

RECEIVED

2014 MAR -4 AM 11:40

FEC MAIL CENTER

January 30, 2014

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

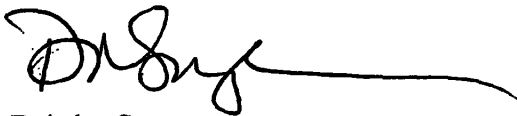
To Whom It May Concern:

Enclosed please find the Year End Report for Massachusetts Blue PAC of Blue Cross Blue Shield of Massachusetts.

If you have any questions or concerns, please do not hesitate to contact me directly at 617-246-3359 or at massachusettsbluepac@yahoo.com

Thank you.

Very truly yours,



Deirdre Savage
Treasurer
Massachusetts Blue PAC
FEC ID# C00523217

14031191542

**FEC
FORM 3X**

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

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FEDERAL CENTER

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

MASSACHUSETTS BLUE PAC OF BLUECROSS BLUE SHIELD
OF MASSACHUSETTS

ADDRESS (number and street) 401 PARK DRIVE
LANDMARK CENTER
BOSTON MA 02215

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 00523217

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

| | | | |
|-------------|-------------|--------------|---------------------------------------|
| Feb 20 (M2) | May 20 (M5) | Aug 20 (M8) | Nov 20 (M11) (Non-Election Year Only) |
| Mar 20 (M3) | Jun 20 (M6) | Sep 20 (M9) | Dec 20 (M12) (Non-Election Year Only) |
| Apr 20 (M4) | Jul 20 (M7) | Oct 20 (M10) | Jan 31 (YE) |

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

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

Election on M M / D D / Y Y Y Y in the State of

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

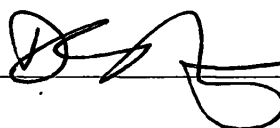
| | | |
|---------------|--------------|---------------|
| General (30G) | Runoff (30R) | Special (30S) |
|---------------|--------------|---------------|

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 07 01 2013 through 12 31 2013

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 Deirdre W. Savage

Signature of Treasurer  Date 07 30 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X Rev. 12/2004

14031191543

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Massachusetts BluePac of BCBSMA

Report Covering the Period: From:

07 01 2013

To:

12 31 2013

14031191544

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <u>2013</u> | | <u>684.00</u> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <u>88.00</u> | |
| (c) Total Receipts (from Line 19)..... | <u>10,825.00</u> | <u>10,825.00</u> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <u>10,913.00</u> | <u>10,913.00</u> |
| 7. Total Disbursements (from Line 31)..... | <u>9,096.00</u> | <u>9,096.00</u> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <u>1817.00</u> | <u>1817.00</u> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | - | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | - | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Blue Plan of BCBSMA

Report Covering the Period: From:

07 01 2013

To:

12 31 2013

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

6,500.00

6,500.0

(ii) Unitemized.....

4,375.00

4,375.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

10,875.00

10,875.00

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

10,875.00

10,875.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

10,875.00

10,875.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

10,875.00

10,875.00

14031191545

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

14031191546

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | | |
| (ii) Non-Federal Share..... | 96.00 | 192.00 |
| (b) Other Federal Operating Expenditures | | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 96.00 | 192.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 9,000.00 | 9,000.00 |
| 24. Independent Expenditures (use Schedule E) | | |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | | |
| 26. Loan Repayments Made..... | | |
| 27. Loans Made..... | | |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (b) Political Party Committees | | |
| (c) Other Political Committees (such as PACs)..... | | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | | |
| 29. Other Disbursements | | |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | | |
| (ii) "Levin" Share..... | | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))..... | | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 9,096.00 | 9,192.00 |
| 32. Total Federal Disbursements (subtract Lines 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 9,096.00 | 9,192.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 10,875.00 | 10,875.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | | |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | | |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 96.00 | 192.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | | |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 96.00 | 192.00 |

