

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 INC.

ADDRESS (number and street) 1800 Center Street

Check if different than previously reported. (ACC) Camp Hill PA 17089

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00302844

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 09 30 2010

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 Kenneth B Gebhard

Signature of Treasurer Electronically Filed by Kenneth B Gebhard Date 10 14 2010

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

Write or Type Committee Name
HIGHMARK HEALTH PAC OF HIGHMARK INC.

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		53939.40
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	29090.61									
(c) Total Receipts (from Line 19)	59076.89	166472.14								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	88167.50	220411.54								
7. Total Disbursements (from Line 31)	59826.95	192070.99								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28340.55	28340.55								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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)

Write or Type Committee Name
HIGHMARK HEALTH PAC OF HIGHMARK INC.

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	41237.46	92787.86
(ii) Unitemized	17828.60	73644.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)	59066.06	166432.62
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	59066.06	166432.62
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	10.83	39.52
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	59076.89	166472.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	59076.89	166472.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	61.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	61.64
22. Transfers to Affiliated/Other Party Committees.....	4000.00	12000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	27400.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	52826.95	152609.35
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	59826.95	192070.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59826.95	192070.99

DETAILED SUMMARY PAGE
of Disbursements

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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)	59066.06	166432.62
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59066.06	166432.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	61.64
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	61.64

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 107
(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.

Full Name (Last, First, Middle Initial)
Atiya Abdelmalik

Mailing Address 838 Florida Avenue

City State Zip Code
Pittsburgh PA 15228

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

Name of Employer Highmark Inc. Occupation Mgr Health Promotion

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 637.41

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.16442

Amount of Each Receipt this Period 236.95

payroll deduction \$33.85 biweekly

B.

Full Name (Last, First, Middle Initial)
Robert T Adams

Mailing Address 102 Caridge Drive

City State Zip Code
Moon Township PA 15108

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

Name of Employer Highmark Inc. Occupation Mgr Vendor & Business Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 391.28

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.16400

Amount of Each Receipt this Period 145.60

payroll deduction \$20.80 biweekly

C.

Full Name (Last, First, Middle Initial)
Melissa M Anderson

Mailing Address 515 Rockland Drive

City State Zip Code
Pittsburgh PA 15239

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

Name of Employer Highmark Inc. Occupation VP Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 453.79

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.16409

Amount of Each Receipt this Period 169.61

payroll deduction \$24.23 biweekly

SUBTOTAL of Receipts This Page (optional) ► 552.16

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 7 / 107
(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.

Full Name (Last, First, Middle Initial)
Karen J Badorf

Mailing Address 29 Wineberry Drive

City Mechanicsburg State PA Zip Code 17055

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

Name of Employer Highmark Inc. Occupation Mgr ISG Info

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.81

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.16378

Amount of Each Receipt this Period 124.04

payroll deduction \$17.72 biweekly

B.

Full Name (Last, First, Middle Initial)
Jacqueline M Bauer

Mailing Address 809 Park Plaza

City Wexford State PA Zip Code 15090

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

Name of Employer Highmark Inc. Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 524.52

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.16426

Amount of Each Receipt this Period 193.38

payroll deduction \$29.75 biweekly

C.

Full Name (Last, First, Middle Initial)
Ronald J Becker

Mailing Address Cereal Building
300 Heinz Street

City Pittsburgh State PA Zip Code 15212

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

Name of Employer Highmark Inc. Occupation Dir, Actl Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1170.28

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.16466

Amount of Each Receipt this Period 435.05

payroll deduction \$62.15 biweekly

SUBTOTAL of Receipts This Page (optional) ► **752.47**

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 8 / 107
(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.

Full Name (Last, First, Middle Initial) Wayne A Berger		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 137 Hickory Drive		Transaction ID: SA11AI.16444
City Sewickley	State PA	Zip Code 15143
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 245.00
Name of Employer Highmark Inc	Occupation VP, Natl Ops	payroll deduction \$35.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	

B.

Full Name (Last, First, Middle Initial) David A Berry		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 18 Irongate Court		Transaction ID: SA11AI.16374
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 118.65
Name of Employer Highmark Inc	Occupation Dir, Actrl Svcs Fin/Trend/Prcng	payroll deduction \$16.95 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 316.98	

C.

Full Name (Last, First, Middle Initial) Judith S Black		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 352 Hunt Road		Transaction ID: SA11AI.16408
City Pittsburgh	State PA	Zip Code 15238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 164.71
Name of Employer Highmark Inc	Occupation Medical Director - Sr Prod	payroll deduction \$23.53 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 444.13	

SUBTOTAL of Receipts This Page (optional)	528.36
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 9 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Andrew Bloschichak		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 1304 King Arthur Drive		Transaction ID: SA11AI.16530		
	City Mechanicsburg	State PA	Zip Code 17055	Amount of Each Receipt this Period 621.46	
	FEC ID number of contributing federal political committee. C		payroll deduction \$88.78 biweekly		
	Name of Employer Highmark Inc.	Occupation VP & Contractor Med Dir	Aggregate Year-to-Date 1671.63		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Jerome J Blum		Date of Receipt MM / DD / YYYY 07 / 30 / 2010		
	Mailing Address 418 S Sterling Road		Transaction ID: SA11AI.15866		
	City Elkins Park	State PA	Zip Code 19027	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		payroll deduction \$250.00 one time		
	Name of Employer Highmark Inc.	Occupation Corp Dental Director UCCI	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Donna Lynn Blythe		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 1009 Barnsley Drive		Transaction ID: SA11AI.16387		
	City Library	State PA	Zip Code 15129	Amount of Each Receipt this Period 140.00	
	FEC ID number of contributing federal political committee. C		payroll deduction \$20.00 biweekly		
	Name of Employer Highmark Inc	Occupation Sr Prod Spec	Aggregate Year-to-Date 380.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1011.46
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 / 107
(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.

Full Name (Last, First, Middle Initial)
Martha A Brahm

Mailing Address 741 Rolling Green Drive

City State Zip Code
Bethel Park PA 15102

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

Name of Employer Highmark Inc Occupation Dir Financial Mgmt&Analysis

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 227.64

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16333

Amount of Each Receipt this Period
84.77

payroll deduction \$12.11 biweekly

B.

Full Name (Last, First, Middle Initial)
Jennifer Michelle Braverman

Mailing Address 524 Firethorn Drive

City State Zip Code
Monroeville PA 15146

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

Name of Employer Highmark Inc Occupation Sr Product Spec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 281.65

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16357

Amount of Each Receipt this Period
104.72

payroll deduction \$14.96 biweekly

C.

Full Name (Last, First, Middle Initial)
Kenneth L Bretz

Mailing Address 425 Woodruff Way

City State Zip Code
Harrisburg PA 17112

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

Name of Employer Highmark Inc Occupation Pharmacy Benefit Consult

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 207.91

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16317

Amount of Each Receipt this Period
77.42

payroll deduction \$11.06 biweekly

SUBTOTAL of Receipts This Page (optional) ► **266.91**

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 11 / 107
	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Mark C Brooks		Date of Receipt
	Mailing Address 243 Gary Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Sewickley	PA	15143
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16385
Name of Employer Highmark Inc.		Occupation Finance Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 358.98	<input type="text"/> 133.70
			payroll deduction \$19.10 biweekly

B.	Full Name (Last, First, Middle Initial) Charles E Brown		Date of Receipt
	Mailing Address 163 McKeesport Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Elizabeth	PA	15037
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16438
Name of Employer Highmark Inc		Occupation VP, Prod&Fin - Sr Prod	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 585.36	<input type="text"/> 217.98
			payroll deduction \$31.14 biweekly

C.	Full Name (Last, First, Middle Initial) Jennifer B Butler		Date of Receipt
	Mailing Address 222 Carriage Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Upper St Clair	PA	15241
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16330
Name of Employer Highmark Inc.		Occupation Director Legacy Modernization	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.00	<input type="text"/> 84.00
			payroll deduction \$12.00 biweekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 435.68
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 12 / 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A. Full Name (Last, First, Middle Initial)
Mary Butler-Everson
 Mailing Address 215 Maplewood Drive
 City State Zip Code
 McMurray PA 15317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Highmark Inc. Occupation SVP ProdPartnership&Mktg HMIG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.76
 Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.16501
 Amount of Each Receipt this Period 128.52
 payroll deduction \$18.36 biweekly

B. Full Name (Last, First, Middle Initial)
Edmund James Bylotas
 Mailing Address 4416 Mars Avenue
 City State Zip Code
 Harrisburg PA 17112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Highmark Inc. Occupation Dir, Qual&Perf Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 685.59
 Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.16526
 Amount of Each Receipt this Period 255.78
 payroll deduction \$36.54 biweekly

C. Full Name (Last, First, Middle Initial)
Virginia C Calega
 Mailing Address 95 Hunters Run Road
 City State Zip Code
 Honey Brook PA 19344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Highmark Inc. Occupation VP, Medical Mgmt&Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00
 Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.16358
 Amount of Each Receipt this Period 105.00
 payroll deduction \$15.00 biweekly

SUBTOTAL of Receipts This Page (optional) ► 489.30
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 13 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Michelle D Calvanelli		Date of Receipt
	Mailing Address 3911 Cherylbrook Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Mechanicsburg	PA	17050
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16346
Name of Employer Highmark Inc.		Occupation Business Analyst	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 253.92	<input type="text"/> 94.22
			payroll deduction \$13.46 biweekly

B.	Full Name (Last, First, Middle Initial) Christa R Caparelli		Date of Receipt
	Mailing Address 180 Merrimac Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Pittsburgh	PA	15211
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16500
Name of Employer Highmark Inc		Occupation Dir PartnershipMgmt - HMIG	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.01	<input type="text"/> 74.41
			payroll deduction \$10.63 biweekly

C.	Full Name (Last, First, Middle Initial) Kimberly J Carbaugh		Date of Receipt
	Mailing Address 17 White Pine Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Hershey	PA	17033
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16418
Name of Employer Highmark Inc.		Occupation Dir, Corp Employee Benefits	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 473.15	<input type="text"/> 176.82
			payroll deduction \$25.26 biweekly

SUBTOTAL of Receipts This Page (optional)	345.45
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 14 / 107
(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.

Full Name (Last, First, Middle Initial)
Ray Hunter Carson

Mailing Address 11 Balsam Parkway

City State Zip Code
Sparta NJ 07871

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

Name of Employer Highmark Inc. Occupation Chief People Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.93

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.16449
Amount of Each Receipt this Period: 269.29
payroll deduction \$38.47 biweekly

B.

Full Name (Last, First, Middle Initial)
William J Cashion

Mailing Address 323 Heather Hill Drive

City State Zip Code
Gibsonia PA 15044

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

Name of Employer Highmark Inc. Occupation VP Chief Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1425.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.16471
Amount of Each Receipt this Period: 525.00
payroll deduction \$75.00 biweekly

C.

Full Name (Last, First, Middle Initial)
Elmo B Cecchetti

Mailing Address 514 W Lincoln Avenue

City State Zip Code
McDonald PA 15057

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

Name of Employer Highmark Inc. Occupation Mgr, Natl Membership&Billing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.93

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.16405
Amount of Each Receipt this Period: 158.34
payroll deduction \$22.62 biweekly

SUBTOTAL of Receipts This Page (optional) ► **952.63**

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 15 / 107
(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
							17

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NAME OF COMMITTEE (In Full)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.

Full Name (Last, First, Middle Initial)
James W Chiado

Mailing Address 23 Mayberry Lane

City Mechanicsburg State PA Zip Code 17050

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

Name of Employer Highmark Inc Occupation Mgr, Govt Finan Reptg

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 227.53

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.16520

Amount of Each Receipt this Period 84.42

payroll deduction \$12.06 biweekly

B.

Full Name (Last, First, Middle Initial)
Carolyn M Coleman

Mailing Address 10495 Olde Villa Drive

City Gibsonia State PA Zip Code 15044

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

Name of Employer Highmark Inc Occupation VP Client Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1332.28

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.16468

Amount of Each Receipt this Period 494.76

payroll deduction \$70.68 biweekly

C.

