

RECEIVED  
2014 JUL 16 AM 10:01  
FEC MAIL CENTER

July 11, 2014

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

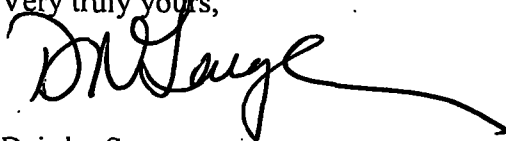
To Whom It May Concern:

Enclosed please find the Mid Year 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](mailto:massachusettsbluepac@yahoo.com)

Thank you.

Very truly yours,



Deirdre Savage  
Treasurer  
Massachusetts Blue PAC  
FEC ID# C00523217

**FEC  
FORM 3X**

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

RECEIVED  
2014 JUL 16 AM 10:01

Office Use Only  
FEC ADMIN CENTER

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

MASSACHUSETTS BLUE PAC OF BLUE CROSS BLUE SHIELD  
OF MASSACHUSETTS

ADDRESS (number and street) 401 PARK DRIVE

Check if different than previously reported. (ACC) LANDMARK CENTER  
BOSTON MA 02215

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

C 00523217

3. IS THIS REPORT NEW (N) OR AMENDED (A)  OR

4. TYPE OF REPORT (Choose One) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

(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)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

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

5. Covering Period 01 01 2014 through 06 30 2014

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 DEANRE W. SAVAGE

Signature of Treasurer [Signature] Date 07 11 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Massachusetts Blue Pae N BCBsMA

Report Covering the Period: From:

01 01 2014

To:

06 30 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		18,170.00
(b) Cash on Hand at Beginning of Reporting Period.....	18,170.00	
(c) Total Receipts (from Line 19).....	16,700.00	16,700.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	18,517.00	18,517.00
7. Total Disbursements (from Line 31).....	1,099.93	1,099.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	17,417.07	17,417.07
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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

*Massachusetts Blue Pae A BCBsma*

Report Covering the Period: From:

*01 01 2014*

To:

*06 30 2014*

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).....	<i>7,050.00</i>	<i>7,050.00</i>
(ii) Unitemized.....	<i>9,650.00</i>	<i>9,650.00</i>
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	<i>16,700.00</i>	<i>16,700.00</i>
(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).....▶	<i>16,700.00</i>	<i>16,700.00</i>
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)).....▶	<i>16,700.00</i>	<i>16,700.00</i>
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	<i>16,700.00</i>	<i>16,700.00</i>

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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 .....	10,999.93	10,999.93
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	10,999.93	10,999.93
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		
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)) ..	10,999.93	10,999.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	10,999.93	10,999.93

**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) .....	16,700.00	16,700.00
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)) .....	1,099.93	1,099.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1,099.93	1,099.93

20010114 10:00:00 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 **12**

<input 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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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)

**Numbts Blue Pae BCBSma**

Full Name (Last, First, Middle Initial)

**A. Abalos, Alona**

Mailing Address

**32 Madison Ave**

City

**Wakefield MA 01880**

FEC ID number of contributing federal political committee.

**C 00523217**

Name of Employer

**BCBSma**

Occupation

**Insurance**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

**04 10 2014**

Amount of Each Receipt this Period

**300.00**

Full Name (Last, First, Middle Initial)

**B. Bellows, Jeffrey**

Mailing Address

**18 Partridge Drive**

City

**Hingham MA 02043**

FEC ID number of contributing federal political committee.

**C 00523217**

Name of Employer

**BCBSma**

Occupation

**Insurance**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

**04 10 2014**

Amount of Each Receipt this Period

**300.00**

Full Name (Last, First, Middle Initial)

**C. Bowman Lynn**

Mailing Address

**172 Circuit St**

City

**Norwell MA 02061**

FEC ID number of contributing federal political committee.

**C 00523217**

Name of Employer

**BCBSma**

Occupation

**Insurance**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

**04 10 2014**

Amount of Each Receipt this Period

**50.00**

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

**650.00**

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

**7050.00**

**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 17

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 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)  
Months Blue Pac of BCBSMA