14031191547

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

| | | | | | | | | |
|---|---|---|---|---|--|---|------|----|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | | | | | PAGE | OF |
| | <input type="checkbox"/> 21b <input type="checkbox"/> 27 | <input type="checkbox"/> 22 <input type="checkbox"/> 28a | <input type="checkbox"/> 23 <input type="checkbox"/> 28b | <input type="checkbox"/> 24 <input type="checkbox"/> 28c | <input type="checkbox"/> 25 <input type="checkbox"/> 29 | <input type="checkbox"/> 26 <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)
Manassette Blue Pac of BCBSMA

| | | |
|---|--|--|
| A. Full Name (Last, First, Middle Initial) Blue Pac | | Date of Disbursement 01 07 2013 |
| Mailing Address 1310 G Street, NW | | Amount of Each Disbursement this Period 1,000.00 |
| City Washington DC | State Zip Code DC 20005 | |
| Purpose of Disbursement | | Category/ Type |
| Candidate Name | | |
| 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) Bank of America | | Date of Disbursement monthly |
| Mailing Address 525 High Street | | Amount of Each Disbursement this Period 96.00 |
| City Weymouth MA | State Zip Code MA 02188 | |
| Purpose of Disbursement Bank Fees | | Category/ Type 001 |
| Candidate Name | | |
| 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) | | Date of Disbursement |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State Zip Code | |
| Purpose of Disbursement | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 9096.00 |
| TOTAL This Period (last page this line number only).....▶ | 9096.00 |

14031191548

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

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NAME OF COMMITTEE (In Full)
Massachusetts Blue Pae of BCBSMA

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

Mailing Address
23 School Street

City
Hopkinton State
MA Zip Code
01748

FEC ID number of contributing federal political committee.
C00523217

Name of Employer
BCBSMA Occupation
Insurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
09 10 2013

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Murphy Sean

Mailing Address
19 Camelot Drive

City
Hingham State
MA Zip Code
02043

FEC ID number of contributing federal political committee.
C00523217

Name of Employer
BCBSMA Occupation
Insurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
09 12 2013

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Savage Deirdre

Mailing Address
16 Grampian Way

City
Weymouth State
MA Zip Code
02188

FEC ID number of contributing federal political committee.
C00523217

Name of Employer
BCBSMA Occupation
Insurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
09 23 2013

Amount of Each Receipt this Period
800.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1200.00**

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

14031191549

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

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

| | | |
|---|--------------------------------|------------------------------------|
| A. Full Name (Last, First, Middle Initial) <i>Malty Allen</i> | | Date of Receipt |
| Mailing Address <i>151 Neshobe Rd</i> | | <i>09 09 2013</i> |
| City <i>Waban, MA 02468</i> | | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. <i>C00523217</i> | | <i>300.00</i> |
| Name of Employer <i>BCBSMA</i> | Occupation <i>Insurance</i> | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | | |
|---|--------------------------------|------------------------------------|
| B. Full Name (Last, First, Middle Initial) <i>Shelto Audrey</i> | | Date of Receipt |
| Mailing Address <i>189 Langley Rd</i> | | <i>09 09 2013</i> |
| City <i>Newton, MA 02459</i> | | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. <i>C00523217</i> | | <i>300.00</i> |
| Name of Employer <i>BCBSMA</i> | Occupation <i>Insurance</i> | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | | |
|---|--------------------------------|------------------------------------|
| C. Full Name (Last, First, Middle Initial) <i>Dowerty Deborah</i> | | Date of Receipt |
| Mailing Address <i>171 Swanton St # 36</i> | | <i>09 09 2013</i> |
| City <i>Winchester MA 01890</i> | | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. <i>C00523217</i> | | <i>50.00</i> |
| Name of Employer <i>BCBSMA</i> | Occupation <i>Insurance</i> | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <i>650.00</i> |
| TOTAL This Period (last page this line number only).....▶ | |

14031191550

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

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

FOR LINE NUMBER: PAGE OF
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Bullen, Bruce

Mailing Address
120 Ridgeway Rd

City
Weston MA 02493

FEC ID number of contributing federal political committee.
C00523217

Name of Employer
BCBSMA Occupation
Insurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
09 09 2013

Amount of Each Receipt this Period
800.00

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

Mailing Address
100 Meredith Circle

City
Milton, MA

FEC ID number of contributing federal political committee.
C00523217

Name of Employer
BCBSMA Occupation
Insurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
09 15 2013

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Lorenz, Stephanie

Mailing Address
5 Lila Rd

City
Jamaica Plain MA 02130

FEC ID number of contributing federal political committee.
C00523217

Name of Employer
BCBSMA Occupation
Insurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
09 09 2013

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1,700.00**

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

14031191551

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

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NAME OF COMMITTEE (In Full)