Full Name (Last, First, Middle Initial)
Anthony W Cosentino

Mailing Address 1014 Country Club Road

City Camp Hill State PA Zip Code 17011

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

Name of Employer Highmark Inc Occupation Dir, Ins Risk & Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 258.22

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.16349

Amount of Each Receipt this Period 95.83

payroll deduction \$13.69 biweekly

SUBTOTAL of Receipts This Page (optional) ▶ **675.01**

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 16 / 107
	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Christine A Cox	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1235 Erickson Drive	Transaction ID: SA11AI.16359
	City State Zip Code Johnstown PA 15904	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$15.00 biweekly
	Name of Employer Highmark Inc Occupation Dir, CM Mid Mkt & Comm Affrs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00	

B.	Full Name (Last, First, Middle Initial) Anne L Crawford	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 400 Valley Drive	Transaction ID: SA11AI.16420
	City State Zip Code Pittsburgh PA 15215	Amount of Each Receipt this Period 179.69
	FEC ID number of contributing federal political committee. C	payroll deduction \$25.67 biweekly
	Name of Employer Highmark Inc Occupation Dir, Med Adv Comp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 482.48	

C.	Full Name (Last, First, Middle Initial) Stephen R Creeksbaum	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 127 Applewood Lane	Transaction ID: SA11AI.16353
	City State Zip Code Slippery Rock PA 16057	Amount of Each Receipt this Period 100.17
	FEC ID number of contributing federal political committee. C	payroll deduction \$14.31 biweekly
	Name of Employer Highmark Inc Occupation Dir Application Devel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.91	

SUBTOTAL of Receipts This Page (optional)	384.86
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 17 / 107
(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.

Full Name (Last, First, Middle Initial)
Chad T Cressler

Mailing Address 3104 Braeburn Lane

City Harrisburg State PA Zip Code 17110

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

Name of Employer Highmark Inc. Occupation Dir, Acct Inst & Elec Supt Svc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 612.85

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.15865

Amount of Each Receipt this Period 229.81

payroll deduction \$32.83 biweekly

B.

Full Name (Last, First, Middle Initial)
W. Dennis Cronin

Mailing Address 557 Old Fayette Trail

City Oakdale State PA Zip Code 15071

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

Name of Employer Highmark Inc. Occupation SVP, Finance & CFO - HMIG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.16453

Amount of Each Receipt this Period 280.00

payroll deduction \$40.00 biweekly

C.

Full Name (Last, First, Middle Initial)
David Dames

Mailing Address 111 9th Avenue

City Pittsburgh State PA Zip Code 15229

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

Name of Employer Highmark Inc. Occupation Dir, Bus Process Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 311.09

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.16370

Amount of Each Receipt this Period 115.85

payroll deduction \$16.55 biweekly

SUBTOTAL of Receipts This Page (optional) ▶ **625.66**

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 18 / 107
	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Mary Anne Darragh		Date of Receipt
	Mailing Address PO Box 12805		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Pittsburgh	PA	15241
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16445
Name of Employer Highmark Inc		Occupation VP, Hlth Mgmt Svcs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 665.00	245.00
			payroll deduction \$35.00 biweekly

B.	Full Name (Last, First, Middle Initial) Brian T Day		Date of Receipt
	Mailing Address 1305 Morgan Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Canonsburg	PA	15317
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16344
Name of Employer Highmark Inc		Occupation Dir, Decision Support	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 242.90	90.86
			payroll deduction \$12.98 biweekly

C.	Full Name (Last, First, Middle Initial) Cynthia M Dellecker		Date of Receipt
	Mailing Address 83 Altadena Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Pittsburgh	PA	15228
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16434
Name of Employer Highmark Inc		Occupation SVP Senior Products	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 572.16	214.20
			payroll deduction \$30.60 biweekly

SUBTOTAL of Receipts This Page (optional)	550.06
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 19 / 107
	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Nanette Paden DeTurk	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 198 Pleasant Valley Road	Transaction ID: SA11AI.16463
	City State Zip Code Lancaster NH 03584	Amount of Each Receipt this Period 371.70
	FEC ID number of contributing federal political committee. C	payroll deduction \$53.10 biweekly
	Name of Employer Highmark Inc Occupation EVP Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1008.90	

B.	Full Name (Last, First, Middle Initial) Donna B Dow	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 6560 Rosemoor Street	Transaction ID: SA11AI.16525
	City State Zip Code Pittsburgh PA 15217	Amount of Each Receipt this Period 251.16
	FEC ID number of contributing federal political committee. C	payroll deduction \$35.88 biweekly
	Name of Employer Highmark Inc Occupation Mgr Core Services Medicare Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 646.86	

C.	Full Name (Last, First, Middle Initial) Elizabeth Dum	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 500 Pisgah State Road	Transaction ID: SA11AI.16521
	City State Zip Code Shermansdale PA 17090	Amount of Each Receipt this Period 100.31
	FEC ID number of contributing federal political committee. C	payroll deduction \$14.33 biweekly
	Name of Employer Highmark Inc Occupation VP Contract Mgmt - HMS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 269.82	

SUBTOTAL of Receipts This Page (optional)	723.17
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 20 / 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A. Full Name (Last, First, Middle Initial)
Jonathan M Edmonds
Mailing Address 431 Bower Hill Road
City Pittsburgh State PA Zip Code 15228
FEC ID number of contributing federal political committee. **C**
Name of Employer Highmark Inc. Occupation Legacy Programs Mgr
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 222.81
Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.16329
Amount of Each Receipt this Period 82.81
payroll deduction \$11.83 biweekly

B. Full Name (Last, First, Middle Initial)
Gregory P Englert
Mailing Address 5503 Glenallen Street
City Springfield State VA Zip Code 22151
FEC ID number of contributing federal political committee. **C**
Name of Employer Highmark Inc. Occupation Sr Govt Affrs Rep
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 576.57
Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.16435
Amount of Each Receipt this Period 214.20
payroll deduction \$30.60 biweekly

C. Full Name (Last, First, Middle Initial)
Richard J Enterline
Mailing Address 4624 Laurel Ridge Drive
City Harrisburg State PA Zip Code 17110
FEC ID number of contributing federal political committee. **C**
Name of Employer Highmark Inc. Occupation VP and Dep General Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1529.58
Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.16474
Amount of Each Receipt this Period 567.63
payroll deduction \$81.09 biweekly

SUBTOTAL of Receipts This Page (optional) ► 864.64
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 21 / 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A. Full Name (Last, First, Middle Initial)
Theresa S Evans

Mailing Address 1344 Bechtel Street

City State Zip Code
Monaca PA 15061

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

Name of Employer Highmark Inc Occupation Senior Billing AR Consult

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 08 / 27 / 2010
Transaction ID: SA11AI.16352
Amount of Each Receipt this Period: 100.00
payroll deduction \$20.00 biweekly

B. Full Name (Last, First, Middle Initial)
Elizabeth A Farbacher

Mailing Address 3826 Grove Road

City State Zip Code
Gibsonia PA 15044

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

Name of Employer Highmark Inc Occupation SVP, Corp Audit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.16454
Amount of Each Receipt this Period: 280.00
payroll deduction \$40.00 biweekly

C. Full Name (Last, First, Middle Initial)
Robert L Farber

Mailing Address 54 Bayberry Drive

City State Zip Code
Mechanicsburg PA 17055

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

Name of Employer Highmark Inc Occupation Mgr, Cost Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 219.58

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.16326
Amount of Each Receipt this Period: 81.62
payroll deduction \$11.66 biweekly

SUBTOTAL of Receipts This Page (optional) ▶ **461.62**

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 22 / 107

(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.

Full Name (Last, First, Middle Initial)
Philip Gedeon Ferland

Mailing Address 621 Hastings Street

City State Zip Code
Pittsburgh PA 15206

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

Name of Employer Occupation
Highmark Inc. Client Manager-Middle Market

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 457.87

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16410

Amount of Each Receipt this Period

170.52

payroll deduction \$24.36
biweekly

B.

Full Name (Last, First, Middle Initial)
Michael A Fiaschetti

Mailing Address 5772 Catherine Street

City State Zip Code
Harrisburg PA 17112

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

Name of Employer Occupation
Highmark Inc SVP, Mid Atl Region

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 665.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16446

Amount of Each Receipt this Period

245.00

payroll deduction \$35.00
biweekly

C.

Full Name (Last, First, Middle Initial)
Donald R Fischer

Mailing Address 1026 Highmont Road

City State Zip Code
Pittsburgh PA 15232

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

Name of Employer Occupation
Highmark Inc SVP & Chief Medical Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 950.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16462

Amount of Each Receipt this Period

350.00

payroll deduction \$50.00
biweekly

SUBTOTAL of Receipts This Page (optional)

765.52

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 23 / 107
	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) John Roy Fowler	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4223 Allison Avenue	Transaction ID: SA11AI.16336
	City State Zip Code Erie PA 16506	Amount of Each Receipt this Period 87.43
	FEC ID number of contributing federal political committee. C	payroll deduction \$12.49 biweekly
Name of Employer Highmark Inc	Occupation Dir Provider Suppt Oper	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.79	

B.	Full Name (Last, First, Middle Initial) Karl F Frantz	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3809 Hearthstone Road	Transaction ID: SA11AI.16316
	City State Zip Code Camp Hill PA 17011	Amount of Each Receipt this Period 77.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$11.00 biweekly
Name of Employer Highmark Inc	Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

C.	Full Name (Last, First, Middle Initial) Terri Ann Frassinelli	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 442 Sulgrave Road	Transaction ID: SA11AI.16423
	City State Zip Code Pittsburgh PA 15211	Amount of Each Receipt this Period 186.13
	FEC ID number of contributing federal political committee. C	payroll deduction \$26.59 biweekly
Name of Employer Highmark Inc.	Occupation Program and Services Team Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 498.07	

SUBTOTAL of Receipts This Page (optional)	350.56
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 24 / 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A. Full Name (Last, First, Middle Initial)
Evan S Frazier

Mailing Address 1912 Garrick Drive

City State Zip Code
Pittsburgh PA 15235

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

Name of Employer Highmark Inc. Occupation SVP, Community Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.16388
Amount of Each Receipt this Period: 140.00
payroll deduction \$20.00 biweekly

B. Full Name (Last, First, Middle Initial)
Jeffrey J Gallagher

Mailing Address 1 Sycamore Court

City State Zip Code
Enola PA 17025

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

Name of Employer Highmark Inc. Occupation Application Developer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 241.69

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.16340
Amount of Each Receipt this Period: 89.74
payroll deduction \$12.82 biweekly

C. Full Name (Last, First, Middle Initial)
Kenneth B Gebhard

Mailing Address 703 Hilton Drive

City State Zip Code
Lancaster PA 17603

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

Name of Employer Highmark Inc. Occupation Dir, Cost Mgmt & Ana

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 344.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.16389
Amount of Each Receipt this Period: 140.00
payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional) ► 369.74

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 25 / 107
(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A. Full Name (Last, First, Middle Initial)
Margery L Glover

Mailing Address 59 Tuscany Court

City State Zip Code
Camp Hill PA 17011

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

Name of Employer Highmark Inc Occupation Mgr, Medical Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 218.50

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.16322
Amount of Each Receipt this Period: 80.50
payroll deduction \$11.50 biweekly

B. Full Name (Last, First, Middle Initial)
Mary C Goessler

Mailing Address 113 Beaver Creek Court

City State Zip Code
Sewickley PA 15143

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

Name of Employer Highmark Inc Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 433.69

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.16407
Amount of Each Receipt this Period: 161.07
payroll deduction \$23.01 biweekly

C. Full Name (Last, First, Middle Initial)
Gary L Golebiewski

Mailing Address 202 Fairway Lane

City State Zip Code
Valencia PA 16059

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

Name of Employer Highmark Inc Occupation Director, Pharmacy Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 237.04

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.16337
Amount of Each Receipt this Period: 88.13
payroll deduction \$12.59 biweekly

SUBTOTAL of Receipts This Page (optional) ► **329.70**

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 26 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Fasy M Greevy	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 5721 Elmer Street Apt 5	Transaction ID: SA11AI.16488
	City Pittsburgh State PA Zip Code 15232	Amount of Each Receipt this Period 156.24
	FEC ID number of contributing federal political committee. C	payroll deduction \$22.32 biweekly
	Name of Employer Highmark Inc. Occupation Mgr, Special Initiatives Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.30	

B.	Full Name (Last, First, Middle Initial) Martha Peyton Hamrick	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 316 Autumn Chase	Transaction ID: SA11AI.15870
	City Harrisburg State PA Zip Code 17110	Amount of Each Receipt this Period 340.06
	FEC ID number of contributing federal political committee. C	payroll deduction \$48.58 biweekly
	Name of Employer Highmark Inc. Occupation VP Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 913.15	

