

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2017 JUL 26 PM 2:47
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

ADDRESS (number and street) 1919 AKSARBEN DRIVE

Check if different than previously reported. (ACC) PO BOX 3248

OMAHA NE 68180 - 0001

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

C 00276311

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:
- 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 (12S)

Election on MM / DD / YYYY in the State of

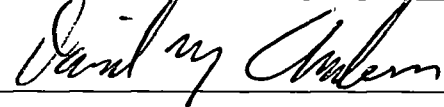
- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

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 DAVID ANDERSON

Signature of Treasurer  Date MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

NON-CONFIDENTIAL

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		<input type="text" value="52794.51"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="52794.51"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14442.87"/>	<input type="text" value="14442.87"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="67237.38"/>	<input type="text" value="67237.38"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="24614.34"/>	<input type="text" value="24614.34"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="42623.04"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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

NONDISCLOSURE

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2017

To:

MM / DD / YYYY
06 / 30 / 2017

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).....

8768.01

8768.01

(ii) Unitemized.....

5674.86

5674.86

(iii) TOTAL (add
Lines 11(a)(i) and (ii).....▶

14442.87

14442.87

(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).....▶

14442.87

14442.87

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)).....▶

14442.87

14442.87

20. Total Federal Receipts
(subtract Line 18(c) from Line 19).....▶

14442.87

14442.87

2017-07-06 10:00:00 AM

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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	114.34	114.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	114.34	114.34
22. Transfers to Affiliated/Other Party Committees	8500.00	8500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	16000.00	16000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (52 U.S.C. § 30101(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))	24614.34	24614.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	24614.34	24614.34

NON-FEDERAL DISBURSEMENTS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	14442.87	14442.87
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14442.87	14442.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	114.34	114.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	114.34	114.34

NON-CONFIDENTIAL

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 6
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

Full Name (Last, First, Middle Initial) A. Mackel, Dale		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 12618 S 81st Ave		Amount of Each Receipt this Period 1933.23
City Papillion	State NE	
Zip Code 68046		Aggregate Year-to-Date ▼ 1933.23
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross Blue Shield of NE	Occupation EVP Finance and Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Martin, Steve		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 9605 Oak Circle		Amount of Each Receipt this Period 1626.56
City Omaha	State NE	
Zip Code 68124		Aggregate Year-to-Date ▼ 1626.56
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross Blue Shield of NE	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kolli, Rama		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 2723 N 191st Street		Amount of Each Receipt this Period 613.26
City Elkhorn	State NE	
Zip Code 68022		Aggregate Year-to-Date ▼ 613.26
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross Blue Shield of NE	Occupation VP Information Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	4173.05
TOTAL This Period (last page this line number only).....▶	

2017-07-26 10:00 AM

**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 2 OF 6	
<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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

Full Name (Last, First, Middle Initial) A. Courtney, Susan		Date of Receipt 06 / 30 / 2017
Mailing Address 1711 N. 171 Street		Amount of Each Receipt this Period 605.02
City Omaha	State Zip Code NE 68118	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 605.02
Name of Employer Blue Cross Blue Shield of NE	Occupation EVP Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Arnold, John		Date of Receipt 06 / 30 / 2017
Mailing Address 10482 S 179th Street		Amount of Each Receipt this Period 581.75
City Omaha	State Zip Code NE 68136	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 581.75
Name of Employer Blue Cross Blue Shield of NE	Occupation Sales Exec. Large Group	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Grandfield, Steve		Date of Receipt 06 / 30 / 2017
Mailing Address 23307 Sunshine Ln		Amount of Each Receipt this Period 523.05
City Council Bluffs	State Zip Code IA 51503	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 523.05
Name of Employer Blue Cross Blue Shield of NE	Occupation EVP Strategy Innovation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	1709.82
TOTAL This Period (last page this line number only).....	

2017-07-20 10:00 AM

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 <u>3</u> OF <u>6</u>	
	<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)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

Full Name (Last, First, Middle Initial) A. Richardson, Jennifer		Date of Receipt
Mailing Address 601 Skyline Drive		M / M / D / D / Y - Y - Y Y 06 / 30 / 2017
City Elkhorn	State NE	Zip Code 68022
FEC ID number of contributing federal political committee. [C]		Amount of Each Receipt this Period 368.73
Name of Employer Blue Cross Blue Shield of NE	Occupation SVP Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 368.73	

Full Name (Last, First, Middle Initial) B. Schaefer, Joann		Date of Receipt
Mailing Address 106 Abbey Landing		M / M / D / D / Y - Y - Y Y 06 / 30 / 2017
City Valley	State NE	Zip Code 68064-9332
FEC ID number of contributing federal political committee. [C]		Amount of Each Receipt this Period 363.00
Name of Employer Blue Cross Blue Shield of NE	Occupation EVP Health Delivery Engagement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 363.00	

Full Name (Last, First, Middle Initial) C. Twohig, Gretchen		Date of Receipt
Mailing Address 18676 Oregon Cir.		M / M / D / D / Y - Y - Y Y 06 / 30 / 2017
City Elkhorn	State NE	Zip Code 68022
FEC ID number of contributing federal political committee. [C]		Amount of Each Receipt this Period 350.77
Name of Employer Blue Cross Blue Shield of NE	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.77	

SUBTOTAL of Receipts This Page (optional).....▶	1082.50
TOTAL This Period (last page this line number only).....▶	

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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 **4** OF **6**

<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)

BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

Full Name (Last, First, Middle Initial) A. Flowers, Shari		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 15822 Emiline Street		Amount of Each Receipt this Period 209.66
City Omaha	State NE	
Zip Code 68136		Aggregate Year-to-Date 209.66
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross Blue Shield of NE	Occupation VP Compliance and Ethics CCO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Strawn, John		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 908 Joseph Drive		Amount of Each Receipt this Period 207.36
City Papillion	State NE	
Zip Code 68046		Aggregate Year-to-Date 207.36
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross Blue Shield of NE	Occupation Sup. Life Safety	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Alm, Dan		Date of Receipt MM / DD / YYYY 06 / 30 / 2017
Mailing Address 5071 S 175 Street		Amount of Each Receipt this Period 202.75
City Omaha	State NE	
Zip Code 68135		Aggregate Year-to-Date 202.75
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross Blue Shield of NE	Occupation VP Actuarial Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	619.77
TOTAL This Period (last page this line number only).....▶	

2017-07-07 10:00:00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE **5** OF **6**
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

A. Byers, Gerald
 Full Name (Last, First, Middle Initial)
 Mailing Address: 128 Allison Ave
 City: Papillion NE State 68133 Zip Code
 Date of Receipt: 03 / 31 / 2017
 Amount of Each Receipt this Period: 252.80
 FEC ID number of contributing federal political committee: [C]
 Name of Employer: Blue Cross Blue Shield NE Occupation: SVP and CFO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 252.80

B. Collins, Russell
 Full Name (Last, First, Middle Initial)
 Mailing Address: 3303 S 116 Ave
 City: Omaha NE State 68144 Zip Code
 Date of Receipt: 06 / 30 / 2017
 Amount of Each Receipt this Period: 217.09
 FEC ID number of contributing federal political committee: [C]
 Name of Employer: Blue Cross Blue Shield of NE Occupation: Chief Legal Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 217.09

C. Anderson, David
 Full Name (Last, First, Middle Initial)
 Mailing Address: 15406 Lakeside Plaza
 City: Omaha NE State 68137 Zip Code
 Date of Receipt: 06 / 30 / 2017
 Amount of Each Receipt this Period: 212.98
 FEC ID number of contributing federal political committee: [C]
 Name of Employer: Blue Cross Blue Shield of NE Occupation: VP Finance Treasurer CAO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 212.98

SUBTOTAL of Receipts This Page (optional)..... **682.87**
TOTAL This Period (last page this line number only).....

NON-CONFIDENTIAL

**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 <u>6</u> OF <u>6</u>
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

Full Name (Last, First, Middle Initial) A. Beattie, George		Date of Receipt 06 / 30 / 2017
Mailing Address 2009 Wilderness Ridge Dr.		Amount of Each Receipt this Period 250.00
City Lincoln	State NE	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00
Name of Employer Blue Cross Blue Shield of NE	Occupation Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Olsen, Keith		Date of Receipt 06 / 30 / 2017
Mailing Address PO Box 356		Amount of Each Receipt this Period 250.00
City Grant	State NE	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00
Name of Employer Blue Cross Blue Shield of NE	Occupation Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	8768.01

2017-06-30 11:00 AM

**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 3

<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)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

A. Full Name (Last, First, Middle Initial) Smith, Adrian Mailing Address 3321 Avenue I, Ste. 6 City State Zip Code Scottsbluff NE 69361 Purpose of Disbursement Support Candidate Name Adrian Smith for Congress Office Sought: <input checked="" 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:		Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y 01 / 06 / 2017 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
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B. Full Name (Last, First, Middle Initial) Bacon, Don Mailing Address 2819 S 125th Ave City State Zip Code Omaha NE 68144 Purpose of Disbursement Support Candidate Name Bacon for Congress Office Sought: <input checked="" 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:		Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y 06 / 19 / 2017 Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Memo Item
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C. Full Name (Last, First, Middle Initial) Bacon, Don Mailing Address 2819 S 125th Ave City State Zip Code Omaha NE 68144 Purpose of Disbursement Support Candidate Name Bacon for Congress Office Sought: <input checked="" 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:		Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y 03 / 05 / 2017 Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Memo Item
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SUBTOTAL of Disbursements This Page (optional).....▶	11000.00
TOTAL This Period (last page this line number only).....▶	11000.00

2017-01-10 10:10:10 AM

**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)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

Full Name (Last, First, Middle Initial)

A.

Bridging the Gap PAC

Mailing Address
1637 S 154th Street

City **Omaha** State **NE** Zip Code **68144**

Purpose of Disbursement
Support

Candidate Name
Deb Fischer Leadership PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement

05 / 04 / 2017

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

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

Memo Item

Full Name (Last, First, Middle Initial)

C.

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

Memo Item

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

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

5000.00

2017-07-20 10:00 AM

**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 3 OF 3								
	<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

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

Full Name (Last, First, Middle Initial) A. BLUE PAC		Date of Disbursement MM / DD / YYYY 03 / 10 / 2017	
Mailing Address 1310 G Street, NW 12th Floor			
City Washington		State DC	Zip Code 20005
Purpose of Disbursement		008	Amount of Each Disbursement this Period 8500.00
Candidate Name Transfer		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) ▼		<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City		State	Zip Code
Purpose of Disbursement			Amount of Each Disbursement this Period
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) ▼		<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City		State	Zip Code
Purpose of Disbursement			Amount of Each Disbursement this Period
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) ▼		<input type="checkbox"/> Memo Item
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	8500.00
TOTAL This Period (last page this line number only).....	24500.00

2017-10-10 10:00:00 AM

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

2017-07-26 10:00:00 AM

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>7/25/17</i>
	Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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