

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2015 JUL 30 PM 3:02

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)

PO BOX 3248

Check if different than previously reported. (ACC)

OMAHA

NE

68124

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00276311

3. IS THIS REPORT

N

NEW (N)

OR

A

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

XX

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

MM / DD / YYYY  
01 / 01 / 2015

through

MM / DD / YYYY  
06 / 30 / 2015

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

Patrick J. Baurne

Signature of Treasurer

*Patrick J. Baurne*

Date

MM / DD / YYYY  
07 / 28 / 2015

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

Office Use Only

**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

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="2015"/>		28,046.46
(b) Cash on Hand at Beginning of Reporting Period.....	28,046.46	
(c) Total Receipts (from Line 19) .....	15,945.39	15,845.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	43,991.85	43,991.85
7. Total Disbursements (from Line 31) .....	17,910.86	17,910.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	26,080.99	26,080.99
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

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

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

**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).....	8,350.42	8,350.42
(ii) Unitemized .....	7,594.97	7,594.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15,945.39	15,945.39
(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).....▶	15,945.39	15,945.39
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)).....▶	15,945.39	15,945.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15,945.39	15,945.39

NON-FEDERAL AND LEVIN FUNDS

**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 .....		
(b) Other Federal Operating Expenditures .....	117.36	117.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	117.36	117.36
22. Transfers to Affiliated/Other Party Committees .....	7,000.00	7,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	9,500.00	9,500.00
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 .....	293.50	293.50
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	293.50	293.50
29. Other Disbursements .....	1,000.00	1,000.00
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)) ..	17,910.86	17,910.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	17,910.86	17,910.86

**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) .....	15,945.39	15,945.39
34. Total Contribution Refunds (from Line 28(d)) .....	293.50	293.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15,651.89	15,651.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	117.36	117.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	117.36	117.36

4-1-2004 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 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

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) <b>A. Kolli, Rama, K</b>		Date of Receipt
Mailing Address <b>2723 N. 191st Street</b>		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City <b>Elkhorn</b>	State <b>NE</b>	Zip Code <b>68022-2909</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>593.45</b>
Name of Employer <b>Blue Cross Blue Shield of NE</b>	Occupation <b>VP Information Services CIO</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>593.45</b>	

Full Name (Last, First, Middle Initial) <b>B. Twohig, Gretchen, L</b>		Date of Receipt
Mailing Address <b>18676 Oregon Circle</b>		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City <b>Elkhorn</b>	State <b>NE</b>	Zip Code <b>68022-3945</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>454.50</b>
Name of Employer <b>Blue Cross Blue Shield of NE</b>	Occupation <b>Assoc General Counsel</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>454.50</b>	

Full Name (Last, First, Middle Initial) <b>C. Byers, Gerald</b>		Date of Receipt
Mailing Address <b>128 Allison Ave</b>		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City <b>Papillion</b>	State <b>NE</b>	Zip Code <b>68133-4426</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>443.74</b>
Name of Employer <b>Blue Cross Blue Shield of NE</b>	Occupation <b>SVP and CFO</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>443.74</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1491.69</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

01-11-11 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: PAGE 4 OF 6					
	<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) <b>A. Whitson, Janet</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 420 Golden Oaks Drive		Amount of Each Receipt this Period 330.00
City Council Bluffs	State Zip Code IA 51503-8640	
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross Blue Shield of NE	Occupation SVP Special Projects PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>B. Schaefer-Haines, Joann, E</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 15861 Seward Street		Amount of Each Receipt this Period 250.55
City Omaha	State Zip Code NE 68118-2335	
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross Blue Shield of NE	Occupation SVP and CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.55	

Full Name (Last, First, Middle Initial) <b>C. Alm, Daniel, W</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 5071 S. 175th Street		Amount of Each Receipt this Period 246.65
City Omaha	State Zip Code NE 68135-3457	
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) ▼	Aggregate Year-to-Date ▼ 246.65	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	827.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

20150630 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: PAGE 5 OF 6

(check only one)

<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) <b>A. Flowers, Shari</b>		Date of Receipt 06 / 30 / 2015
Mailing Address <b>15822 Emiline Street</b>		Amount of Each Receipt this Period 246.14
City <b>Omaha</b>	State Zip Code <b>NE 68136-1059</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 246.14
Name of Employer <b>Blue Cross Blue Shield of NE</b>	Occupation <b>VP Compliance &amp; Ethics</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.14	

