

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Blue Cross and Blue Shield of Illinois PAC (C00199711)

Report Covering the Period:

From:

MM / DD / YYYY
10 / 01 / 2008

To:

MM / DD / YYYY
11 / 24 / 2008

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2008 | | 7,314.33 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 28,936.08 | |
| (c) Total Receipts (from Line 19)..... | 10,985.33 | 45,433.24 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 39,921.41 | 52,747.57 |
| 7. Total Disbursements (from Line 31)..... | 4,173.84 | 17,000.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 35,747.57 | 35,747.57 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | -0- | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | -0- | |

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

28039941536

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Blue Cross and Blue Shield of Illinois PAC (C00199711)

Report Covering the Period: From: M M M / D D D / Y Y Y Y Y 10 / 01 / 2008 To: M M M / D D D / Y Y Y Y Y 11 / 24 / 2008

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)..... | 6,425.00 | 19,420.40 |
| (ii) Unitemized | 4,560.33 | 26,012.84 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 10,985.33 | 45,433.24 |
| (b) Political Party Committees | -0- | -0- |
| (c) Other Political Committees (such as PACs)..... | -0- | -0- |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶ | 10,985.33 | 45,433.24 |
| 12. Transfers From Affiliated/Other Party Committees..... | -0- | -0- |
| 13. All Loans Received..... | -0- | -0- |
| 14. Loan Repayments Received..... | -0- | -0- |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | -0- | -0- |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | -0- | -0- |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | -0- | -0- |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | -0- | -0- |
| (b) Levin Funds (from Schedule H5)..... | -0- | -0- |
| (c) Total Transfers (add 18(a) and 18(b)).. | -0- | -0- |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 10,985.33 | 45,433.24 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 10,985.33 | 45,433.24 |

28039941537

DETAILED SUMMARY PAGE
of Disbursements

| 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 | -0- | -0- |
| (ii) Non-Federal Share..... | -0- | -0- |
| (b) Other Federal Operating Expenditures | -0- | -0- |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | -0- | -0- |
| 22. Transfers to Affiliated/Other Party Committees..... | 4,173.84 | 17,000.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | -0- | -0- |
| 24. Independent Expenditures (use Schedule E) | -0- | -0- |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | -0- | -0- |
| 26. Loan Repayments Made..... | -0- | -0- |
| 27. Loans Made..... | -0- | -0- |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | -0- | -0- |
| (b) Political Party Committees | -0- | -0- |
| (c) Other Political Committees (such as PACs)..... | -0- | -0- |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | -0- | -0- |
| 29. Other Disbursements | -0- | -0- |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | -0- | -0- |
| (ii) "Levin" Share..... | -0- | -0- |
| (b) Federal Election Activity Paid Entirely With Federal Funds | -0- | -0- |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))..... | -0- | -0- |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 4,173.84 | 17,000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 4,173.84 | 17,000.00 |

28039941538

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) | 10,985.33 | 45,433.24 |
| 34. Total Contribution Refunds (from Line 28(d)) | -0- | -0- |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 10,985.33 | 45,433.24 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | -0- | -0- |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | -0- | -0- |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | -0- | -0- |

28039941539

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

| | | |
|---|---|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 1 OF 10 | |
| | <input checked="" type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 |

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 and Blue Shield of Illinois PAC (C00199711)

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Angeli, Ray A. | | Date of Receipt Payroll Deduction |
| Mailing Address 300 E. Randolph | | <input type="text"/> |
| City Chicago, IL | State Zip Code 60601 | Amount of Each Receipt this Period 600.00 |
| FEC ID number of contributing federal political committee. C | | \$150.00 bi-weekly |
| Name of Employer Health Care Service Corp. | Occupation EVP | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1,276.80 | |

| | | |
|---|---|--|
| B. Full Name (Last, First, Middle Initial) Beckett, Darrell D. | | Date of Receipt Payroll Deduction |
| Mailing Address 300 E. Randolph | | <input type="text"/> |
| City Chicago, IL | State Zip Code 60601 | Amount of Each Receipt this Period 60.00 |
| FEC ID number of contributing federal political committee. C | | \$15.00 bi-weekly |
| Name of Employer Health Care Service Corp. | Occupation VP | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 227.40 | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Bluitt, Juliann S. | | Date of Receipt |
| Mailing Address 300 E. Randolph | | <input type="text"/> |
| City Chicago, IL | State Zip Code 60601 | Amount of Each Receipt this Period 325.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Retired | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

| | |
|---|----------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

28039941540

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

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

FOR LINE NUMBER: PAGE 3 OF 10
(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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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 and Blue Shield of Illinois PAC (C00199711)