Full Name (Last, First, Middle Initial) <u>Bullen Bruce</u>		Date of Receipt <u>04 10 2014</u>
Mailing Address <u>120 Ridgeway</u>		Amount of Each Receipt this Period <u>300.00</u>
City <u>Weston</u>	State <u>MA</u>	
Zip Code <u>02493</u>		
FEC ID number of contributing federal political committee. <u>C 00523217</u>		
Name of Employer <u>BCBSMA</u>	Occupation <u>Insurance</u>	
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) <u>Burke Edward</u>		Date of Receipt <u>04 10 2014</u>
Mailing Address <u>16 Water Street</u>		Amount of Each Receipt this Period <u>100.00</u>
City <u>Braintree</u>	State <u>MA</u>	
Zip Code <u>02184</u>		
FEC ID number of contributing federal political committee. <u>C 00523217</u>		
Name of Employer <u>BCBSMA</u>	Occupation <u>Insurance</u>	
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) <u>Carder Michael</u>		Date of Receipt <u>04 10 2014</u>
Mailing Address <u>28 Little Pond Rd</u>		Amount of Each Receipt this Period <u>300.00</u>
City <u>Northborough</u>	State <u>MA</u>	
Zip Code <u>01532</u>		
FEC ID number of contributing federal political committee. <u>C 00523217</u>		
Name of Employer <u>BCBSMA</u>	Occupation <u>Insurance</u>	
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).....	<u>700.00</u>
TOTAL This Period (last page this line number only).....	



**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)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

PAGE 3 OF 12

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NAME OF COMMITTEE (In Full)  
**Munfts Blue Pac of BCBSMA**

**A.** Full Name (Last, First, Middle Initial)  
**Centrella, Anthony**

Mailing Address  
**23 School Street**

City  
**Hopkinton** State **MA** Zip Code **01748**

FEC ID number of contributing federal political committee.  
**C 00523217**

Name of Employer  
**BCBSMA** Occupation  
**Insurance**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
**04 10 2014**

Amount of Each Receipt this Period  
**300.00**

**B.** Full Name (Last, First, Middle Initial)  
**Cushing, William**

Mailing Address  
**6 Strawberry Lane**

City  
**North Reading** State **MA** Zip Code **01864**

FEC ID number of contributing federal political committee.  
**C 00523217**

Name of Employer  
**BCBSMA** Occupation  
**Insurance**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
**04 10 2014**

Amount of Each Receipt this Period  
**300.00**

**C.** Full Name (Last, First, Middle Initial)  
**Davis, Christopher**

Mailing Address  
**4 Goose Cove Lane**

City  
**Gloucester** State **MA** Zip Code **01930**

FEC ID number of contributing federal political committee.  
**C 00523217**

Name of Employer  
**BCBSMA** Occupation  
**Insurance**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
**04 10 2014**

Amount of Each Receipt this Period  
**50.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **650.00**

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

**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>4</u> OF <u>12</u>	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full) Mumths Blue Pae N BCBSma

**A.** Full Name (Last, First, Middle Initial) Connell, Matthew

Mailing Address 42 Shallow Pond Lane

City Plymouth State ma Zip Code 02360

FEC ID number of contributing federal political committee. C00523217

Name of Employer BCBSma Occupation Insurance

Receipt For: Primary  General  Other (specify)

Aggregate Year-to-Date

Date of Receipt 04 10 2014

Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial) Crocs, Larry

Mailing Address 140 Cedar St.

City Lexington State ma Zip Code 02421

FEC ID number of contributing federal political committee. C00523217

Name of Employer BCBSma Occupation Insurance

Receipt For: Primary  General  Other (specify)

Aggregate Year-to-Date

Date of Receipt 04 10 2014

Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial) Devaux, Deborah

Mailing Address 72 Blodgett Ave

City Swampscott State ma Zip Code 01907

FEC ID number of contributing federal political committee. C00523217

Name of Employer BCBSma Occupation Insurance

Receipt For: Primary  General  Other (specify)

Aggregate Year-to-Date

Date of Receipt 04 10 2014

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) 400.00

TOTAL This Period (last page this line number only)

**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 5 OF 12

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

Committee Blue Pae of BCBSMA

A. Full Name (Last, First, Middle Initial) <u>Doherty, Deborah</u>		Date of Receipt <u>04 10 2014</u>
Mailing Address <u>171 Swanton St. #336</u>		Amount of Each Receipt this Period <u>50.00</u>
City <u>Winchester</u>	State <u>Ma</u>	
FEC ID number of contributing federal political committee. <u>C 00523217</u>		
Name of Employer <u>BCBSMA</u>	Occupation <u>Insurance</u>	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date ▼	

