/98	$12.23
Joseph Fleming 2159 Alpine Drive Helena, MT 59601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: BCBSMontana Occupation: Health Insurer Aggregate Year-to-Date: $ 300.00	10/7/98	$20.00
Karen Foster 26 Sheffield Lewiston, ME 04240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Health Insurance Aggregate Year-to-Date: $ 215.00	10/14/98	$20.00
Joan M Gardner 811 South Columbus Street Alexandria, VA 22314 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Health Insurer Aggregate Year-to-Date: $ 380.00	10/14/98	$20.00
Ellen J. Gaucher 5754 Gallery Court West Des Moinese, IA 50266 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: BCBS Iowa Occupation: Health Insurer Aggregate Year-to-Date: $ 278.25	10/6/98 10/7/98	$13.25 $13.25
Deborah B Glass 1124 Orchard Place Mendota Heights, MN 55118 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Health Insurer Aggregate Year-to-Date: $ 300.00	10/6/98 10/7/98	$15.00 $15.00
Andrew Greene 7 Park Circle Cape Elizabeth, ME 04107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Health Insurance Aggregate Year-to-Date: $ 344.00	10/14/98	$32.00

SUBTOTAL of Receipts This Page (optional)	$ 160.73
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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NAME OF COMMITTEE (in Full)
BluePac, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Vicky B Gregg 500 West Brow Road Lookout Mountain, TN 37350 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Health Insurance Aggregate Year-to-Date $ 750.00	10/14/98	$75.00
Janet Griffin 636 Grand Avenue Des Moines, IA 50309 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Health Insurance Aggregate Year-to-Date $ 210.00	10/6/98 10/7/98	$10.00 $10.00
Doug Guerdat 5004 King Solomon Drive Annandale, VA 22003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: BCBSA Occupation: Health Insurer Aggregate Year-to-Date $ 300.00	10/14/98	$20.00
Michael Hayes 1867 Stonegate Court Baton Rouge, LA 70815 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: BCBSLouisiana Occupation: Health Insurer Aggregate Year-to-Date $ 300.00	10/14/98	$30.00
Charles L Higgins 849 Marina Way Prosperity, SC 29127 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: BCBS SC Occupation: Health Insurance Aggregate Year-to-Date $ 203.00	10/14/98	$11.00
David Jensen 3000 Goffs Falls Road Manchester, NH 03111-0001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Blue Cross Blue Shield of New Hampshire Occupation: President & CEO Aggregate Year-to-Date $ 500.00	10/14/98	$500.00
Edward Kane 54 Edgewood Road South Portland, ME 04106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Health Insurance Aggregate Year-to-Date $ 301.00	10/14/98	$28.00

SUBTOTAL of Receipts This Page (optional)	$ 684.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (Itemized)

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NAME OF COMMITTEE (in Full)
BluePac, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Kinser 6303 Hamilton Island Road Harrison, TN 37431 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Health Insurance Aggregate Year-to-Date: $ 1,550.00	10/14/98	$35.00
Roger Kleppe 2901 Mead Court Burnsville, MN 55337 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Health Insurer Aggregate Year-to-Date: $ 280.00	10/6/98 10/7/98	$14.00 $14.00
Mary Nell Lehnhard 4601 Rodman St., Nw Washington, DC 20016 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Health Insurance Aggregate Year-to-Date: $ 365.56	10/14/98	$19.24
Nancy Nelson 1781 Tamberwoods Trail Woodbury, MN 55125 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: BCBS Minnesota Occupation: Aggregate Year-to-Date: $ 360.00	10/6/98 10/7/98	$18.00 $18.00
Richard Niemisc 4239 Harriet South Minneapolis, MN 55409 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Health Insurer Aggregate Year-to-Date: $ 1,000.00	10/6/98 10/7/98	$50.00 $50.00
Curtis Oliver 101 Wilton Hill Road SC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: BCBS SC Occupation: Health Insurer Aggregate Year-to-Date: $ 239.45	10/14/98	$6.15
John N. Ounjian 1314 Marquette Avenue #3105 Minneapolis, MN 55403 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: BCBS MN Occupation: Health Insurer Aggregate Year-to-Date: $ 400.00	10/6/98 10/7/98	$20.00 $20.00