A. Full Name (Last, First, Middle Initial) **Fontana, Matthew C.** Date of Receipt Payroll Deduction

Mailing Address **5701 Balloon Fiesta Parkway, N.E.**

City **Albuquerque, NM** State **NM** Zip Code **87113**

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

Name of Employer **Health Care Service Corp.** Occupation **VP**

Receipt For: Primary General Other (specify) Aggregate Year-to-Date **225.00**

Amount of Each Receipt this Period **\$15.00 bi-weekly**

B. Full Name (Last, First, Middle Initial) **Hamilton, Jacqueline L.** Date of Receipt Payroll Deduction

Mailing Address **901 S. Central Expressway**

City **Richardson, TX** State **TX** Zip Code **75080**

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

Name of Employer **Health Care Service Corp.** Occupation **VP**

Receipt For: Primary General Other (specify) Aggregate Year-to-Date **240.00**

Amount of Each Receipt this Period **\$10.00 bi-weekly**

C. Full Name (Last, First, Middle Initial) **Hedberg, Brian R.** Date of Receipt Payroll Deduction

Mailing Address **300 E. Randolph**

City **Chicago, IL** State **IL** Zip Code **60601**

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

Name of Employer **Health Care Service Corp.** Occupation **SVP**

Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1,206.40**

Amount of Each Receipt this Period **\$150.00 bi-weekly**

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

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

28039941542

**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 10 | | | | |
| | <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 | | |

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 and Blue Shield of Illinois PAC (C00199711)

| | | |
|---|---|------------------------------------|
| Full Name (Last, First, Middle Initial) A. Hemingway Hall, Patricia A. | | Date of Receipt Payroll Deduction |
| Mailing Address 300 E. Randolph | | <input type="text"/> |
| City | State Zip Code | |
| Chicago, IL | 60601 | |
| FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C | | Amount of Each Receipt this Period |
| | | 200.00 |
| Name of Employer Health Care Service Corp. | Occupation President & COO | \$50.00 bi-weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 480.00 | |

| | | |
|---|---|------------------------------------|
| Full Name (Last, First, Middle Initial) B. Kennedy, Brian A. | | Date of Receipt Payroll Deduction |
| Mailing Address 300 E. Randolph | | <input type="text"/> |
| City | State Zip Code | |
| Chicago, IL | 60601 | |
| FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C | | Amount of Each Receipt this Period |
| | | 40.00 |
| Name of Employer Health Care Service Corp. | Occupation VP | \$10 bi-weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | | |
|---|---|------------------------------------|
| Full Name (Last, First, Middle Initial) C. Kieckhefer, Robert K. | | Date of Receipt Payroll Deduction |
| Mailing Address 300 E. Randolph | | <input type="text"/> |
| City | State Zip Code | |
| Chicago, IL | 60601 | |
| FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C | | Amount of Each Receipt this Period |
| | | 400.00 |
| Name of Employer Health Care Service Corp. | Occupation VP | \$100.00 bi-weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 970.00 | |

| | |
|--|----------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

28039941543

**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 10 | |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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 and Blue Shield of Illinois PAC (C00199711)