C.	Full Name (Last, First, Middle Initial) Van H Hang	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 323 Yorkshire Drive	Transaction ID: SA11AI.16339
	City Harrisburg State PA Zip Code 17111	Amount of Each Receipt this Period 89.11
	FEC ID number of contributing federal political committee. C	payroll deduction \$12.73 biweekly
	Name of Employer Highmark Inc. Occupation Dir, Integrity Office Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.12	

SUBTOTAL of Receipts This Page (optional)	585.41
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 27 / 107
	(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Mary G Heatherly	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 1001 Highfield Court	Transaction ID: SA11AI.16229
	City State Zip Code Mechanicsburg PA 17055	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$20.00 biweekly
	Name of Employer Highmark Inc Occupation Mgr, Corp Staffing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Thomas H Heim	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 6435 Whisper Wood Lane	Transaction ID: SA11AI.16327
	City State Zip Code Harrisburg PA 17112	Amount of Each Receipt this Period 82.46
	FEC ID number of contributing federal political committee. C	payroll deduction \$11.78 biweekly
	Name of Employer Highmark Inc. Occupation Sales Exec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.79	

C.	Full Name (Last, First, Middle Initial) Kevin M Henderson	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 6349 Woodlawn Avenue	Transaction ID: SA11AI.16331
	City State Zip Code Verona PA 15147	Amount of Each Receipt this Period 84.70
	FEC ID number of contributing federal political committee. C	payroll deduction \$12.10 biweekly
	Name of Employer Highmark Inc. Occupation Prov Relations Spec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 228.22	

SUBTOTAL of Receipts This Page (optional)	227.16
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 28 / 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A. Full Name (Last, First, Middle Initial)
Catharine J Hills

Mailing Address 1921 Harcum Way

City Pittsburgh State PA Zip Code 15203

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

Name of Employer Highmark Inc. Occupation Sr Prod Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 289.35

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.16365

Amount of Each Receipt this Period 107.66

payroll deduction \$15.38 biweekly

B. Full Name (Last, First, Middle Initial)
Tija R Hilton Phillips

Mailing Address 6668 Wiley's Alley

City Wrightsville State PA Zip Code 17368

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

Name of Employer Highmark Inc. Occupation Regulatory Affrs Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.16390

Amount of Each Receipt this Period 140.00

payroll deduction \$20.00 biweekly

C. Full Name (Last, First, Middle Initial)
Thomas V Hinkson

Mailing Address 4 Drayton Court

City Mechanicsburg State PA Zip Code 17055

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

Name of Employer Highmark Inc. Occupation VP, Finance&CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1170.40

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.16529

Amount of Each Receipt this Period 435.12

payroll deduction \$62.16 biweekly

SUBTOTAL of Receipts This Page (optional) ▶ **682.78**

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 29 / 107
(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A. Full Name (Last, First, Middle Initial)
Daniel R Holtz

Mailing Address 304 Sixth Street

City State Zip Code
Oakmont PA 15139

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

Name of Employer Highmark Inc Occupation SVP, Natl Accts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2674.34

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.16481
Amount of Each Receipt this Period: 995.96
payroll deduction \$142.28 biweekly

B. Full Name (Last, First, Middle Initial)
Gregory F Horner

Mailing Address 1025 Covington Place

City State Zip Code
McCandless PA 15101

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

Name of Employer Highmark Inc Occupation Mgr, Mgt Analysis

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.51

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.16319
Amount of Each Receipt this Period: 77.84
payroll deduction \$11.12 biweekly

C. Full Name (Last, First, Middle Initial)
Margaret A Horton

Mailing Address 171 W Vine Street Apt E

City State Zip Code
Shiremanstown PA 17011

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

Name of Employer Highmark Inc Occupation Data Performance Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 367.58

Date of Receipt: 09 / 30 / 2010
Transaction ID: SA11AI.16522
Amount of Each Receipt this Period: 136.43
payroll deduction \$19.49 biweekly

SUBTOTAL of Receipts This Page (optional) ► 1210.23

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 30 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Donald K Hummel		Date of Receipt
	Mailing Address PO Box 575		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	New Bloomfield	PA	17068
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16386
Name of Employer Highmark Inc.		Occupation Tech Business Analyst	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.56	135.66
			payroll deduction \$19.38 biweekly

B.	Full Name (Last, First, Middle Initial) Bonnell Gustafson Irvin		Date of Receipt
	Mailing Address 603 Stonehaven Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Gibsonia	PA	15044
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16461
Name of Employer Highmark Inc		Occupation VP, Prov Contracting	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 828.89	308.14
			payroll deduction \$44.02 biweekly

C.	Full Name (Last, First, Middle Initial) Jack J Jaroh		Date of Receipt
	Mailing Address 323 Indian Creek Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Mechanicsburg	PA	17055
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16436
Name of Employer Highmark Inc		Occupation Dir, Mid-Atl Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 577.58	214.34
			payroll deduction \$30.62 biweekly

SUBTOTAL of Receipts This Page (optional)	658.14
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 31 / 107
(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.

Full Name (Last, First, Middle Initial)
William D Jarrett

Mailing Address 633 Superior Street

City State Zip Code
Carnegie PA 15106

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

Name of Employer Highmark Inc Occupation Prov Relations Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 233.35

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16335

Amount of Each Receipt this Period
86.59

payroll deduction \$12.37
biweekly

B.

Full Name (Last, First, Middle Initial)
Rhonda Moore Johnson

Mailing Address 900 Highlander Circle

City State Zip Code
Wexford PA 15090

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

Name of Employer Highmark Inc Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1705.54

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16478

Amount of Each Receipt this Period
634.83

payroll deduction \$90.69
biweekly

C.

Full Name (Last, First, Middle Initial)
Wanda Faye Johnson

Mailing Address 207 St James Court

City State Zip Code
Mechanicsburg PA 17050

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

Name of Employer Highmark Inc Occupation Prof Relations Internal Unit Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 456.90

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16457

Amount of Each Receipt this Period
282.03

payroll deduction \$40.29
biweekly

SUBTOTAL of Receipts This Page (optional) ► **1003.45**

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 32 / 107
	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) William B Johnson	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 411 Hoodridge Drive Apt B6	Transaction ID: SA11AI.16401
	City Pittsburgh State PA Zip Code 15234	Amount of Each Receipt this Period 146.51
	FEC ID number of contributing federal political committee. C	payroll deduction \$20.93 biweekly
	Name of Employer Highmark Inc Occupation Dir, Corp Security&Emp Safety Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 394.80	

B.	Full Name (Last, First, Middle Initial) Beth A Kairush	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 356 Treetop Drive	Transaction ID: SA11AI.16364
	City Canonsburg State PA Zip Code 15317	Amount of Each Receipt this Period 105.28
	FEC ID number of contributing federal political committee. C	payroll deduction \$15.04 biweekly
	Name of Employer Highmark Inc Occupation Director, F&O Audit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 281.77	

C.	Full Name (Last, First, Middle Initial) Augusta L Kairys	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 401 Sonie Drive	Transaction ID: SA11AI.16476
	City Sewickley State PA Zip Code 15143	Amount of Each Receipt this Period 626.15
	FEC ID number of contributing federal political committee. C	payroll deduction \$89.45 biweekly
	Name of Employer Highmark Inc Occupation VP Provider Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1684.29	

SUBTOTAL of Receipts This Page (optional)	877.94
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 33 / 107
	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Christine Yost Kelly	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 340 Stonehedge Lane	Transaction ID: SA11AI.16324
	City State Zip Code Mechanicsburg PA 17055	Amount of Each Receipt this Period 81.34
	FEC ID number of contributing federal political committee. C	payroll deduction \$11.62 biweekly
	Name of Employer Highmark Inc Occupation Mgr, Application Devel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.40	

B.	Full Name (Last, First, Middle Initial) Valerie Corbin Ketchen	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 6251 S Highlands Circle	Transaction ID: SA11AI.16456
	City State Zip Code Harrisburg PA 17111	Amount of Each Receipt this Period 281.75
	FEC ID number of contributing federal political committee. C	payroll deduction \$40.25 biweekly
	Name of Employer Highmark Inc Occupation Sr Govt Affrs Rep Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 758.45	

C.	Full Name (Last, First, Middle Initial) Patrick M Kiley	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 104 Little Run Road	Transaction ID: SA11AI.16524
	City State Zip Code Camp Hill PA 17011	Amount of Each Receipt this Period 245.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$35.00 biweekly
	Name of Employer Highmark Inc Occupation President, Highmark Medicare Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 665.00	

SUBTOTAL of Receipts This Page (optional)	608.09
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 34 / 107
(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A. Full Name (Last, First, Middle Initial)
Dale S Kirkhoff

Mailing Address 20 Ashmar Drive

City State Zip Code
Duncannon PA 17020

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

Name of Employer Highmark Inc. Occupation Dir Procurement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16391

Amount of Each Receipt this Period
140.00

payroll deduction \$20.00
biweekly

B. Full Name (Last, First, Middle Initial)
John Michael Klimchok

Mailing Address 12 Cree Drive

City State Zip Code
Greensburg PA 15601

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

Name of Employer Highmark Inc. Occupation Corp Learning Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.73

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16419

Amount of Each Receipt this Period
178.71

payroll deduction \$25.53
biweekly

C. Full Name (Last, First, Middle Initial)
Nancy L Knox

Mailing Address 1375 Table Rock Road

City State Zip Code
Gettysburg PA 17325

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

Name of Employer Highmark Inc. Occupation Mgr, Prov Relations Staff Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 349.68

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16381

Amount of Each Receipt this Period
129.99

payroll deduction \$18.57
biweekly

SUBTOTAL of Receipts This Page (optional) ► **448.70**

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 35 / 107
	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Richard S Kopco		Date of Receipt
	Mailing Address 2312 Woodcrest Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Johnstown	PA	15905
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16392
Name of Employer Highmark Inc.		Occupation Client Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00	140.00
			payroll deduction \$20.00 biweekly

B.	Full Name (Last, First, Middle Initial) Michael W Kronenwetter		Date of Receipt
	Mailing Address 174 Forsythe Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Valencia	PA	16059
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16458
Name of Employer Highmark Inc		Occupation VP, Tech Mgmt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 761.31	282.52
			payroll deduction \$40.36 biweekly

C.	Full Name (Last, First, Middle Initial) John M Kunkel		Date of Receipt
	Mailing Address 1350 Hambiltonian Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	York	PA	17404
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16321
Name of Employer Highmark Inc		Occupation Mgr, HRIS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.83	79.80
			payroll deduction \$11.40 biweekly

SUBTOTAL of Receipts This Page (optional)	502.32
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 36 / 107
	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Jane S Lacey	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address PO Box 169	Transaction ID: SA11AI.16377
	City State Zip Code Acme PA 15610	Amount of Each Receipt this Period 121.80
	FEC ID number of contributing federal political committee. C	payroll deduction \$17.40 biweekly
Name of Employer Highmark Inc	Occupation VP Middle Mkt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.60	

B.	Full Name (Last, First, Middle Initial) Karen Ruth Larson	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 7466 McClure Avenue	Transaction ID: SA11AI.16393
	City State Zip Code Pittsburgh PA 15218	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$20.00 biweekly
Name of Employer Highmark Inc	Occupation ISG Reptg Consult	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

C.	Full Name (Last, First, Middle Initial) Daniel J Lebish	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1826 Murdstone Road	Transaction ID: SA11AI.16473
	City State Zip Code Pittsburgh PA 15241	Amount of Each Receipt this Period 558.81
	FEC ID number of contributing federal political committee. C	payroll deduction \$79.83 biweekly
Name of Employer Highmark Inc	Occupation President and CEO - HMIG & UCCI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1516.77	

SUBTOTAL of Receipts This Page (optional)	820.61
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 37 / 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p>A. Full Name (Last, First, Middle Initial) Howard C Lee</p> <p>Mailing Address 33 Colonial Drive</p> <p>City State Zip Code Jonestown PA 17038</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Highmark Inc Occupation Dir, Underwriting&Rating</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 309.37</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.16369</p> <p>Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr><td>115.01</td></tr> </table> </p> <p>payroll deduction \$16.43 biweekly</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	1	0	115.01
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		3	0		2	0	1	0													
115.01																						

