06/08/2001 10 : 00

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

Highmark Health PAC of Highmark Blue Cross Blue Shield

ADDRESS (number and street) ▼ 1800 Center Street

Check if different than previously reported. (ACC)

Camp Hill | PA | 17089 –

2. **FEC IDENTIFICATION NUMBER** ▼ C00302844

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT X 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 Quarterly 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 (M13) |

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

Election on in the State of

(d) 30-Day **P**ost -Election Report for the: X General (30G) Runoff (30R) Special (30S)

Election on 05 15 2001 in the State of PA

5. Covering Period 04 26 2001 through 06 04 2001

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 Donald L. Fisher

Signature of Treasurer Electronically Filed by Donald L. Fisher Date 06 08 2001

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 | | | FEC FORM 3X (Revised 1/2001) |
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