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. MacLean, Thomas A. | | Date of Receipt Payroll Deduction |
| Mailing Address 300 E. Randolph | | <input type="text"/> |
| City Chicago, IL | State IL | Zip Code 60601 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 60.00 |
| Name of Employer Health Care Service Corp. | Occupation VP | \$15.00 bi-weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 279.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Marshall, Bert E. | | Date of Receipt Payroll Deduction |
| Mailing Address 1215 S. Boulder Ave. | | <input type="text"/> |
| City Tulsa, OK | State OK | Zip Code 74119 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 80.00 |
| Name of Employer Health Care Service Corp. | Occupation President, Oklahoma Div. | \$20.00 bi-weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 420.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. McCaskey, Raymond F. | | Date of Receipt Payroll Deduction |
| Mailing Address 300 E. Randolph | | <input type="text"/> |
| City Chicago, IL | State IL | Zip Code 60601 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 760.00 |
| Name of Employer Health Care Service Corp. | Occupation CEO | \$190.00 bi-weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1,920.00 | |

| | |
|---|----------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

28039941544

**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 6 OF 10 | | | | | |
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| | 13 | | 14 | | 15 | | 16 |
| | | | | | | | 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 and Blue Shield of Illinois PAC (C00199711)

| | | |
|---|---|--|
| A. Full Name (Last, First, Middle Initial) Moore, Delores F. | | Date of Receipt Payroll Deduction |
| Mailing Address 901 S. Central Expressway | | |
| City State Zip Code Richardson, TX 75080 | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 60.00 |
| Name of Employer Health Care Service Corp. | Occupation VP | \$15.00 bi-weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 261.00 | |

| | | |
|---|---|--|
| B. Full Name (Last, First, Middle Initial) Newland, Jeffrey B. | | Date of Receipt Payroll Deduction |
| Mailing Address 5701 Balloon Fiesta Parkway, NE | | |
| City State Zip Code Albuquerque, NM 87113 | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 60.00 |
| Name of Employer Health Care Service Corp. | Occupation VP | \$15.00 bi-weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 216.00 | |

| | | |
|---|---|--|
| C. Full Name (Last, First, Middle Initial) Nicholson, Joseph M. | | Date of Receipt Payroll Deduction |
| Mailing Address 1215 S. Boulder Ave. | | |
| City State Zip Code Tulsa, OK 74119 | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 60.00 |
| Name of Employer Health Care Service Corp. | Occupation VP | \$15.00 bi-weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 360.00 | |

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

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

| |
|--|
| |
|--|

28039841545

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

| | | |
|---|--------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 OF 10 | |
| | (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"/> 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 and Blue Shield of Illinois PAC (C00199711)

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. O'Connor, Patrick F. | | Date of Receipt Payroll Deduction MM / DD / YYYY |
| Mailing Address 300 E. Randolph | | |
| City Chicago, IL | State IL | Zip Code 60601 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 600.00 |
| Name of Employer Health Care Service Corp. | Occupation SVP | \$150 bi-weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1,328.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Pruitt, Nancy C. | | Date of Receipt Payroll Deduction MM / DD / YYYY |
| Mailing Address 1215 S. Boulder Ave. | | |
| City Tulsa, OK | State OK | Zip Code 74119 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 60.00 |
| Name of Employer Health Care Service Corp. | Occupation VP | \$15.00 bi-weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 288.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Rodgers, J. Darren | | Date of Receipt Payroll Deduction MM / DD / YYYY |
| Mailing Address 901 S. Central Expressway | | |
| City Richardson, TX | State TX | Zip Code 75080 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 80.00 |
| Name of Employer Health Care Service Corp. | Occupation President -- Texas Division | \$20.00 bi-weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |

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

28039941546

**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 8 OF 10 | |
| <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 and Blue Shield of Illinois PAC (C00199711)

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Scherer, Jerry D. | | Date of Receipt Payroll Deduction MM / DD / YYYY |
| Mailing Address 1215 S. Boulder Ave. | | |
| City Tulsa, OK | State OK | Zip Code 74119 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 60.00 |
| Name of Employer Health Care Service Corp. | Occupation VP | \$15.00 bi-weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 360.00 | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Segal, Jack A. | | Date of Receipt Payroll Deduction MM / DD / YYYY |
| Mailing Address 300 E. Randolph | | |
| City Chicago, IL | State IL | Zip Code 60601 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 60.00 |
| Name of Employer Health Care Service Corp. | Occupation VP | \$15.00 bi-weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Shipley, Kurt B. | | Date of Receipt Payroll Deduction MM / DD / YYYY |
| Mailing Address 5701 Balloon Fiesta Parkway, NE | | |
| City Albuquerque, NM | State NM | Zip Code 87113 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 60.00 |
| Name of Employer Health Care Service Corp. | Occupation VP | \$15.00 bi-weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 234.00 | |