<p>B. Full Name (Last, First, Middle Initial) Debra Kay Lehman</p> <p>Mailing Address 1541 Braewood Drive</p> <p>City State Zip Code Harrisburg PA 17111</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Highmark Inc Occupation Dir, Shared Finan Svcs</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 266.00</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.16351</p> <p>Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr><td>98.00</td></tr> </table> </p> <p>payroll deduction \$14.00 biweekly</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	1	0	98.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		3	0		2	0	1	0													
98.00																						

<p>C. Full Name (Last, First, Middle Initial) Mary Lynne Leone</p> <p>Mailing Address 206 Pine Cone Court</p> <p>City State Zip Code Wexford PA 15090</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Highmark Inc. Occupation Client Management</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 389.23</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.16399</p> <p>Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr><td>144.69</td></tr> </table> </p> <p>payroll deduction \$20.67 biweekly</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	1	0	144.69
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		3	0		2	0	1	0													
144.69																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width:100%;"><tr><td style="text-align: right;">357.70</td></tr></table>	357.70
357.70		
TOTAL This Period (last page this line number only)	<table border="1" style="width:100%;"><tr><td style="text-align: right;"> </td></tr></table>	

**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 38 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Darla J Leseck		Date of Receipt
	Mailing Address 242 Lakeview Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Moon Township	PA	15108
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16334
Name of Employer Highmark Inc.		Occupation Director Marketing-Senior Product	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.12	<input type="text"/> 85.54
			payroll deduction \$12.22 biweekly

B.	Full Name (Last, First, Middle Initial) Francis Lettko		Date of Receipt
	Mailing Address 10 Raspberry Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Mechanicsburg	PA	17050
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16422
Name of Employer Highmark Inc.		Occupation Tech Business Analyst	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.08	<input type="text"/> 184.10
			payroll deduction \$26.30 biweekly

C.	Full Name (Last, First, Middle Initial) Kelly S Lieblein		Date of Receipt
	Mailing Address 2341 Forest Hills Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Harrisburg	PA	17112
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16404
Name of Employer Highmark Inc		Occupation VP, Phy Recruit&Rela	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 409.15	<input type="text"/> 152.53
			payroll deduction \$21.79 biweekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 422.17
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 39 / 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A. Full Name (Last, First, Middle Initial)
Timothy Wayne Lightner
Mailing Address 205 Ennerdale Lane
City Pittsburgh State PA Zip Code 15237
FEC ID number of contributing federal political committee. **C**
Name of Employer Highmark Inc Occupation Mgr, Sales - Direct Pay
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 206.38
Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.16315
Amount of Each Receipt this Period 76.86
payroll deduction \$10.98 biweekly

B. Full Name (Last, First, Middle Initial)
Audrey F Lindsey
Mailing Address 108 Sandstone Court
City Bethel Park State PA Zip Code 15102
FEC ID number of contributing federal political committee. **C**
Name of Employer Highmark Inc Occupation Corp Integrity Coord
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 319.06
Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.16373
Amount of Each Receipt this Period 118.58
payroll deduction \$16.94 biweekly

C. Full Name (Last, First, Middle Initial)
Daniel L Little
Mailing Address 1127 Preston Drive
City North Versailles State PA Zip Code 15137
FEC ID number of contributing federal political committee. **C**
Name of Employer Highmark Inc Occupation Dir Software Database Svcs
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 462.52
Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.16494
Amount of Each Receipt this Period 171.64
payroll deduction \$24.52 biweekly

SUBTOTAL of Receipts This Page (optional) ► 367.08
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 40 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) John Richard Little	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2300 Parkway West	Transaction ID: SA11AI.16477
	City State Zip Code Harrisburg PA 17112	Amount of Each Receipt this Period 627.62
	FEC ID number of contributing federal political committee. C	payroll deduction \$89.66 biweekly
	Name of Employer Highmark Inc Occupation VP, Comm Benefits, HRIS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1688.21	

B.	Full Name (Last, First, Middle Initial) Ralph C Lovasic	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1196 Sky Ridge Drive	Transaction ID: SA11AI.16383
	City State Zip Code Pittsburgh PA 15241	Amount of Each Receipt this Period 132.09
	FEC ID number of contributing federal political committee. C	payroll deduction \$18.87 biweekly
	Name of Employer Highmark Inc Occupation Project Lead - PMR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 354.68	

C.	Full Name (Last, First, Middle Initial) Darren P Macioce	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2293 Salem Drive	Transaction ID: SA11AI.16469
	City State Zip Code Pittsburgh PA 15237	Amount of Each Receipt this Period 518.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$74.00 biweekly
	Name of Employer Highmark Inc Occupation SVP Health Plan Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1377.47	

SUBTOTAL of Receipts This Page (optional)	1277.71
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 41 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Philip Majewski	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 215 Quail Court	Transaction ID: SA11AI.16472
	City State Zip Code Baden PA 15005	Amount of Each Receipt this Period 536.34
	FEC ID number of contributing federal political committee. C	payroll deduction \$76.62 biweekly
	Name of Employer Highmark Inc. Occupation Medical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1436.39	

B.	Full Name (Last, First, Middle Initial) Kevin E Marpoe	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1845 Clayton Avenue, Unit 210	Transaction ID: SA11AI.16424
	City State Zip Code Pittsburgh PA 15214	Amount of Each Receipt this Period 186.62
	FEC ID number of contributing federal political committee. C	payroll deduction \$26.66 biweekly
	Name of Employer Highmark Inc. Occupation Dir, Investor Rel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 502.34	

C.	Full Name (Last, First, Middle Initial) James W Martin	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4281 Normandy Rue	Transaction ID: SA11AI.16447
	City State Zip Code Erie PA 16506	Amount of Each Receipt this Period 261.31
	FEC ID number of contributing federal political committee. C	payroll deduction \$37.33 biweekly
	Name of Employer Highmark Inc. Occupation Comm Affrs Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 702.90	

SUBTOTAL of Receipts This Page (optional)	984.27
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 42 / 107
(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.

Full Name (Last, First, Middle Initial)
Kimberly G Martin

Mailing Address 28 Charisma Drive

City State Zip Code
Camp Hill PA 17011

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

Name of Employer Highmark Inc Occupation Dir, Cust Svc - HMS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 707.36

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.16527

Amount of Each Receipt this Period 264.81

payroll deduction \$37.83 biweekly

B.

Full Name (Last, First, Middle Initial)
Gloria Urbanik Mathie

Mailing Address 160 Springmeadow Drive

City State Zip Code
Pittsburgh PA 15241

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

Name of Employer Highmark Inc Occupation Client Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.16395

Amount of Each Receipt this Period 140.00

payroll deduction \$20.00 biweekly

C.

Full Name (Last, First, Middle Initial)
Daphne Rose McCoy

Mailing Address 440 Cochran Road #8

City State Zip Code
Pittsburgh PA 15228

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

Name of Employer Highmark Inc Occupation Group Retail Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 516.67

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.16425

Amount of Each Receipt this Period 192.08

payroll deduction \$27.44 biweekly

SUBTOTAL of Receipts This Page (optional) ► 596.89

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 43 / 107

(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.

Full Name (Last, First, Middle Initial)
John M McDermott

Mailing Address 455 Royce Avenue

City State Zip Code
Pittsburgh PA 15216

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

Name of Employer Occupation
Highmark Inc VP, Corp Comm

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 594.34

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16439

Amount of Each Receipt this Period

221.34

payroll deduction \$31.62
biweekly

B.

Full Name (Last, First, Middle Initial)
Lawrence David McKinley

Mailing Address 2311 North Front Street

City State Zip Code
Harrisburg PA 17110

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

Name of Employer Occupation
Highmark Inc Corp VP, Dental Program

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 758.79

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.15869

Amount of Each Receipt this Period

280.21

payroll deduction \$40.03
biweekly

C.

Full Name (Last, First, Middle Initial)
Linda E Meredith

Mailing Address 1608 Carmela Drive

City State Zip Code
Pittsburgh PA 15227

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

Name of Employer Occupation
Highmark Inc Dir Network Svcs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 246.38

Date of Receipt

M M / D D / Y Y Y Y
08 / 27 / 2010

Transaction ID: SA11AI.16307

Amount of Each Receipt this Period

73.35

payroll deduction \$14.67
biweekly

SUBTOTAL of Receipts This Page (optional)

574.90

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 44 / 107
(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.

Full Name (Last, First, Middle Initial) F G Merkel		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 4452 Dunmore Drive		Transaction ID: SA11AI.15871
City Harrisburg	State PA	Zip Code 17112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Highmark Inc	Occupation Sr VP & Chief Mktg Offr	payroll deduction \$50.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

B.

Full Name (Last, First, Middle Initial) John E Michener		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 125 Seegar Road		Transaction ID: SA11AI.16314
City Pittsburgh	State PA	Zip Code 15241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.79
Name of Employer Highmark Inc.	Occupation Mgr App Devel	payroll deduction \$10.97 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.54	

C.

Full Name (Last, First, Middle Initial) Robert M Mill		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 119 Laurel Oak Drive		Transaction ID: SA11AI.16475
City Sewickley	State PA	Zip Code 15143
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 607.11
Name of Employer Highmark Inc	Occupation VP, Special Accts	payroll deduction \$86.73 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1633.10	

SUBTOTAL of Receipts This Page (optional)	1033.90
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 45 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Pamela Lynn Monahan	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4 Brandon Court	Transaction ID: SA11AI.16421
	City State Zip Code Sicklerville NJ 08081	Amount of Each Receipt this Period 180.74
	FEC ID number of contributing federal political committee. C	payroll deduction \$25.82 biweekly
	Name of Employer Highmark Inc. Occupation VP Insourced & Partnership Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 466.43	

B.	Full Name (Last, First, Middle Initial) Robert W Morris	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 110 Terra Drive	Transaction ID: SA11AI.16341
	City State Zip Code McKees Rocks PA 15136	Amount of Each Receipt this Period 90.44
	FEC ID number of contributing federal political committee. C	payroll deduction \$12.92 biweekly
	Name of Employer Highmark Inc. Occupation Dir, New Bus Devel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 243.38	

C.	Full Name (Last, First, Middle Initial) Pamela S Nickol	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2711 Carmelita Drive	Transaction ID: SA11AI.16380
	City State Zip Code Upper St. Clair PA 15241	Amount of Each Receipt this Period 128.94
	FEC ID number of contributing federal political committee. C	payroll deduction \$18.42 biweekly
	Name of Employer Highmark Inc. Occupation Business Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 339.69	

SUBTOTAL of Receipts This Page (optional)	400.12
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 46 / 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A. Full Name (Last, First, Middle Initial)
Michael C Nye
 Mailing Address 31 Scarsdale Drive
 City State Zip Code
 Camp Hill PA 17011
 Date of Receipt
 M M / D D / Y Y Y Y
 07 30 2010
Transaction ID: SA11AI.16144
 Amount of Each Receipt this Period
 41.01
 payroll deduction \$13.67
 biweekly
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Highmark Inc. Occupation User Interface Designer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.25

B. Full Name (Last, First, Middle Initial)
David O'Brien
 Mailing Address 165 Millview Drive
 City State Zip Code
 Pittsburgh PA 15238
 Date of Receipt
 M M / D D / Y Y Y Y
 09 30 2010
Transaction ID: SA11AI.16483
 Amount of Each Receipt this Period
 1268.05
 payroll deduction \$181.15
 biweekly
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Highmark Inc Occupation EVP, Govt Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3441.85

C. Full Name (Last, First, Middle Initial)
Gerald P O'Donnell, Jr
 Mailing Address 1507 Jennifer Court
 City State Zip Code
 North Hunting PA 15642
 Date of Receipt
 M M / D D / Y Y Y Y
 09 30 2010
Transaction ID: SA11AI.16427
 Amount of Each Receipt this Period
 195.58
 payroll deduction \$27.94
 biweekly
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Highmark Inc Occupation Decision Support Consult
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 526.03

SUBTOTAL of Receipts This Page (optional) ► **1504.64**
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 47 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Daniel W O'Malley	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1618 Ashwood Court	Transaction ID: SA11AI.16428
	City State Zip Code Pittsburgh PA 15237	Amount of Each Receipt this Period 197.12
	FEC ID number of contributing federal political committee. C	payroll deduction \$28.16 biweekly
Name of Employer Highmark Inc	Occupation VP, National Accts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 527.48	