SUBTOTAL of Receipts This Page (optional)	$ 264.39
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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NAME OF COMMITTEE (in Full)
BluePac, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William A. Pierce 4400 East West Highway, Apartment 630 Bethesda, MD 20814 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: BCBSAssociation Occupation: Health Insurer Aggregate Year-to-Date: $ 310.00	10/7/98	$310.00
Mike H Reitz 4522 Chelsea Drive Baton Rouge, LA 70809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Health Insurer Aggregate Year-to-Date: $ 600.00	10/14/98	$60.00
Ronald L Rushton 106 West Butler Avenue Columbia, SC 29223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: BCBS SC Occupation: Health Insurance Aggregate Year-to-Date: $ 230.00	10/14/98	$20.00
Scott Serota 1510 Rosewood Avenue Deerfield, IL 60015 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: BCBSA Occupation: Health Insurance Aggregate Year-to-Date: $ 1,160.00	10/14/98	$80.00
Elizabeth Shorr 27 Bramblewood Drive Portland, ME 04103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Health Insurance Aggregate Year-to-Date: $ 243.00	10/14/98	$28.00
Alan Spielman 4994 Castle Moor Drive Columbia, MD 21044 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Health Insurance Aggregate Year-to-Date: $ 219.26	10/14/98	$11.54
Kathryn Sullivan 14314 Cottingham Court Baton Rouge, LA 70817 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Health Insurance Aggregate Year-to-Date: $ 400.00	10/14/98	$40.00

SUBTOTAL of Receipts This Page (optional)	$ 549.54
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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NAME OF COMMITTEE (in Full)
BluePac, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Bernard Talbert **533 Longtree Drive** **Wheeling, IL 60090** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: **Health Insurance** Aggregate Year-to-Date: $ 220.00	10/14/98	$12.00
James B Trimble **5818 Hillburne Way** **Chevy Chase, MD 20815** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: **Health Insurer** Aggregate Year-to-Date: $ 285.00	10/14/98	$15.00
Keith Vangeison **1 Roundabout Lane** **Cape Elizabeth, ME 04107** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: **Health Insurer** Aggregate Year-to-Date: $ 215.00	10/14/98	$20.00
Jack Yarbrough **2015 Queen Avenue South** **Minneapolis, MN 55405** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **BCBS Minnesota** Occupation: **Health Insurer** Aggregate Year-to-Date: $ 261.60	10/6/98 10/7/98	$13.08 $13.08

SUBTOTAL of Receipts This Page (optional)	$ 73.16
TOTAL This Period (last page this line number only)	$ 1,902.98

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 12

Transfers From Affiliated/Other Party Committees

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NAME OF COMMITTEE (in Full)
BluePac, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Blue Cross Blue Shield II Committee **233 North Michigan** **Chicago, IL 60601** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **BCBS Illinois** Occupation: Aggregate Year-to-Date: **$ 5,914.00**	**10/7/98**	**$540.00**
Full Name, Mailing Address and ZIP Code **BCBS MD Employees' PAC** **10455 Mill Run Circle** **Owings Mills, MD 21117** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **BCBS Maryland** Occupation: Aggregate Year-to-Date: **$ 4,000.00**	**10/7/98**	**$2,500.00**

SUBTOTAL of Receipts This Page (optional)	**$ 3,040.00**
TOTAL This Period (last page this line number only)	**$ 3,040.00**

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 16

Refunds of Contributions Made to Federal Candidates/Cmtes

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NAME OF COMMITTEE (in Full)
BluePac, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. D. Hastert c/o Honorable Dennis Hastert, 25 East Wilson, PO Box 625 Batavia, IL 60510		10/14/98	$1,000.00
	Occupation	10/14/98	$1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 0.00		

SUBTOTAL of Receipts This Page (optional)	$ 2,000.00
TOTAL This Period (last page this line number only)	$ 2,000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	Date of Receipt 12-3-98
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

SLH
PREPARER

12-3-98
DATE PREPARED

(4/98)