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August 8, 2012

Federal Election Committee 999 E. Street, NW Washington, DC 20463

To Whom It May Concern:

Per your correspondence of July 20, 2012, enclosed please find the Amended "Statement of Organization" of Massachusetts Blue PAC of Blue Cross Blue Shield of Massachusetts.

If you have any questions or concerns, please do not hesitate to contact me directly at 617-246-3359 or at massachusettsbluepac@yahoo.com

Thank you.

Very truly yours,

Deirdre Savage

Treasurer

Massachusetts Blue PAC FEC ID# C005233217

12050872252

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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- Office Use Only

1. NAME OF COMMITTEE (in full)		ck if name nanged)	Example: If typing, typover the lines.	De 12FE4M5	
Massachusei	ritis, 16	LUE P	AG OF BL	4E CROSS BLUE	
SHIELD OF	44,55,A	CHUSE	779		
ADDRESS (number and street)	401	PARK	DRIVE		
(Check if address is changed)	LAND	MARIC	CENTER		
	13.0.51 CITY				
COMMITTEE'S E-MAIL ADDRE	SS				
(Check if address is changed)	Ma 5 5	a chu se	Hs bluepa	a yahoo lon	
	Optional Se	cond E-Mail Ad	dress		
			<u> </u>		
COMMITTEE'S WEB PAGE AD	DRESS (URL)				
(Check if address is changed)					
3 ,	1				
2. DATE 08 0	r' ào	jà			
3. FEC IDENTIFICATION N	UMBER ▶	C 0	05 23217		
4. IS THIS STATEMENT	NEW (N	OR	AMENDED	(A)	
I certify that I have examined to	nis Statement	and to the best	t of my knowledge and be	elief it is true, correct and complete.	
Type or Print Name of Treasure	r De	rdre \	Savage		
Signature of Treasurer	Œ	W	3	Date 0 0 0 0 0 20 / à	
NOTE: Submission of false, erron	·		may subject the person signon SHOULD BE REPORT	gning this Statement to the penalties of 2 U.S.C. §437g. TED WITHIN 10 DAYS.	
Office Use Only			For further inform: Federal Election Co Toll Free 800-424-9 Local 202-694-1100	ommission 1530 (Revised 06/2012)	

		OMMITTEE Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
Name Cand			
Cand Party	lidate Affiliati	Office on Sought: House Senate President	State
(c)	• .	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	mittee:	
(d)	<u>.</u>		Democratic, Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected organization is
		Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Assectation	Cooperative
	`	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	: .	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or part
		In addition, this committee is a Lebbyisti/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
-			
.loin	t Fund	raising Representative:	
	t Fund	raising Representative: This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw	o or more political
Join (g)	t Func	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	·
	t Func	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw	·
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundralsing expenses and disburses net proceeds for two	•
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	•
(g)	Com	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. mittees Participating in Joint Fundraiser	•
(g)	Com	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. mittees Participating in Joint Fundraiser	•

Write or Type Committee Name

6.	Name of Any Connected C	Organization, Affiliated Committee, Joi	nt Fundralsing Representa	tive, or Leadership PAC Sponsor
R	44E1012095	BULLE ISHIELID I	OPI MOSSVACI	4USETTT\$
L				
	Mailing Address	1401 Rank DA 4	UE	
		LANDMARKI CE		
		BaST any 1111	111111	A 10.27 15-1
		CITY	STAT	
	Relationship: Connected	d Organization Affiliated Committee	Joint Fundraising Repre	sentative Leadership PAC Sponsor
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number	- optional) and position of t	the person in possession of committee
	Full Name DEI	2DRE SAVAGE		
	Mailing Address	140,1, PARK DRI		
	Walling Address	LANDMARK CEN		
		BOSTON		A 10,2,2,15 -
	Title or Position	СІТУ	STATE	
	SR DIRECTO	L	Telephone number	1617-1246-5000
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) o assistant treasurer).	f the treasurer of the comm	nittee; and the name and address of
	Full Name of Treasurer	ZDRE SANAGE		
	Mailing Address	401, PARK DR	WE	
		LANDMARK, CE	MTER	
		B ₁₀ 3,7,9,11 city	STATI	
	Title or Position SR DILECT	0,12	Telephone number	6/21-12,461-15,0001

FEC Form 1 (Revise	ed 02/2009)		Page 4
Full Name of Designated Agent MILC	KAEL KATZMAN	1 1 1 1 1	
Mailing Address	40,1, PARK DRIVE		
	LANDMARK CENTER		
	130,5,TO M	1 120	07217-1
•	CITY	STATE	ZIP CODE
Title or Position	OR Telephon	e number 💪	07_1-12461-1590P1
Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which the co intains funds.	mmittee deposits	funds, holds accounts, rents
Name of Bank, Depository,	etc.		
BAN	VK.OF. AMERICA	<u> </u>	
Mailing Address	1525 WASHINGTON , 5	TREET	
	WEYMOUTH	J MA	02/881-111
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address		1111	
			
		ليا ل	<u> </u>
	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): fee! Exe Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 8/8/12 DATE PREPARED