B.	Full Name (Last, First, Middle Initial) Tina D Palaggo-Toy	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 230 Mesa Drive	Transaction ID: SA11AI.16412
	City State Zip Code Freeport PA 16229	Amount of Each Receipt this Period 175.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$25.00 biweekly
Name of Employer Highmark Inc	Occupation Dir, PHS, National Bus	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

C.	Full Name (Last, First, Middle Initial) Mary Anne Papale	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1448 Greystone Drive	Transaction ID: SA11AI.16433
	City State Zip Code Pittsburgh PA 15206	Amount of Each Receipt this Period 212.52
	FEC ID number of contributing federal political committee. C	payroll deduction \$30.36 biweekly
Name of Employer Highmark Inc.	Occupation Dir Community Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 571.66	

SUBTOTAL of Receipts This Page (optional)	584.64
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 48 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Faith E Parker	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 147 Hunters Ridge Drive	Transaction ID: SA11AI.15860
	City State Zip Code Harrisburg PA 17110	Amount of Each Receipt this Period 112.56
	FEC ID number of contributing federal political committee. C	payroll deduction \$16.08 biweekly
	Name of Employer Highmark Inc. Occupation Provider Reporting Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 302.79	

B.	Full Name (Last, First, Middle Initial) Lynette R Parker	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 313 Market Street	Transaction ID: SA11AI.16403
	City State Zip Code Millersburg PA 17061	Amount of Each Receipt this Period 148.40
	FEC ID number of contributing federal political committee. C	payroll deduction \$21.20 biweekly
	Name of Employer Highmark Inc. Occupation Business Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 376.48	

C.	Full Name (Last, First, Middle Initial) Joseph Carl Peffer	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 6231 Autumn View Drive	Transaction ID: SA11AI.15872
	City State Zip Code Harrisburg PA 17112	Amount of Each Receipt this Period 368.34
	FEC ID number of contributing federal political committee. C	payroll deduction \$52.62 biweekly
	Name of Employer UCCI Occupation VP, EBusiness Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 473.58	

SUBTOTAL of Receipts This Page (optional)	629.30
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 49 / 107
	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Teddy J Pesano	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 440 Franklin Church Road	Transaction ID: SA11AI.15864
	City State Zip Code Dillsburg PA 17019	Amount of Each Receipt this Period 175.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$25.00 biweekly
	Name of Employer Highmark Inc Occupation Quality Improvement Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00	

B.	Full Name (Last, First, Middle Initial) Theresa A Petrocelli	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1129 Race Street	Transaction ID: SA11AI.16519
	City State Zip Code McKees Rocks PA 15136	Amount of Each Receipt this Period 83.02
	FEC ID number of contributing federal political committee. C	payroll deduction \$11.86 biweekly
	Name of Employer Highmark Inc Occupation Business Staff Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 223.31	

C.	Full Name (Last, First, Middle Initial) Vincent J Pinizzotto	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4530 Laurelwood Drive	Transaction ID: SA11AI.15858
	City State Zip Code Harrisburg PA 17110	Amount of Each Receipt this Period 78.33
	FEC ID number of contributing federal political committee. C	payroll deduction \$11.19 biweekly
	Name of Employer Highmark Inc Occupation Regional VP, Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.61	

SUBTOTAL of Receipts This Page (optional)	336.35
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 50 / 107
	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Patricia A Polacheck		Date of Receipt
	Mailing Address 35 Riverview Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Middletown	PA	17057
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16430
Name of Employer Highmark Inc.		Occupation Mgr Claims Admin	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 535.51	<input type="text"/> 200.13
			payroll deduction \$28.59 biweekly

B.	Full Name (Last, First, Middle Initial) Gayeta C Porter		Date of Receipt
	Mailing Address 507 Katrina Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Mechanicsburg	PA	17050
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16528
Name of Employer Highmark Inc		Occupation Dir, Med Contract Admin	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 950.00	<input type="text"/> 350.00
			payroll deduction \$50.00 biweekly

C.	Full Name (Last, First, Middle Initial) Yvette Porter		Date of Receipt
	Mailing Address 2808 Oakwood Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Harrisburg	PA	17110
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16429
Name of Employer Highmark Inc		Occupation Commod Plr II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 533.66	<input type="text"/> 198.03
			payroll deduction \$28.29 biweekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 748.16
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 107
(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.

Full Name (Last, First, Middle Initial)
Joseph J Reilly

Mailing Address 510 Arlington Road

City State Zip Code
Camp Hill PA 17011

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

Name of Employer Highmark Inc Occupation HCIRA PNPA Consult

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 244.71

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16345

Amount of Each Receipt this Period
93.38

payroll deduction \$13.34 biweekly

B.

Full Name (Last, First, Middle Initial)
Deborah L Rice

Mailing Address 1313 Samantha Way

City State Zip Code
North Hunting PA 15642

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

Name of Employer Highmark Inc Occupation SVP, Regional Accts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16413

Amount of Each Receipt this Period
175.00

payroll deduction \$25.00 biweekly

C.

Full Name (Last, First, Middle Initial)
Sally Jane Rich

Mailing Address 103 Hampshire Drive

City State Zip Code
Cranberry Township PA 16066

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

Name of Employer Highmark Inc Occupation VP, Sr Products

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16397

Amount of Each Receipt this Period
140.00

payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional) ► **408.38**

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 52 / 107
(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.

Full Name (Last, First, Middle Initial)
Christine Marie Ritro Pugh

Mailing Address 631 Martin Drive

City State Zip Code
Mechanicsburg PA 17055

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

Name of Employer Highmark Inc Occupation Tech Business Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 712.64

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.16448

Amount of Each Receipt this Period
264.46

payroll deduction \$37.78
biweekly

B.

Full Name (Last, First, Middle Initial)
Kerry A Robison

Mailing Address 4613 Laurel Ridge Drive

City State Zip Code
Harrisburg PA 17110

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

Name of Employer Highmark Inc Occupation Dir, Cent Reg Natl Ded Accts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.23

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.16320

Amount of Each Receipt this Period
77.91

payroll deduction \$11.13
biweekly

C.

Full Name (Last, First, Middle Initial)
Michael A Romano

Mailing Address 104 Red Oak Court

City State Zip Code
Pittsburgh PA 15237

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

Name of Employer Highmark Inc Occupation SVP, Corp Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2026.56

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.16480

Amount of Each Receipt this Period
753.41

payroll deduction \$107.63
biweekly

SUBTOTAL of Receipts This Page (optional) ► **1095.78**

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 53 / 107

(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.

Full Name (Last, First, Middle Initial)

Russell Rubin

Mailing Address 2022 Elmbrook Lane

City State Zip Code
Pittsburgh PA 15243

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

Name of Employer Occupation
Highmark Inc Regional VP Sales

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 669.42

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.15868

Amount of Each Receipt this Period

250.60

payroll deduction \$35.80
biweekly

B.

Full Name (Last, First, Middle Initial)

Darcy Leigh Ruch

Mailing Address 5141 Lake Drive

City State Zip Code
Harrisburg PA 17112

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

Name of Employer Occupation
Highmark Inc Retail Store Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 253.33

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16348

Amount of Each Receipt this Period

95.33

payroll deduction \$11.97
biweekly

C.

Full Name (Last, First, Middle Initial)

Linda Sue Ruhl

Mailing Address 221 Orchard Lane

City State Zip Code
Sewickley PA 15143

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

Name of Employer Occupation
Highmark Inc Dir Qual Mgmt

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 269.76

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16356

Amount of Each Receipt this Period

100.73

payroll deduction \$14.39
biweekly

SUBTOTAL of Receipts This Page (optional) ▶

446.66

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 54 / 107
	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Gary A Rux	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 202 N Catherine Street	Transaction ID: SA11AI.16379
	City State Zip Code Middletown PA 17057	Amount of Each Receipt this Period 125.30
	FEC ID number of contributing federal political committee. C	payroll deduction \$17.90 biweekly
	Name of Employer Highmark Inc Occupation Application Arch Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 337.58	

B.	Full Name (Last, First, Middle Initial) Manda Bea Sanders	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 701 Hickory Grade Road	Transaction ID: SA11AI.16440
	City State Zip Code Bridgeville PA 15017	Amount of Each Receipt this Period 230.33
	FEC ID number of contributing federal political committee. C	payroll deduction \$33.18 biweekly
	Name of Employer Highmark Inc Occupation Govt Affrs Rep Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.01	

C.	Full Name (Last, First, Middle Initial) William Robert Sarniak	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 102 Forestwood Drive	Transaction ID: SA11AI.16372
	City State Zip Code Venetia PA 15367	Amount of Each Receipt this Period 118.09
	FEC ID number of contributing federal political committee. C	payroll deduction \$16.87 biweekly
	Name of Employer Highmark Inc Occupation Dir, Actuarial Svcs - Sr Mkts Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.07	

SUBTOTAL of Receipts This Page (optional)	473.72
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 55 / 107
	(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Nancy M Scalise		Date of Receipt
	Mailing Address 137 Countryview Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Pittsburgh	PA	15136
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16360
Name of Employer Highmark Inc		Occupation Dir Regulatory Compliance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00	<input type="text"/> 105.00
			payroll deduction \$15.00 biweekly

B.	Full Name (Last, First, Middle Initial) Lori A Schoonmaker		Date of Receipt
	Mailing Address 725 Brafferton Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Mount Lebanon	PA	15228
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16432
Name of Employer Highmark Inc.		Occupation VP National Accounts	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 551.31	<input type="text"/> 205.10
			payroll deduction \$29.30 biweekly

C.	Full Name (Last, First, Middle Initial) Michelle Sculli		Date of Receipt
	Mailing Address 51 Calvin Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	McKees Rocks	PA	15136
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16367
Name of Employer Highmark Inc.		Occupation Director Employee Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 290.77	<input type="text"/> 108.08
			payroll deduction \$15.44 biweekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 418.18
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 107

(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.

Full Name (Last, First, Middle Initial)

Elena G Segal

Mailing Address 396 Hemlock Court

City State Zip Code
Pittsburgh PA 15237

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

Name of Employer Occupation
Highmark Inc. Application Architect

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 322.05

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16376

Amount of Each Receipt this Period

119.63

payroll deduction \$17.09
biweekly

B.

Full Name (Last, First, Middle Initial)

Jon K Seltenheim

Mailing Address 509 Bridgeview Drive

City State Zip Code
Lemoyne PA 17043

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

Name of Employer Occupation
Highmark Inc. Sr VP, Operations

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 380.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.15863

Amount of Each Receipt this Period

140.00

payroll deduction \$20.00
biweekly

C.

Full Name (Last, First, Middle Initial)

Tona T Shaver

Mailing Address 207 South Filey's Road

City State Zip Code
Dillsburg PA 17019

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

Name of Employer Occupation
Highmark Inc. Dir, Regional Sales

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 217.49

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16323

Amount of Each Receipt this Period

80.85

payroll deduction \$11.55
biweekly

SUBTOTAL of Receipts This Page (optional)

340.48

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 57 / 107
	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Brian K Sheely		Date of Receipt
	Mailing Address 4375 N Sixth Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Harrisburg	PA	17110
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16328
Name of Employer Highmark Inc.		Occupation Benefit/DLPS Analyst	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 222.21	<input type="text"/> 82.46
			payroll deduction \$11.78 biweekly

B.	Full Name (Last, First, Middle Initial) Warren A Shugars		Date of Receipt
	Mailing Address 2496 Matterhorn Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Wexford	PA	15090
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16362
Name of Employer Highmark Inc		Occupation VP, Prod Mgmt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00	<input type="text"/> 105.00
			payroll deduction \$15.00 biweekly

C.	Full Name (Last, First, Middle Initial) Carl Harris Shuman		Date of Receipt
	Mailing Address 2904 Ionoff Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Harrisburg	PA	17110
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16414
Name of Employer Highmark Inc		Occupation Senior Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00	<input type="text"/> 175.00
			payroll deduction \$25.00 biweekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 362.46
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 107

(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.

Full Name (Last, First, Middle Initial)
Dianna L Shutt

Mailing Address 1 Altoona Avenue

City State Zip Code
Enola PA 17025

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

Name of Employer Occupation
Highmark Inc. Tech Business Analyst

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 322.76

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16375

Amount of Each Receipt this Period

119.35

payroll deduction \$17.05
biweekly

B.