B. Full Name (Last, First, Middle Initial) <u>Fandrich, William</u>		Date of Receipt <u>04 10 2014</u>
Mailing Address <u>6 Neresian Way</u>		Amount of Each Receipt this Period <u>300.00</u>
City <u>Hampton</u>	State <u>NH</u>	
FEC ID number of contributing federal political committee. <u>C 00523217</u>		
Name of Employer <u>BCBSMA</u>	Occupation <u>Insurance</u>	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial) <u>Fox, Steven</u>		Date of Receipt <u>04 10 2014</u>
Mailing Address <u>16 Cushing Dr</u>		Amount of Each Receipt this Period <u>50.00</u>
City <u>Wilmington</u>	State <u>Ma</u>	
FEC ID number of contributing federal political committee. <u>C 00523217</u>		
Name of Employer <u>BCBSMA</u>	Occupation <u>Insurance</u>	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date ▼	

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

400.00

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

**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>12</u>	
	<input 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

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NAME OF COMMITTEE (In Full) Months Blue Pac - BCBSma

A. Full Name (Last, First, Middle Initial) <u>Hartman, Cathy</u>		Date of Receipt <u>04 10 2014</u>
Mailing Address <u>22 Jones St.</u>		Amount of Each Receipt this Period <u>50.00</u>
City <u>Hingham</u>	State <u>ma</u> Zip Code	
FEC ID number of contributing federal political committee. <u>C 005 23 217</u>		
Name of Employer <u>BCBSma</u>	Occupation <u>Insurance</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

B. Full Name (Last, First, Middle Initial) <u>Hawkins Thomas</u>		Date of Receipt <u>04 10 2014</u>
Mailing Address <u>132 Beacon St.</u>		Amount of Each Receipt this Period <u>50.00</u>
City <u>Marblehead</u>	State <u>ma</u> Zip Code <u>01945</u>	
FEC ID number of contributing federal political committee. <u>C 005 23 217</u>		
Name of Employer <u>BCBSma</u>	Occupation <u>Insurance</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial) <u>Hennigan, Peter</u>		Date of Receipt <u>04 10 2014</u>
Mailing Address <u>8 Bretbriar Lane</u>		Amount of Each Receipt this Period <u>300.00</u>
City <u>Hampton</u>	State <u>NH</u> Zip Code <u>03842</u>	
FEC ID number of contributing federal political committee. <u>C 005 23 217</u>		
Name of Employer <u>BCBSma</u>	Occupation <u>Insurance</u>	
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).....	<u>400.00</u>
TOTAL This Period (last page this line number only).....	

**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 7 OF 12

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

Health Blue Pac of BCBSma

Full Name (Last, First, Middle Initial)

Katinas, Stephan

Date of Receipt

04 10 2014

Mailing Address

14 High Ridge Circle

Amount of Each Receipt this Period

50.00

City

Franklin

State

MA

Zip Code

02038

FEC ID number of contributing federal political committee.

C 00523217

Name of Employer

BCBSma

Occupation

Insurance

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Lorell, Stephanie

Date of Receipt

04 10 2014

Mailing Address

5 Lila Rd

Amount of Each Receipt this Period

300.00

City

Jamaica Plain

State

MA

Zip Code

02130

FEC ID number of contributing federal political committee.

C 00523217

Name of Employer

BCBSma

Occupation

Insurance

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Maltz, Allen

Date of Receipt

04 10 2014

Mailing Address

151 Neshobe Rd

Amount of Each Receipt this Period

300.00

City

Waban

State

MA

Zip Code

02468

FEC ID number of contributing federal political committee.

C 00523217

Name of Employer

BCBSma

Occupation

Insurance

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

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

650.00

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

**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>8</u> OF <u>12</u>	
<input 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) Manly Blue Pac of BCBSMA

A. Full Name (Last, First, Middle Initial) <u>McQuaide, Jay</u>		Date of Receipt
Mailing Address <u>7 Golden Oaks Lane</u>		<u>04 10 2014</u>
City <u>Auburn ma</u> State Zip Code <u>01810</u>		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <u>C 00523217</u>		<u>300.00</u>
Name of Employer <u>BCBSMA</u>	Occupation <u>Insurance</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

B. Full Name (Last, First, Middle Initial) <u>O'Brien, Timothy</u>		Date of Receipt
Mailing Address <u>12 Cavanaugh Rd</u>		<u>04 10 2014</u>
City <u>Wellesley ma</u> State Zip Code <u>02481</u>		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <u>C 00523217</u>		<u>300.00</u>
Name of Employer <u>BCBSMA</u>	Occupation <u>Insurance</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial) <u>Robart, Jason</u>		Date of Receipt
Mailing Address <u>151 Gleasondale Rd</u>		<u>04 10 2014</u>
City <u>Stow ma</u> State Zip Code <u>01775</u>		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <u>C 00523217</u>		<u>300.00</u>
Name of Employer <u>BCBSMA</u>	Occupation <u>Insurance</u>	
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).....	<u>900.00</u>
TOTAL This Period (last page this line number only).....	