Massachusetts Blue Pac of BCBSMA

| | | |
|---|-----------------------------------|---|
| A. Full Name (Last, First, Middle Initial) <i>McQuade, Jay</i> | | Date of Receipt <i>09 09 2013</i> |
| Mailing Address <i>7 Golden Oaks Lane</i> | | Amount of Each Receipt this Period <i>, 300.00</i> |
| City <i>Andover, MA</i> | State Zip Code <i>MA 01810</i> | |
| FEC ID number of contributing federal political committee. <i>C 00523217</i> | | Aggregate Year-to-Date ▼ |
| Name of Employer <i>BCBSMA</i> | Occupation <i>Insurance</i> | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-----------------------------------|---|
| B. Full Name (Last, First, Middle Initial) <i>Iselm, Sarah</i> | | Date of Receipt <i>09 10 2013</i> |
| Mailing Address <i>60 Hull Street</i> | | Amount of Each Receipt this Period <i>, 300.00</i> |
| City <i>Newton</i> | State Zip Code <i>MA 02460</i> | |
| FEC ID number of contributing federal political committee. <i>C 00523217</i> | | Aggregate Year-to-Date ▼ |
| Name of Employer <i>BCBSMA</i> | Occupation <i>Insurance</i> | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-----------------------------------|---|
| C. Full Name (Last, First, Middle Initial) <i>Garrison, Richard</i> | | Date of Receipt <i>09 15 2013</i> |
| Mailing Address <i>7 Warren Ave</i> | | Amount of Each Receipt this Period <i>, 300.00</i> |
| City <i>Boston</i> | State Zip Code <i>MA 02116</i> | |
| FEC ID number of contributing federal political committee. <i>C 00523217</i> | | Aggregate Year-to-Date ▼ |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|---|-----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <i>, 900.00</i> |
| TOTAL This Period (last page this line number only).....▶ | |

14031191552

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

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NAME OF COMMITTEE (In Full)
Massachusetts Blue Pae of BCBSMA

| | | |
|---|-----------------------------------|---|
| A. Full Name (Last, First, Middle Initial) <i>Parichand, Brett</i> | | Date of Receipt <i>09 09 2013</i> |
| Mailing Address <i>22 Dartmouth Rd</i> | | Amount of Each Receipt this Period <i>300.00</i> |
| City <i>Melrose</i> | State Zip Code <i>MA 02176</i> | |
| FEC ID number of contributing federal political committee. <i>C 00523217</i> | | |
| Name of Employer <i>BCBSMA</i> | Occupation <i>Insurance</i> | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | | |
|---|-----------------------------------|---|
| B. Full Name (Last, First, Middle Initial) <i>Devans Deb</i> | | Date of Receipt <i>09 09 2013</i> |
| Mailing Address <i>7a Blodgett Ave</i> | | Amount of Each Receipt this Period <i>300.00</i> |
| City <i>Swampscott</i> | State Zip Code <i>MA 01907</i> | |
| FEC ID number of contributing federal political committee. <i>C 00523217</i> | | |
| Name of Employer <i>BCBSMA</i> | Occupation <i>Insurance</i> | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | | |
|---|-----------------------------------|---|
| C. Full Name (Last, First, Middle Initial) <i>Cushig, Bill</i> | | Date of Receipt <i>09 09 2013</i> |
| Mailing Address <i>6 Strawberry Lane</i> | | Amount of Each Receipt this Period <i>300.00</i> |
| City <i>North Reading</i> | State Zip Code <i>MA 01864</i> | |
| FEC ID number of contributing federal political committee. <i>C 00523217</i> | | |
| Name of Employer <i>BCBSMA</i> | Occupation <i>Insurance</i> | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <i>900.00</i> |
| TOTAL This Period (last page this line number only).....▶ | |

14031191553

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

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

NAME OF COMMITTEE (In Full)

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) <i>Dreyfus, Andrew</i> | | Date of Receipt <i>09 09 2013</i> |
| Mailing Address <i>62 Otis Street</i> | | Amount of Each Receipt this Period <i>300.00</i> |
| City <i>Newtonville, MA</i> | State <i>MA</i> Zip Code <i>02460</i> | |
| FEC ID number of contributing federal political committee. <i>C00523217</i> | | |
| Name of Employer <i>BCBSMA</i> | Occupation <i>Insurance</i> | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) <i>Stanley, Andreana</i> | | Date of Receipt <i>09 09 2013</i> |
| Mailing Address <i>150 River Street</i> | | Amount of Each Receipt this Period <i>800.00</i> |
| City <i>Middleton, MA</i> | State <i>MA</i> Zip Code <i>01949</i> | |
| FEC ID number of contributing federal political committee. <i>C00523217</i> | | |
| Name of Employer <i>BCBSMA</i> | Occupation <i>Insurance</i> | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