Full Name (Last, First, Middle Initial)
Anna L Silberman

Mailing Address 4031 Breckenridge Drive

City State Zip Code
Presto PA 15142

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

Name of Employer Occupation
Highmark Inc VP Prev Hlth Svcs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1140.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16464

Amount of Each Receipt this Period

420.00

payroll deduction \$60.00
biweekly

C.

Full Name (Last, First, Middle Initial)
Jamie A Smith

Mailing Address 1222 Sandstone Court East

City State Zip Code
Tarentum PA 15084

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

Name of Employer Occupation
Highmark Inc. Mgr Bus Platform Mod

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 392.07

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16402

Amount of Each Receipt this Period

146.51

payroll deduction \$20.93
biweekly

SUBTOTAL of Receipts This Page (optional)

685.86

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 59 / 107
(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A. Full Name (Last, First, Middle Initial)
Mark A Stine

Mailing Address 301 Antler Drive

City State Zip Code
Marysville PA 17053

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

Name of Employer Highmark Inc Occupation HCIRA Consulting Practice Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 726.25

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.16451

Amount of Each Receipt this Period
269.99

payroll deduction \$38.57
biweekly

B. Full Name (Last, First, Middle Initial)
Leslie Anne Stokan

Mailing Address 309 Nichols Road

City State Zip Code
Pittsburgh PA 15237

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

Name of Employer Highmark Inc Occupation Mgr Clin Perf Measures

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 632.66

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.16441

Amount of Each Receipt this Period
235.20

payroll deduction \$33.60
biweekly

C. Full Name (Last, First, Middle Initial)
Charles E Stokes

Mailing Address 28 Wharton Avenue

City State Zip Code
Middletown PA 17057

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

Name of Employer Highmark Inc Occupation Dir, Core Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.07

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.16518

Amount of Each Receipt this Period
75.53

payroll deduction \$10.79
biweekly

SUBTOTAL of Receipts This Page (optional) ► **580.72**

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 60 / 107
(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.

Full Name (Last, First, Middle Initial)
Elizabeth Ann Stone

Mailing Address 19 Church Road

City State Zip Code
Newport PA 17074

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

Name of Employer Highmark Inc Occupation Privacy&Sec Comp Anal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 466.55

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16411

Amount of Each Receipt this Period
173.46

payroll deduction \$24.78
biweekly

B.

Full Name (Last, First, Middle Initial)
Joli A Studley

Mailing Address 330 Hazel Drive

City State Zip Code
Pittsburgh PA 15228

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

Name of Employer Highmark Inc Occupation Mgr Clinical Report Devel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 546.79

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16431

Amount of Each Receipt this Period
203.28

payroll deduction \$29.04
biweekly

C.

Full Name (Last, First, Middle Initial)
Michael Walsh Sullivan

Mailing Address 1511 Biltmore Lane

City State Zip Code
Pittsburgh PA 15217

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

Name of Employer Highmark Inc Occupation President & COO HMIG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1737.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16503

Amount of Each Receipt this Period
645.75

payroll deduction \$92.25
biweekly

SUBTOTAL of Receipts This Page (optional) ► **1022.49**

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 61 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Michael Allen Sweigard	Date of Receipt MM / DD / YYYY 08 / 27 / 2010
	Mailing Address 4601 Custer Drive	Transaction ID: SA11AI.15859
	City State Zip Code Harrisburg PA 17110	Amount of Each Receipt this Period 93.98
	FEC ID number of contributing federal political committee. C	payroll deduction \$15.66 biweekly
Name of Employer Highmark Inc.	Occupation Facilities Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.54	

B.	Full Name (Last, First, Middle Initial) Tom R Tabor	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3260 Long Meadow Drive	Transaction ID: SA11AI.16455
	City State Zip Code Allison Park PA 15101	Amount of Each Receipt this Period 280.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$40.00 biweekly
Name of Employer Highmark Inc	Occupation SVP & CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

C.	Full Name (Last, First, Middle Initial) Betsy H Taylor	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4921 Franklin Street	Transaction ID: SA11AI.16452
	City State Zip Code Harrisburg PA 17111	Amount of Each Receipt this Period 270.34
	FEC ID number of contributing federal political committee. C	payroll deduction \$38.62 biweekly
Name of Employer Highmark Inc	Occupation Govt & Reg Affrs Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 727.20	

SUBTOTAL of Receipts This Page (optional)	644.32
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 62 / 107
	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Richard B Taylor, II		Date of Receipt
	Mailing Address 6012 Devonshire Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Harrisburg	PA	17112
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16443
Name of Employer Highmark Inc		Occupation Change/ProbMgmt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.56	<input type="text"/> 241.64
			payroll deduction \$34.52 biweekly

B.	Full Name (Last, First, Middle Initial) Michael D Thomas		Date of Receipt
	Mailing Address 207 Blossom Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	New Kensington	PA	15068
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16338
Name of Employer Highmark Inc		Occupation Dir, Prov Internet Connec	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 239.15	<input type="text"/> 88.83
			payroll deduction \$12.69 biweekly

C.	Full Name (Last, First, Middle Initial) Sandra R Tomlinson		Date of Receipt
	Mailing Address 4020 Muirfield Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Presto	PA	15142
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16398
Name of Employer Highmark Inc		Occupation SVP, Provider Service	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00	<input type="text"/> 140.00
			payroll deduction \$20.00 biweekly

SUBTOTAL of Receipts This Page (optional)	470.47
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 63 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Sandra D Troia	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 704 Ohio River Boulevard	Transaction ID: SA11AI.16406
	City State Zip Code Sewickley PA 15143	Amount of Each Receipt this Period 159.32
	FEC ID number of contributing federal political committee. C	payroll deduction \$22.76 biweekly
	Name of Employer Highmark Inc Occupation Direct Pay Prod Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 432.44	

B.	Full Name (Last, First, Middle Initial) Gary R Truitt	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 4238 Yarmouth Drive	Transaction ID: SA11AI.16482
	City State Zip Code Allison Park PA 15101	Amount of Each Receipt this Period 1021.61
	FEC ID number of contributing federal political committee. C	payroll deduction \$140.91 biweekly
	Name of Employer Highmark Inc Occupation SVP, Legal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3135.29	

C.	Full Name (Last, First, Middle Initial) Mari Aislinn Vandenburg	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 210 Noble Avenue	Transaction ID: SA11AI.16368
	City State Zip Code Pittsburgh PA 15205	Amount of Each Receipt this Period 109.47
	FEC ID number of contributing federal political committee. C	payroll deduction \$15.93 biweekly
	Name of Employer Highmark Inc. Occupation Mgr, Stat Acctg & Rptg Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 289.39	

SUBTOTAL of Receipts This Page (optional)	1290.40
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 64 / 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A. Full Name (Last, First, Middle Initial)
Peter R Van Zandt
Mailing Address 900 Harnish Street
City Palmyra State PA Zip Code 17078
FEC ID number of contributing federal political committee. **C**
Name of Employer Highmark Inc Occupation Mgr, Documentation Support
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 204.70
Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.16303
Amount of Each Receipt this Period 72.10
payroll deduction \$10.30 biweekly

B. Full Name (Last, First, Middle Initial)
John M Verona
Mailing Address 501 Palmate Drive
City Cranberry Township State PA Zip Code 16066
FEC ID number of contributing federal political committee. **C**
Name of Employer Highmark Inc Occupation Dir, Regional Accts Svc
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 227.80
Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.16332
Amount of Each Receipt this Period 84.70
payroll deduction \$12.10 biweekly

C. Full Name (Last, First, Middle Initial)
Carey T Vinson
Mailing Address 615 Berkshire Drive
City Pittsburgh State PA Zip Code 15215
FEC ID number of contributing federal political committee. **C**
Name of Employer Highmark Inc Occupation VP, Quality&Med Perf Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1952.13
Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.16479
Amount of Each Receipt this Period 727.02
payroll deduction \$103.86 biweekly

SUBTOTAL of Receipts This Page (optional) ► 883.82
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 65 / 107
	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Terese A Vorsheck	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3809 Royann Drive	Transaction ID: SA11AI.16486
	City State Zip Code Fairview PA 16415	Amount of Each Receipt this Period 143.01
	FEC ID number of contributing federal political committee. C	payroll deduction \$20.43 biweekly
	Name of Employer Highmark Inc. Occupation Director, Caring Place Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 383.97	

B.	Full Name (Last, First, Middle Initial) Karen R Vulin	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2344 Hidden Timber	Transaction ID: SA11AI.16313
	City State Zip Code Pittsburgh PA 15241	Amount of Each Receipt this Period 75.95
	FEC ID number of contributing federal political committee. C	payroll deduction \$10.85 biweekly
	Name of Employer Highmark Inc. Occupation Dir Product Mgmt&Dev-Sr Prod Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 204.12	

C.	Full Name (Last, First, Middle Initial) Jill J Walmer Snavelly	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 10 South Clearview	Transaction ID: SA11AI.16415
	City State Zip Code Palmyra PA 17078	Amount of Each Receipt this Period 175.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$25.00 biweekly
	Name of Employer Highmark Inc. Occupation VP, Shared Service Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional)	393.96
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 66 / 107

(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Robert T Wanovich		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 1907 Margaret Street		Transaction ID: SA11AI.16460		
	City Pittsburgh	State PA	Zip Code 15209	Amount of Each Receipt this Period 304.15	
	FEC ID number of contributing federal political committee. C		payroll deduction \$43.45 biweekly		
	Name of Employer Highmark Inc	Occupation VP, Pharmacy Affairs		Aggregate Year-to-Date 813.86	

B.	Full Name (Last, First, Middle Initial) Michael G Warfel		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 1077 Country Club Road		Transaction ID: SA11AI.16467		
	City Camp Hill	State PA	Zip Code 17011	Amount of Each Receipt this Period 494.69	
	FEC ID number of contributing federal political committee. C		payroll deduction \$70.67 biweekly		
	Name of Employer Highmark Inc	Occupation VP Govt Affrs		Aggregate Year-to-Date 1319.21	

C.	Full Name (Last, First, Middle Initial) Dale L Warner		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 1420 Regency Circle		Transaction ID: SA11AI.16459		
	City Harrisburg	State PA	Zip Code 17110	Amount of Each Receipt this Period 299.95	
	FEC ID number of contributing federal political committee. C		payroll deduction \$42.85 biweekly		
	Name of Employer Highmark Inc	Occupation Mgr, Application Devel		Aggregate Year-to-Date 808.27	

SUBTOTAL of Receipts This Page (optional)	1098.79
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 67 / 107
(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.

Full Name (Last, First, Middle Initial)
Janice E Watzman

Mailing Address 2376 Millgrove Road

City State Zip Code
Pittsburgh PA 15241

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

Name of Employer Highmark Inc Occupation Dir, Commercial Cr/Cs Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 207.32

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16318

Amount of Each Receipt this Period
77.49

payroll deduction \$11.07 biweekly

B.

Full Name (Last, First, Middle Initial)
Richard K Weaver

Mailing Address 31 Sulphur Springs Road

City State Zip Code
Duncannon PA 17020

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

Name of Employer Highmark Inc Occupation Dir, Act&Underwrtg Supt&Data Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 254.95

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16347

Amount of Each Receipt this Period
94.78

payroll deduction \$13.54 biweekly

C.