**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>9</u> OF <u>12</u>	
	<input 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)  
Months Blue Pac of BCBSMA

A. Full Name (Last, First, Middle Initial) <u>Rosenberg, Alan</u>		Date of Receipt <u>04 10 2014</u>
Mailing Address <u>275 Ridge Rd</u>		Amount of Each Receipt this Period <u>300.00</u>
City <u>Marshfield</u>	State <u>MA</u> Zip Code <u>02050</u>	
FEC ID number of contributing federal political committee. <u>C 00523217</u>		
Name of Employer <u>BCBSMA</u>	Occupation <u>Insurance</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

B. Full Name (Last, First, Middle Initial) <u>Satran, Dana</u>		Date of Receipt <u>04 10 2014</u>
Mailing Address <u>10 Landholm Rd</u>		Amount of Each Receipt this Period <u>300.00</u>
City <u>Newton</u>	State <u>MA</u> Zip Code <u>02458</u>	
FEC ID number of contributing federal political committee. <u>C 00523217</u>		
Name of Employer <u>BCBSMA</u>	Occupation <u>Insurance</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial) <u>Santangelo, Andriana</u>		Date of Receipt <u>04 10 2014</u>
Mailing Address <u>150 River St</u>		Amount of Each Receipt this Period <u>50.00</u>
City <u>Middleton</u>	State <u>MA</u> Zip Code <u>01949</u>	
FEC ID number of contributing federal political committee. <u>C 00523217</u>		
Name of Employer <u>BCBSMA</u>	Occupation <u>Insurance</u>	
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).....	<u>650.00</u>
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 OF 12  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Months Blue Pac of BCBSMA

**A.** Full Name (Last, First, Middle Initial)  
Shelto, Audrey

Mailing Address  
189 Langley Rd

City Newton, MA State MA Zip Code 02459

FEC ID number of contributing federal political committee. C 00523217

Name of Employer BCBSMA Occupation Insurance

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date

Date of Receipt  
04 10 2014

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Steingesser, Lee

Mailing Address  
5 Marshall Trace

City Wayland MA State MA Zip Code 01778

FEC ID number of contributing federal political committee. C 00523217

Name of Employer BCBSMA Occupation Insurance

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date

Date of Receipt  
04 10 2014

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Varney, Kathy

Mailing Address  
~~BCBSMA~~ 45 Bancroft Rd

City Cohasset MA State MA Zip Code 02025

FEC ID number of contributing federal political committee. C 00523217

Name of Employer BCBSMA Occupation Insurance

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date

Date of Receipt  
04 10 2014

Amount of Each Receipt this Period  
50.00

SUBTOTAL of Receipts This Page (optional)..... 400.00

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



**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>10</u> OF <u>12</u>	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full) Norths Blue Rae BCBSMA

A. Full Name (Last, First, Middle Initial) <u>Savage, Deirdre</u>		Date of Receipt <u>04 10 2014</u>
Mailing Address <u>16 Brampton Way</u>		Amount of Each Receipt this Period <u>800.00</u>
City <u>Weymouth</u>	State <u>MA</u> Zip Code <u>02186</u>	
FEC ID number of contributing federal political committee. <u>C 00523217</u>		
Name of Employer <u>BCBSMA</u>	Occupation <u>Insurance</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

B. Full Name (Last, First, Middle Initial) <u>Gale, Phyllis</u>		Date of Receipt <u>04 10 2014</u>
Mailing Address <u>14 Moon Hill Rd</u>		Amount of Each Receipt this Period <u>300.00</u>
City <u>Lexington</u>	State <u>MA</u> Zip Code <u>02421</u>	
FEC ID number of contributing federal political committee. <u>C 00523217</u>		
Name of Employer <u>BCBSMA</u>	Occupation <u>Consulting</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial) <u>Caljouw, Michael</u>		Date of Receipt <u>04 10 2014</u>
Mailing Address <u>100 Meredith Circle</u>		Amount of Each Receipt this Period <u>1500.00</u>
City <u>Milton</u>	State <u>MA</u> Zip Code <u>02148</u>	
FEC ID number of contributing federal political committee. <u>C 00523217</u>		
Name of Employer <u>BCBSMA</u>	Occupation <u>Insurance</u>	
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).....	<u>1250.00</u>
TOTAL This Period (last page this line number only).....	<u>7050.00</u>

**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 1

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

Manatts Blue Pac A BCBSMA

Full Name (Last, First, Middle Initial)