Full Name (Last, First, Middle Initial) <b>B. Bourne, Patrick, J</b>		Date of Receipt 06 / 30 / 2015
Mailing Address <b>13020 Binney Street</b>		Amount of Each Receipt this Period 244.03
City <b>Omaha</b>	State Zip Code <b>NE 68164-4248</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 244.03
Name of Employer <b>Blue Cross Blue Shield of NE</b>	Occupation <b>SVP Sales &amp; Account Svs</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.03	

Full Name (Last, First, Middle Initial) <b>C. Waldman, Sarah</b>		Date of Receipt 06 / 30 / 2015
Mailing Address <b>2808 Leigh Ln</b>		Amount of Each Receipt this Period 232.12
City <b>Papillion</b>	State Zip Code <b>NE 68133-3376</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 232.12
Name of Employer <b>Blue Cross Blue Shield of NE</b>	Occupation <b>SVP Administration</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.12	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	722.29
<b>TOTAL</b> This Period (last page this line number only).....▶	

NON-FINANCIAL INFORMATION

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 6	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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) <b>A. Anderson, David, M</b>		Date of Receipt MM / DD / YYYY <b>06 / 30 / 2015</b>
Mailing Address <b>6223 S. 118th Plaza</b>		Amount of Each Receipt this Period <b>208.39</b>
City <b>Omaha</b>	State Zip Code <b>NE 68137-4402</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>208.39</b>
Name of Employer <b>Blue Cross Blue Shield of NE</b>	Occupation <b>VP Finance Treasurer CAO</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>208.39</b>	

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>208.39</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>8,350.42</b>

CONFIDENTIAL - NOT FOR DISTRIBUTION

**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. Fortenberry, Jeff**

Mailing Address  
PO Box 30265

City Lincoln State NE Zip Code 68503

Purpose of Disbursement

0 1 1

Candidate Name  
**Jeff Fortenberry for United States Congress**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: NE District:

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2015

Amount of Each Disbursement this Period

1,000.00

**B. Fischer, Deb**

Mailing Address  
PO Box 83287

City Lincoln State NE Zip Code 68501

Purpose of Disbursement

0 1 1

Candidate Name  
**Senator Fischer**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: NE District:

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2015

Amount of Each Disbursement this Period

5,000.00

**C. Smith, Adrian**

Mailing Address  
3321 Avenue I, Suite 6

City Scottsbluff State NE Zip Code 69361

Purpose of Disbursement

0 1 1

Candidate Name  
**Adrian Smith for Congress**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: NE District:

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2015

Amount of Each Disbursement this Period

1,000.00

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

7,000.00

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

NON-FINANCIAL INFORMATION

**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 2 OF 5				
	<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) <b>A. Fortenberry, Jeff</b>		Date of Disbursement <b>06 / 15 / 2015</b>
Mailing Address <b>PO Box 30265</b>		Amount of Each Disbursement this Period <b>2,500.00</b>
City <b>Lincoln</b>	State <b>NE</b>	
Zip Code <b>68503</b>	Purpose of Disbursement <b>011</b>	Amount of Each Disbursement this Period <b>2,500.00</b>
Candidate Name <b>Jeff Fortenberry for US Congress</b>	Category/Type	
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: <b>NE</b>	District:	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement
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) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement
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) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2,500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

NON-FINANCIAL INFORMATION





**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 5 OF 5			
	<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 checked="" 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) <b>A. BRIDGING THE GAP PAC</b>		Date of Disbursement MM / DD / YYYY <b>06 / 25 / 2015</b>
Mailing Address <b>1637 S. 154TH Street</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>Omaha</b>	State <b>NE</b>	
Zip Code <b>68144</b>	Purpose of Disbursement <b>Direct Contribution</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: <b>NE</b>	District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1,000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>17,793.50</b>

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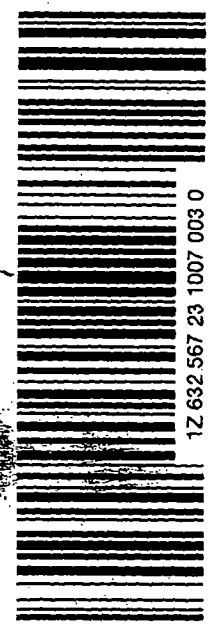
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BLUE CROSS BLUE SHIELD OF NE  
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OMAHA NE 68127

EXTREMELY URGENT DELIVERY TO  
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*Washington DC 20463*

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Federal Election Commission  
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<input type="checkbox"/> No Postmark	
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