Full Name (Last, First, Middle Initial)
Linda R Weiland

Mailing Address 5445 California Avenue

City State Zip Code
Bethel Park PA 15102

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

Name of Employer Highmark Inc Occupation VP Provider Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 352.86

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16384

Amount of Each Receipt this Period
132.09

payroll deduction \$18.87 biweekly

SUBTOTAL of Receipts This Page (optional) ► **304.36**

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 68 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Michael H Weinstein	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1250 Fairstead Lane	Transaction ID: SA11AI.16363
	City State Zip Code Pittsburgh PA 15217	Amount of Each Receipt this Period 105.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$15.00 biweekly
	Name of Employer Highmark Inc Occupation Sr Hlth Issues Comm Consult Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00	

B.	Full Name (Last, First, Middle Initial) Gina M Welsh	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 527 Fishing Creek Road	Transaction ID: SA11AI.16523
	City State Zip Code Lewisberry PA 17339	Amount of Each Receipt this Period 181.93
	FEC ID number of contributing federal political committee. C	payroll deduction \$25.99 biweekly
	Name of Employer Highmark Inc Occupation Supv, Medicare Claims Prep Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 482.97	

C.	Full Name (Last, First, Middle Initial) Kimberly Michele Whirlow	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 136 Windermere Drive	Transaction ID: SA11AI.16350
	City State Zip Code Valencia PA 16059	Amount of Each Receipt this Period 96.04
	FEC ID number of contributing federal political committee. C	payroll deduction \$13.72 biweekly
	Name of Employer Highmark Inc Occupation Dir Application Devel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 256.97	

SUBTOTAL of Receipts This Page (optional)	382.97
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 69 / 107
	<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Gregory Wilden	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 421 McKinney Road	Transaction ID: SA11AI.16502
	City State Zip Code Wexford PA 15090	Amount of Each Receipt this Period 175.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$25.00 biweekly
	Name of Employer Highmark Inc Occupation Regl Sales VP - HMIG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00	

B.	Full Name (Last, First, Middle Initial) Wayne Christopher Williams	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 70 Sienna Drive	Transaction ID: SA11AI.16366
	City State Zip Code York PA 17406	Amount of Each Receipt this Period 107.94
	FEC ID number of contributing federal political committee. C	payroll deduction \$15.42 biweekly
	Name of Employer Highmark Inc Occupation Application Developer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 290.88	

C.	Full Name (Last, First, Middle Initial) Mark R Wood	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4473 Nantucket Road	Transaction ID: SA11AI.16416
	City State Zip Code Harrisburg PA 17112	Amount of Each Receipt this Period 175.00
	FEC ID number of contributing federal political committee. C	payroll deduction \$25.00 biweekly
	Name of Employer Highmark Inc Occupation Dir Data Ctr Infra Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional)	457.94
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 70 / 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A. Full Name (Last, First, Middle Initial)
Thomas E Wood

Mailing Address 500 Brentwater Road

City State Zip Code
Camp Hill PA 17011

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

Name of Employer Highmark Inc Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16417

Amount of Each Receipt this Period
175.00

payroll deduction \$25.00
biweekly

B. Full Name (Last, First, Middle Initial)
Sharon A Woodward

Mailing Address 532 Lincoln Street

City State Zip Code
Steelton PA 17113

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

Name of Employer Highmark Inc Occupation Supv, Opr Suppt Clms & Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 582.54

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16437

Amount of Each Receipt this Period
216.58

payroll deduction \$30.94
biweekly

C. Full Name (Last, First, Middle Initial)
Douglas A Worley

Mailing Address 38 Logans Run

City State Zip Code
Enola PA 17025

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

Name of Employer Highmark Inc Occupation Mgr, Procedure Review

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 353.32

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.16382

Amount of Each Receipt this Period
131.46

payroll deduction \$18.78
biweekly

SUBTOTAL of Receipts This Page (optional) ► **523.04**

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 71 / 107	
	(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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Linda S Wostein		Date of Receipt																					
	Mailing Address 924 Parkview Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		3	0		2	0	1	0														
	City	State	Zip Code		Transaction ID: SA11AI.16312																			
	Pittsburgh	PA	15243																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Highmark Inc		Occupation Dir, HMS Comp & Quality		<input type="text" value="75.04"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="200.74"/>		payroll deduction \$10.72 biweekly																				

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="75.04"/>
TOTAL This Period (last page this line number only)	<input type="text" value="41237.46"/>

**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 72 / 107

<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.

Full Name (Last, First, Middle Initial)
BLUE PAC

Transaction ID: SB22.15691

Date of Disbursement

Mailing Address PO BOX 34676

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	0

City WASHINGTON State DC Zip Code 20043

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
transfer to affiliated PAC

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

4000.00

**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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p>A. Full Name (Last, First, Middle Initial) AMERICAS HEALTH INSURANCE PLANS PAC (AHIP PAC)</p> <p>Mailing Address 601 Pennsylvania Avenue NW Suite 500 South Building</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement returned check: orig. date 6/24/2010</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.16539 Date of Disbursement 07 / 12 / 2010</p> <p>Amount of Each Disbursement this Period -2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) BILL SHUSTER FOR CONGRESS</p> <p>Mailing Address PO Box 27</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.15789 Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN TIM HOLDEN</p> <p>Mailing Address 18 N. SECOND STREET PO BOX 37 PO BOX 37</p> <p>City SAINT CLAIR State PA Zip Code 17970</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.15674 Date of Disbursement 07 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-1500.00

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

**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 74 / 107

<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) GERLACH, JIM	Transaction ID: SB23.15688 Date of Disbursement 07 / 22 / 2010
	Mailing Address 649 Deep Hollow Lane	Amount of Each Disbursement this Period 1000.00
	City Chester Springs State PA Zip Code 19425	
	Purpose of Disbursement contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HANABUSA 2010	Transaction ID: SB23.15714 Date of Disbursement 08 / 16 / 2010
	Mailing Address P.O. Box 1416	Amount of Each Disbursement this Period 500.00
	City Honolulu State HI Zip Code 96806	
	Purpose of Disbursement contribution Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Keystone Majority Fund	Transaction ID: SB23.15791 Date of Disbursement 09 / 29 / 2010
	Mailing Address 228 South Washington Street Suite 115	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement contribution Candidate Name	Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

**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)

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<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.

Full Name (Last, First, Middle Initial)
NATIONAL ASSN. OF DENTAL PLANS POLITICAL ACTION COMMITTEE (NADPAC)

Transaction ID: SB23.15694

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	0

Mailing Address 12700 Park Central Drive
Suite 400

City Dallas State TX Zip Code 75251

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement contribution

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
OLIVERIO FOR CONGRESS

Transaction ID: SB23.15765

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	0

Mailing Address 1199 VAN VOORHIS RD SUITE 6

City MORGANTOWN State WV Zip Code 26505

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement contribution

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: WV District: 01

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

3000.00

**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 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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p>A. Full Name (Last, First, Middle Initial) Allegheny County Democratic Committee</p> <p>Mailing Address 810 River Road Suite 210</p> <p>City Pittsburgh State PA Zip Code 15212</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.15676</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Bloom for the 199th Committee</p> <p>Mailing Address 2100 Longs Gap Road</p> <p>City Carlisle State PA Zip Code 17013</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.15740</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Brennan for State Representative</p> <p>Mailing Address 1201 Delaware Avenue</p> <p>City Bethlehem State PA Zip Code 18015</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.15752</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

**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 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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Chamber PAC	Transaction ID: SB29.15692 Date of Disbursement
	Mailing Address 417 Walnut Street	<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Harrisburg State PA Zip Code 17101	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="1500.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Chamber PAC	Transaction ID: SB29.15702 Date of Disbursement
	Mailing Address 417 Walnut Street	<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Harrisburg State PA Zip Code 17101	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="1500.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Citizens for Browne	Transaction ID: SB29.15756 Date of Disbursement
	Mailing Address 1111 N 11th Street	<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City Whitehall State PA Zip Code 18052	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Citizens for George P. Hartwick, III	Transaction ID: SB29.15678 Date of Disbursement
	Mailing Address 813 Chambers Street	<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Bressler State PA Zip Code 17113	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="200.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Citizens for Grove	Transaction ID: SB29.15684 Date of Disbursement
	Mailing Address 1854 Ashcombe Drive	<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Dover State PA Zip Code 17315	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Citizens for Jim Christiana	Transaction ID: SB29.15721 Date of Disbursement
	Mailing Address 368 Lincoln Avenue	<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Beaver State PA Zip Code 15009	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="100.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="550.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Citizens for Ron Buxton	Transaction ID: SB29.15745 Date of Disbursement
	Mailing Address PO Box 11781	<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City Harrisburg State PA Zip Code 17108	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Citizens for Yudichak Committee	Transaction ID: SB29.15718 Date of Disbursement
	Mailing Address 44 West Grand Street	<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Nanticoke State PA Zip Code 18634	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Citizens for Yudichak Committee	Transaction ID: SB29.15796 Date of Disbursement
	Mailing Address 44 West Grand Street	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Nanticoke State PA Zip Code 18634	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Citizens to Elect Dwight Evans</p> <p>Mailing Address PO Box 19097</p> <p>City Philadelphia State PA Zip Code 19138</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB29.15757</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p> <p>Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Citizens to Elect Payne</p> <p>Mailing Address PO Box 651</p> <p>City Hershey State PA Zip Code 17033</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB29.15732</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p> <p>Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Committee for Casorio</p> <p>Mailing Address PO Box 562</p> <p>City Irwin State PA Zip Code 15642</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB29.15701</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p>Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

**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 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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Committee to Elect Brian Ellis	Transaction ID: SB29.15696 Date of Disbursement
	Mailing Address 103 Deer Run Road	<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City State Zip Code Butler PA 16001	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution Candidate Name	<input type="text" value="100.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Committee to Elect Chris Ross	Transaction ID: SB29.15747 Date of Disbursement
	Mailing Address PO Box 903	<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City State Zip Code Unionville PA 19375	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Committee to Elect Curt Sonney	Transaction ID: SB29.15782 Date of Disbursement
	Mailing Address 525 Strathmore Avenue	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City State Zip Code Erie PA 16505	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.

Full Name (Last, First, Middle Initial)
Committee to Elect Dave Millard

Transaction ID: SB29.15800
Date of Disbursement

Mailing Address 36 Woodside Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

City Millville State PA Zip Code 17846

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement
non-federal contribution

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Committee to Elect Flo Fabrizio

Transaction ID: SB29.15804
Date of Disbursement

Mailing Address 2617 Poplar Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

City Erie State PA Zip Code 16508

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
non-federal contribution

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Committee to Elect Jesse White

Transaction ID: SB29.15725
Date of Disbursement

Mailing Address PO Box 384

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	0

City Cecil State PA Zip Code 15321

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
non-federal contribution

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

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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)

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<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A. Full Name (Last, First, Middle Initial)
Committee to Elect Jesse White

Mailing Address PO Box 384

City Cecil State PA Zip Code 15321

Purpose of Disbursement
non-federal contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.15744
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Committee to Elect Marc Gergely

Mailing Address PO Box 221

City McKeesport State PA Zip Code 15134

Purpose of Disbursement
non-federal contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.15698
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Committee to Elect Marc Gergely

Mailing Address PO Box 221

City McKeesport State PA Zip Code 15134

Purpose of Disbursement
non-federal contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.15784
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

**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)

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<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Committee to Elect Rick Taylor	Transaction ID: SB29.15787 Date of Disbursement
	Mailing Address PO Box 866	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Ambler State PA Zip Code 19002	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Committee to Elect Rob Kauffman	Transaction ID: SB29.15802 Date of Disbursement
	Mailing Address 1764 Barnegat Light Drive	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Chambersburg State PA Zip Code 17201	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="150.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Committee to Elect Ronald G. Waters	Transaction ID: SB29.15795 Date of Disbursement
	Mailing Address 108 South 61st Street	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Philadelphia State PA Zip Code 19139	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="150.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="800.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A. Full Name (Last, First, Middle Initial) Committee to Elect Tom Quigley <hr/> Mailing Address 560 Pine Street <hr/> City Royersford State PA Zip Code 19468 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> 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) ▼	Transaction ID: SB29.15728 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	<input type="text"/>
	<input type="text"/>
B. Full Name (Last, First, Middle Initial) Committee to Re-Elect John Taylor <hr/> Mailing Address 3316 Belgrade Street <hr/> City Philadelphia State PA Zip Code 19134 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> 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) ▼	Transaction ID: SB29.15733 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	<input type="text"/>
	<input type="text"/>
C. Full Name (Last, First, Middle Initial) Committee to Re-Elect Mario Scavello <hr/> Mailing Address PO Box 550 <hr/> City Tannersville State PA Zip Code 18372 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> 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) ▼	Transaction ID: SB29.15793 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 300.00
	<input type="text"/>
	<input type="text"/>

SUBTOTAL of Disbursements This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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 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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A. Full Name (Last, First, Middle Initial)
Committee to Re-Elect Peter J. Daley