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

28039941547

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 10
(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 |

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 and Blue Shield of Illinois PAC (C00199711)

| | | |
|---|---|------------------------------------|
| A. Full Name (Last, First, Middle Initial) Stratton, Sharon T. | | Date of Receipt Payroll Deduction |
| Mailing Address 300 E. Randolph | | <input type="text"/> |
| City Chicago, IL | State Zip Code 60601 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. C | | <input type="text"/> 40.00 |
| Name of Employer Health Care Service Corp. | Occupation VP | \$10.00 bi-weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | | |
|---|---|------------------------------------|
| B. Full Name (Last, First, Middle Initial) Stuart, Charles C. | | Date of Receipt Payroll Deduction |
| Mailing Address 901 S. Central Expressway | | <input type="text"/> |
| City Richardson, TX | State Zip Code 75080 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. C | | <input type="text"/> 40.00 |
| Name of Employer Health Care Service Corp. | Occupation VP | \$10.00 bi-weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | | |
|---|---|------------------------------------|
| C. Full Name (Last, First, Middle Initial) Tikkanen, Jeffrey R. | | Date of Receipt Payroll Deduction |
| Mailing Address 1215 S. Boulder Ave. | | <input type="text"/> |
| City Tulsa, OK | State Zip Code 74119 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. C | | <input type="text"/> 60.00 |
| Name of Employer Health Care Service Corp. | Occupation VP | \$15.00 bi-weekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

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

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

28039941548

**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 10
(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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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 and Blue Shield of Illinois PAC (C00199711)

| | | | |
|---|---|---|----------------------|
| A. Full Name (Last, First, Middle Initial) Waldron, Austin J. | | Date of Receipt | Payroll Deduction |
| Mailing Address 300 E. Randolph | | <input type="text"/> | <input type="text"/> |
| City | State | Zip Code | |
| Chicago, IL | IL | 60601 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 | |
| Name of Employer Health Care Service Corp. | Occupation SVP | \$50.00 bi-weekly | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 480.00 | | |

| | | | |
|---|---|--|----------------------|
| B. Full Name (Last, First, Middle Initial) Wallace, Clifton W. | | Date of Receipt | Payroll Deduction |
| Mailing Address 1215 S. Boulder Ave. | | <input type="text"/> | <input type="text"/> |
| City | State | Zip Code | |
| Tulsa, OK | OK | 74119 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 60.00 | |
| Name of Employer Health Care Service Corp. | Occupation VP | \$15.00 bi-weekly | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 360.00 | | |

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

| | |
|--|----------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text"/> |
| TOTAL This Period (last page this line number only).....▶ | 6,425.00 |

28039941549

**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 1 OF 1 |
| | <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 | <input type="checkbox"/> 30b | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Blue Cross and Blue Shield of Illinois PAC (C00199711)

| | | |
|---|----------------------|--|
| Full Name (Last, First, Middle Initial) A. BluePac, the BlueCrossand Blue Shield Association PAC | | Date of Disbursement MM / DD / YYYY 10 / 08 / 2008 |
| Mailing Address 1310 G. Street, N.W. | | Amount of Each Disbursement this Period 4,173.84 |
| City Washington | State D.C. | |
| Zip Code 20005 | | 008 Category/ Type |
| Purpose of Disbursement Transfer to Affiliated PAC | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

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

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

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | |
| TOTAL This Period (last page this line number only).....▶ | 4,173.84 |

28039941550

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

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

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *ups* Shipping Date
12/4/08
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jm
 PREPARER *12/5/08*
 DATE PREPARED

28039941551