**A.** Bank of America  
Mailing Address 525 High 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)

Date of Disbursement monthly thru

06 / 30 / 2014

6 x \$16  
Amount of Each Disbursement this Period

96.00

**B.** Seasonal Security Food  
Mailing Address 401 Paule Drive  
City Bostn MA State MA Zip Code 02215  
Purpose of Disbursement Catering  
Candidate Name \_\_\_\_\_  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

Date of Disbursement

04 / 10 / 2014

Amount of Each Disbursement this Period

1003.93

**C.**  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Purpose of Disbursement \_\_\_\_\_  
Candidate Name \_\_\_\_\_  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

Date of Disbursement

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Amount of Each Disbursement this Period

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

1,099.93

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

1,099.93

**FedEx** Express Airbill  
 Tracking Number: 8646 5682 4089

From This portion can be removed for Recipient's records.  
 Date: 7/14/14  
 FedEx Tracking Number: 864656824089

Sender's Name: Deirdre Savage  
 Phone: 617 2463359

Company: BLUE CROSS BLUE SHIELD MAS  
 Address: 401 PARK DR STE 14

City: BOSTON State: MA ZIP: 02215-3326

2 Your Internal Billing Reference: COST CENTER 470Z

3 To Recipient's Name: Federal Election Committee  
 Company: Federal Election Committee

Recipient's Address: 999 E Street NW  
 We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address: Washington State DC ZIP: 20463  
 City: Washington State DC ZIP: 20463

0375873265

8646 5682 4089

RTN 678 677 9  
 4089 07.16

RECEIVED  
 2014 JUL 16 AM 10:01  
 FEC MAIL CENTER

0215

4a Express Package Service  
 Packages up to 150 lbs.  
 FedEx First Overnight  
 Next business morning  
 Saturday Delivery NOT available.  
 Next business morning  
 FedEx Standard Overnight  
 Next business day  
 Saturday Delivery NOT available.  
 FedEx 2Day  
 Second business day  
 Saturday Delivery NOT available.  
 FedEx Express Saver  
 Third business day  
 Saturday Delivery NOT available.  
 \*Call for restrictions.

4b Express Freight Service  
 Packages over 150 lbs.  
 FedEx 10 Day Freight  
 Next business day  
 Saturday Delivery NOT available.  
 FedEx 10 Day Freight  
 Next business day  
 Saturday Delivery NOT available.  
 FedEx 2Day Freight  
 Second business day  
 Saturday Delivery NOT available.  
 FedEx 3Day Freight  
 Third business day  
 Saturday Delivery NOT available.  
 \*Call for restrictions.

5 Packaging  
 FedEx Envelope\*  
 FedEx Pak\*  
 FedEx Box  
 Other Tube  
 \*Declared value limit \$200.

6 Special Handling  
 SATURDAY Delivery  
 Not available for FedEx Standard Overnight, FedEx First Overnight, Saver, or FedEx 2Day Freight.  
 HOLD Wednesday at FedEx Location  
 Not available for FedEx First Overnight, Saver, or FedEx 2Day Freight.  
 HOLD Saturday at FedEx Location  
 Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.  
 Dry Ice  
 Dry Ice, 5 Lbs. (1kg) or less  
 Cargo Aircraft Only  
 Dangerous goods (including dry ice) cannot be shipped in FedEx packages.  
 Does this shipment contain dangerous goods?  
 No  
 Yes  
 As per attached Shipper's Declaration, not required.  
 Payment Bill to:  
 Sender  
 Recipient  
 Third Party  
 Credit Card  
 Cash/Check  
 Obtain Receipt  
 Acct. No.  Cash/Check

Total Packages  
 Total Weight

8 Residential Delivery Signature Options.  
 If you require a signature, check Direct or Indirect.  
 No Signature Required  
 Package may be left without obtaining a signature for delivery.  
 Direct Signature  
 Signature at recipient's address may sign for delivery. Fee applies.  
 Indirect Signature  
 No one is available at recipient's address, someone else may sign for delivery. Fee applies.

02215  
 8646 5682 4089

WED - 16 JUL AA  
 STANDARD OVERNIGHT

20463  
 DC-US  
 IAD

EP RDVA

0375873265

02215  
 8646 5682 4089

0375873265

0375873265

0375873265

Recipients Copy

Rev. Date 10/06/09 FedEx® PRINTED IN U.S.A. ©2009

0375873265

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<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>FEDEX</i>	Shipping Date <i>7/15/16</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

*Qsed*  
PREPARER  
(8/2013)

*7/16/14*  
DATE PREPARED