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

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <i>1100.00</i> |
| TOTAL This Period (last page this line number only).....▶ | <i>6500</i> |

14031191554

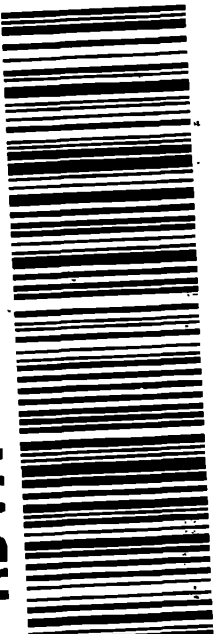
earthSmart

FedEx

1403 TUE 104 MAR AA
STANDARD OVERNIGHT
20463
DC-US
IAD

TRK# 8600 8877 0880
0215

EP RDVA



FTD 442684 03MAR14 BYVA 51AC1/CCAF/650D

RECEIVED
2014 MAR -4 AM 11:40
FEC MAIL CENTER

Express

FedEx® US Airbill
Express

FedEx Tracking Number
8600 8877 0880

1 From This portion can be removed for recipient's records.
Date _____ FedEx Tracking Number 860088770880

Sender's Name D. Brown Phone 617 7403355

Company/Address CHARLIE CROSS BLUE SHIELD MAS

Address 401 PARK DR SIE 1A

City/State/Zip CHICAGO MA ZIP 02215-3226

2 Your Internal Billing Reference COST CENTER 4779

3 To Recipient's Name Federal Police Composite

Company 977 E. Street, NW

Recipient's Address Alpharetta GA 30203

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address _____
To request a package be held at a specific FedEx location, print FedEx address here.

City _____ State _____ ZIP _____

0350589488



8600 8877 0880

0215

Recipient's Copy

4a Express Package Service
FedEx Priority Overnight
Next business morning, Friday
shipment not delivered on Monday
unless SATURDAY Delivery is selected.
FedEx 2Day
Second business day, Thursday
shipment not delivered on Monday
unless SATURDAY Delivery is selected.
FedEx Standard Overnight
Next business afternoon,
Saturday Delivery NOT available.
FedEx Express Saver
Third business day,
Saturday Delivery NOT available.
FedEx Envelope*
Includes FedEx Small Pak,
FedEx Large Pak, and FedEx Surety Pak.
FedEx Pak*
Includes FedEx Small Pak,
FedEx Large Pak, and FedEx Surety Pak.
FedEx Tube
Other
* To meet location.

4b Express Freight Service
FedEx 1Day Freight*
Next business day, Thursday
shipment not delivered on Monday
unless SATURDAY Delivery is selected.
FedEx 2Day Freight
Second business day, Thursday
shipment not delivered on Monday
unless SATURDAY Delivery is selected.
FedEx 3Day Freight
Third business day,
Saturday Delivery NOT available.
* To meet location.

5 Packaging
FedEx Envelope*
FedEx Pak*
FedEx Tube
Other
* To meet location.

6 Special Handling
SATURDAY Delivery
Not available for
FedEx Standard Overnight,
FedEx 1Day Freight, FedEx Express
Saver, or FedEx Priority Overnight.
Does this shipment contain dangerous goods?
No Yes
Dry Ice
Dry Ice, UN 1845
Cargo Aircraft Only
HOLD Weekday
at FedEx Location
Not available for
FedEx First Overnight,
FedEx 2Day
to select locations.
HOLD Saturday
at FedEx Location
Available ONLY for FedEx Priority
Overnight and FedEx 2Day
to select locations.

7 Payment Bill to:
No Yes
Sender Recipient Third Party
Enter FedEx Acct. No. or Credit Card No. below.
Acct. No. in Section
I will be billed.
Obtain Receipt
Acct. No.
Cash/Check
Credit Card Auth.

Total Packages _____ Total Weight _____
Total Charges _____
Credit Card Auth. _____

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

Your liability is limited to \$100 unless you declare a higher value. See the current FedEx Services Guide for details.

519

0304
0880
6
0215

fedex.com 1.800.GoFedEx 1.800.463.3339

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

| | |
|--|--|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): FEDEX | Shipping Date |
| | Next Business Day Delivery <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

PREPARER
 (8/2013)

3/4/14
DATE PREPARED

14031191556