Mailing Address 217 Chestnut Street

City Coal Center State PA Zip Code 15423

Purpose of Disbursement non-federal contribution

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.15685

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

150.00

B. Full Name (Last, First, Middle Initial)
Committee to Re-Elect Senator Mike Stack

Mailing Address PO Box 21114

City Philadelphia State PA Zip Code 19114

Purpose of Disbursement non-federal contribution

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.15806

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
DePasquale for the 95th

Mailing Address PO Box 1822

City York State PA Zip Code 17405

Purpose of Disbursement non-federal contribution

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.15764

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) ▶

900.00

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

**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 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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p>A. Full Name (Last, First, Middle Initial) Elect Bill Kortz Committee</p> <p>Mailing Address 514 Ridgeview Road</p> <p>City Dravosburg State PA Zip Code 15034</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.15801</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Friends for Daryl Metcalfe</p> <p>Mailing Address PO Box 1536</p> <p>City Cranberry Township State PA Zip Code 16066</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.15705</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Andy Dinniman</p> <p>Mailing Address 471 Spruce Drive</p> <p>City Exton State PA Zip Code 19341</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.15703</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="900.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Chelsa Wagner	Transaction ID: SB29.15706 Date of Disbursement
	Mailing Address PO Box 96050	<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City Pittsburgh State PA Zip Code 15226	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="300.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Chuck McIlhinney	Transaction ID: SB29.15762 Date of Disbursement
	Mailing Address PO Box 2014	<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City Doylestown State PA Zip Code 18901	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="200.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Chuck McIlhinney	Transaction ID: SB29.15807 Date of Disbursement
	Mailing Address PO Box 2014	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Doylestown State PA Zip Code 18901	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Curt Schroder <hr/> Mailing Address 3760 E Fisherville Road <hr/> City Downingtown State PA Zip Code 19335 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> 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) ▼	Transaction ID: SB29.15726 Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Friends of Dave Reed <hr/> Mailing Address PO Box 1440 <hr/> City Indiana State PA Zip Code 15701 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> 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) ▼	Transaction ID: SB29.15770 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 250.00
C.	Full Name (Last, First, Middle Initial) Friends of Dominic Pileggi <hr/> Mailing Address 101 West Baltimore Avenue 2nd Floor <hr/> City Media State PA Zip Code 19063 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> 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) ▼	Transaction ID: SB29.15737 Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

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 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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Don White Mailing Address PO Box 363 City Indiana State PA Zip Code 15701 Purpose of Disbursement non-federal contribution 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) ▼	Transaction ID: SB29.15697 Date of Disbursement 07 / 29 / 2010 Amount of Each Disbursement this Period 500.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Friends of Doug Reichley Mailing Address 10024 Weiss Road City Breinigsville State PA Zip Code 18031 Purpose of Disbursement non-federal contribution 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) ▼	Transaction ID: SB29.15751 Date of Disbursement 09 / 07 / 2010 Amount of Each Disbursement this Period 300.00 Category/Type
C.	Full Name (Last, First, Middle Initial) Friends of Frank Dermody Mailing Address PO Box 220 City Solebury State PA Zip Code 18963 Purpose of Disbursement non-federal contribution 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) ▼	Transaction ID: SB29.15670 Date of Disbursement 07 / 02 / 2010 Amount of Each Disbursement this Period 1000.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

1800.00

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

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)

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<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Frank Farry <hr/> Mailing Address PO Box 231 <hr/> City Langhorne State PA Zip Code 19047 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> 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) ▼	Transaction ID: SB29.15750 Date of Disbursement 09 / 07 / 2010	Amount of Each Disbursement this Period 250.00
B.	Full Name (Last, First, Middle Initial) Friends of Fred Keller <hr/> Mailing Address 37 Chrislynn Drive <hr/> City Middleburg State PA Zip Code 17842 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> 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) ▼	Transaction ID: SB29.15679 Date of Disbursement 07 / 15 / 2010	Amount of Each Disbursement this Period 250.00
C.	Full Name (Last, First, Middle Initial) Friends of Gary Day <hr/> Mailing Address 5934 Memorial Road <hr/> City Germansville State PA Zip Code 18053 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> 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) ▼	Transaction ID: SB29.15790 Date of Disbursement 09 / 29 / 2010	Amount of Each Disbursement this Period 250.00

SUBTOTAL of Disbursements This Page (optional) ▶

750.00

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

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 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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p>A. Full Name (Last, First, Middle Initial) Friends of Jake Corman</p> <p>Mailing Address 270 Edward Drive</p> <p>City Bellefonte State PA Zip Code 16823</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.15710</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="400.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Jay Moyer</p> <p>Mailing Address PO Box 395</p> <p>City Lederach State PA Zip Code 19450</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.15717</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Jeff Haste</p> <p>Mailing Address 220 Hetrick Lane</p> <p>City Harrisburg State PA Zip Code 17112</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.15777</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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 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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Jeff Piccola	Transaction ID: SB29.15786 Date of Disbursement
	Mailing Address PO Box 741	<input type="text" value="09"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Harrisburg State PA Zip Code 17108	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Jennifer Mann	Transaction ID: SB29.15746 Date of Disbursement
	Mailing Address PO Box 1881	<input type="text" value="09"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Allentown State PA Zip Code 18105	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Jewell Williams	Transaction ID: SB29.15735 Date of Disbursement
	Mailing Address 2343 N Smedley Street	<input type="text" value="08"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Philadelphia State PA Zip Code 19132	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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

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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Joe Scarnati	Transaction ID: SB29.15707 Date of Disbursement
	Mailing Address PO Box 177	<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City Brockway State PA Zip Code 15824	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="1000.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of John Pippy	Transaction ID: SB29.15729 Date of Disbursement
	Mailing Address PO Box 1183	<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Moon Township State PA Zip Code 15108	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="200.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Lisa Boscola	Transaction ID: SB29.15686 Date of Disbursement
	Mailing Address PO Box 1294	<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Bethlehem State PA Zip Code 18016	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

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

**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 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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Lisa Boscola	Transaction ID: SB29.15773 Date of Disbursement
	Mailing Address PO Box 1294	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Bethlehem State PA Zip Code 18016	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Mark Keller	Transaction ID: SB29.15723 Date of Disbursement
	Mailing Address 6441 Waggoners Gap Road	<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Landisburg State PA Zip Code 17040	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Mike Turzai	Transaction ID: SB29.15730 Date of Disbursement
	Mailing Address PO Box 721	<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Wexford State PA Zip Code 15090	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="2500.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Mike Turzai	Transaction ID: SB29.15734 Date of Disbursement
	Mailing Address PO Box 721	<input type="text" value="08"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Wexford State PA Zip Code 15090	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="2500.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Mike Turzai	Transaction ID: SB29.15743 Date of Disbursement
	Mailing Address PO Box 721	<input type="text" value="09"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Wexford State PA Zip Code 15090	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="2500.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Mike Turzai	Transaction ID: SB29.15753 Date of Disbursement
	Mailing Address PO Box 721	<input type="text" value="09"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Wexford State PA Zip Code 15090	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="2500.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Nick Micozzie	Transaction ID: SB29.15771 Date of Disbursement
	Mailing Address PO Box 234	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Clifton Heights State PA Zip Code 19018	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="500.00"/>
	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.	Full Name (Last, First, Middle Initial) Friends of Paul Drucker	Transaction ID: SB29.15754 Date of Disbursement
	Mailing Address 1435 Anthony Wayne Drive	<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City Wayne State PA Zip Code 19087	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	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:	

C.	Full Name (Last, First, Middle Initial) Friends of Ron Marsico	Transaction ID: SB29.15803 Date of Disbursement
	Mailing Address 4320 Crestview Road	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Harrisburg State PA Zip Code 17112	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	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:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p>A. Full Name (Last, First, Middle Initial) Friends of Scott Conklin</p> <p>Mailing Address 339 Kepp Road</p> <p>City Phillipsburg State PA Zip Code 16866</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.15798</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Ted Erickson</p> <p>Mailing Address PO Box 564</p> <p>City Drexel Hill State PA Zip Code 19026</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.15781</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Tim Hennessey</p> <p>Mailing Address 1178 Foxview Road</p> <p>City Pottstown State PA Zip Code 19465</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.15794</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="350.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

**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)

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<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Friends of Todd Eachus	Transaction ID: SB29.15682 Date of Disbursement
	Mailing Address PO Box 2174	<input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Hazleton State PA Zip Code 18201	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	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.	Full Name (Last, First, Middle Initial) Friends of Todd Eachus	Transaction ID: SB29.15785 Date of Disbursement
	Mailing Address PO Box 2174	<input type="text" value="09"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Hazleton State PA Zip Code 18201	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="1500.00"/>
	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:	

C.	Full Name (Last, First, Middle Initial) Friends of Tom Murt	Transaction ID: SB29.15776 Date of Disbursement
	Mailing Address 3728 Meyer Lane	<input type="text" value="09"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Hatboro State PA Zip Code 19040	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="250.00"/>
	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:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A. Full Name (Last, First, Middle Initial)
Friends to Elect Christine M. Tartaglione

Mailing Address PO Box 11449

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement non-federal contribution

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.15739

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
House Democratic Campaign Committee

Mailing Address PO Box 555
Federal Square Station

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement non-federal contribution

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.15779

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
House Republican Campaign Committee

Mailing Address PO Box 11787

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement non-federal contribution

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.15783

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

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)

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<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p>A. Full Name (Last, First, Middle Initial) Jay Costa for State Senate</p> <p>Mailing Address 314 Newport Road</p> <p>City Pittsburgh State PA Zip Code 15221</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.15719</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) John Blake for Senate Committee</p> <p>Mailing Address PO Box 102</p> <p>City Archbald State PA Zip Code 18403</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.15671</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) John Blake for Senate Committee</p> <p>Mailing Address PO Box 102</p> <p>City Archbald State PA Zip Code 18403</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.15708</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="750.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

**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)

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<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A. Full Name (Last, First, Middle Initial) Keystone Leader's PAC <hr/> Mailing Address PO Box 506 <hr/> City Harrisburg State PA Zip Code 17108 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> 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) ▼	Transaction ID: SB29.15769 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Killion Victory Committee <hr/> Mailing Address 115 West State Street <hr/> City Media State PA Zip Code 19063 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> 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) ▼	Transaction ID: SB29.15809 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Markosek for State Legislature Committee <hr/> Mailing Address 207 Glenwood Drive <hr/> City Monroeville State PA Zip Code 15146 <hr/> Purpose of Disbursement non-federal contribution Candidate Name <hr/> 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) ▼	Transaction ID: SB29.15722 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1750.00

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

**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)

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<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

<p>A. Full Name (Last, First, Middle Initial) Mike Sturla for State Representative</p> <p>Mailing Address PO Box 206</p> <p>City Lancaster State PA Zip Code 17608</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.15759</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) People for Pyle</p> <p>Mailing Address PO Box 227</p> <p>City Ford City State PA Zip Code 16226</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.15675</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Petrarca Election Committee</p> <p>Mailing Address 409 Franklin Avenue</p> <p>City Vandergrift State PA Zip Code 15690</p> <p>Purpose of Disbursement non-federal contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.15749</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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)

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<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Robbins for Senate Committee Mailing Address 353 Greenville Road City Greenville State PA Zip Code 16125 Purpose of Disbursement non-federal contribution 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) ▼	Transaction ID: SB29.15755 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	Amount of Each Disbursement this Period 150.00
B.	Full Name (Last, First, Middle Initial) Santoni for State Representative Committee Mailing Address PO Box 12893 City Reading State PA Zip Code 19612 Purpose of Disbursement non-federal contribution 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) ▼	Transaction ID: SB29.15758 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Senate Republican Campaign Committee Mailing Address PO Box 792 City Harrisburg State PA Zip Code 17108 Purpose of Disbursement non-federal contribution 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) ▼	Transaction ID: SB29.15720 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)		1650.00	
TOTAL This Period (last page this line number only)			

**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)

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<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)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

A.	Full Name (Last, First, Middle Initial) Senate Republican Campaign Committee	Transaction ID: SB29.15772 Date of Disbursement
	Mailing Address PO Box 792	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Harrisburg State PA Zip Code 17108	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="1250.00"/>
	Candidate Name	Category/Type
	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.	Full Name (Last, First, Middle Initial) Tom Corbett for Governor	Transaction ID: SB29.15810 Date of Disbursement
	Mailing Address PO Box 1145	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Harrisburg State PA Zip Code 17108	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Tomlinson for State Senate	Transaction ID: SB29.15731 Date of Disbursement
	Mailing Address 2411 Elfreths Alley	<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Bensalem State PA Zip Code 19020	Amount of Each Disbursement this Period
	Purpose of Disbursement non-federal contribution	<input type="text" value="300.00"/>
	Candidate Name	Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6550.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

