

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
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FEC MAIL CENTER
12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

MASSACHUSETTS BLUE PAC OF BLUE CROSS BLUE SHIELD
OF MASSACHUSETTS

ADDRESS (number and street) 401 PARK DRIVE
LANDMARK CENTER
BOSTON MA 02215

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00523217

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/>	Feb 20 (M2)	<input type="checkbox"/>	May 20 (M5)	<input type="checkbox"/>	Aug 20 (M8)	<input type="checkbox"/>	Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/>	Mar 20 (M3)	<input type="checkbox"/>	Jun 20 (M6)	<input type="checkbox"/>	Sep 20 (M9)	<input type="checkbox"/>	Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/>	Apr 20 (M4)	<input type="checkbox"/>	Jul 20 (M7)	<input type="checkbox"/>	Oct 20 (M10)	<input type="checkbox"/>	Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/>	Primary (12P)	<input type="checkbox"/>	General (12G)	<input type="checkbox"/>	Runoff (12R)
<input type="checkbox"/>	Convention (12C)	<input type="checkbox"/>	Special (12S)		

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/>	General (30G)	<input type="checkbox"/>	Runoff (30R)	<input type="checkbox"/>	Special (30S)
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Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 10 01 2012 through 12 30 2012

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 Deirdre Savage

Signature of Treasurer *Deirdre Savage*

Date 02 12 2013

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

13031043258

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Massachusetts Blue Plan of Blue Cross Blue Shield of Ma

Report Covering the Period: From:

10 01 2012

To:

12 31 2012

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <i>2012</i>	<i>0 -</i>	<i>0 -</i>
(b) Cash on Hand at Beginning of Reporting Period.....	<i>1,732.00</i>	
(c) Total Receipts (from Line 19)	<i>0 -</i>	<i>2,588.00</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<i>1,732.00</i>	<i>2,588.00</i>
7. Total Disbursements (from Line 31).....	<i>1,048.00</i>	<i>1,904.00</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<i>684.00</i>	<i>684.00</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<i>0 -</i>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<i>0 -</i>	

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

13031043259

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Blue Plan of Blue Cross Blue Shield of MA

Report Covering the Period: From:

10 01 2012

To:

12 31 2012

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).....

0-

1,688.00

(ii) Unitemized.....

0-

900.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0-

2,588.00

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

0-

2,588.00

(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)).....▶

0-

2,588.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

0-

2,588.00

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DETAILED SUMMARY PAGE
of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	48 00	154 00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	48 00	154 00
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000 00	1,750 00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (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))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1,048 00	1,904 00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1,048 00	1,904 00

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DETAILED SUMMARY PAGE
of Disbursements

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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)	1 000 00	1 750 00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	48 00	154.00
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	48 00	154.00

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**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 1 OF 1	
	<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)
Massachusetts Blue Pac of Blue Cross Blue Shield of MA

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	<i>N/A</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	<i>N/A</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	<i>N/A</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	<i>0-</i>
TOTAL This Period (last page this line number only).....▶	<i>0-</i>

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**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	OF
	<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 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)
Massachusetts Blue Pac of Blue Cross Blue Shield of MA

A.

Full Name (Last, First, Middle Initial)
Blue Pac

Mailing Address
1300 G Street

City
Washington DC State
DC Zip Code
20005

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
12 20 2012

Amount of Each Disbursement this Period
1,000.00

B.

Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address
525 Washington Street

City
Weymouth MA State
MA Zip Code
02188

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
Monthly \$16 x 3

Amount of Each Disbursement this Period
1,48.00

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶ *1,048.00*

TOTAL This Period (last page this line number only).....▶ *1,048.00*

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13031043265

February 12, 2013

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

To Whom It May Concern:

Enclosed please find the Year End Report for 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

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed-Exp* Shipping Date
3/1/13
 Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

JMP
 PREPARER

3/4/13
 DATE PREPARED

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