REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 DEC -7 P 12:28

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
BluePAC (Capital, Independence, Northeastern, and Western Pennsylvania)

ADDRESS (number and street) ☐ Check if different than previously reported
c/o Linda Melusky
P.O. Box 60710

CITY, STATE and ZIP CODE
Harrisburg, PA 17106

2. FEC IDENTIFICATION NUMBER
C00270967

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☒ 30-Day Post-Election Report following the General Election on 11-07-2000 in the State of PA

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10-19-00 through 11-27-00		
6. (a) Cash on Hand January 1, ~~19~~ 2000		$ 16,940.43
(b) Cash on Hand at Beginning of Reporting Period	$ 11,085.74	
(c) Total Receipts (from Line 19)	$ 13,423.77	$ 103,337.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 24,509.51	$ 120,277.51
7. Total Disbursements (from Line 30)	$ 14,760.00	$ 110,528.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 9,749.51	$ 9,749.51
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)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
Linda Melusky

Signature of Treasurer: Linda Melusky

Date: 12/6/00

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

FEC FORM 3X
(revised 9/93)

FEC/AN/000

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: BluePAC

REPORT COVERING PERIOD FROM 10-19-00 TO 11-27-00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	6,797.77	38,939.58	11(a)(i)
ii. Unitemized	6,626.00	62,397.50	11(a)(ii)
iii. Total (add i and ii) ➤	13,423.77	101,337.00	11(a)(iii)
b. Political Party Committees	0.00	2,000.00	11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	13,423.77	103,337.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	13,423.77	103,337.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤			20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	2,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	2,000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)	0.00	5,000.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	5,000.00	28(d)
29. Other Disbursements	14,760.00	100,920.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	14,760.00	110,528.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	13,423.77	103,337.00	32
33. Total Contribution Refunds (from line 28d)	0.00	5,000.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	13,423.77	98,337.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	0.00	37

FE0AN086

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 16

FOR LINE NUMBER 11.a J.

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Butler, Christopher 1 Brampton Road Malvern, Pa 19355 Receipt For: Primary General Other (specify):	Independence Blue Cross Senior Vice President Aggregate Year-to-Date > $ 520.00	Payroll Deduction	$ 120.00 ($40 bi-weekly)
B. Deddis, John 8 Glenlake Drive Medford, NJ 08055 Receipt For: Primary General Other (specify):	Independence Blue Cross Senior Vice President Aggregate Year-to-Date > $ 884.82	Payroll Deduction	$ 115.41 ($38.47 bi-weekly)
C. Dibona, G. Fred Jr. 637 Heather Lane Bryn Mawr, Pa 19010 Receipt For: Primary General Other (specify):	Independence Blue Cross President Aggregate Year-to-Date > $ 3,098.28	Payroll Deduction	$ 403.86 ($134.62 bi-weekly)
D. Fascia, Robert J. 9 Summer Hill Lane Medford, NJ 08055 Receipt For: Primary General Other (specify):	Independence Blue Cross Senior Vice President Aggregate Year-to-Date > $ 1,170.00	Payroll Deduction	$ 165.00 ($55 bi-weekly)
E. Foos, John G. 1016 Lorien Drive Gwynedd Valley, Pa 19437 Receipt For: Primary General Other (specify):	Independence Blue Cross Chief Financial Officer Aggregate Year-to-Date > $ 1,420.00	Payroll Deduction	$ 210.00 ($70 bi-weekly)
F. Cashman, Christopher 7320 Hole Road Philadelphia, PA 19128 Receipt For: Primary General Other (specify):	Independence Blue Cross Sr VP Corp. & Public Affairs Aggregate Year-to-Date > $ 2,054.00	Payroll Deduction	$ 315.00 ($105 bi-weekly)
G. Hobson, Michael 31 Oakford Road Wayne, PA 19087 Receipt For: Primary General Other (specify):	Independence Blue Cross Acct. Exec. KHP East Aggregate Year-to-Date > $ 895.50	Payroll Deduction	$ 115.50 ($38.50 bi-weekly)

SUBTOTAL of Receipts This Page (optional) >		$ 1,444.77
TOTAL This Period (last page this line number only) >		

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11.a .i.

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Park, Rosemary 210 Carlton Avenue Westmont, NJ 08108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Senior Vice President Rating Aggregate Year-to-Date > $ 1150.00	Payroll Deduction	$ 150.00 ($50 bi-weekly)
McMillen, Mary Ellen 5487 Grouse Drive Harrisburg, Pa. 17111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Vice President Aggregate Year-to-Date > $ 897.00	Payroll Deduction	$ 117.00 ($40 bi-weekly)
Pappalardo, Thomas 240 Tall Pines Drive East Sewell, NJ 08080 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Senior Vice President Aggregate Year-to-Date > $ 920.00	Payroll Deduction	$ 120.00 ($40 bi-weekly)
Podriani, Daniel 1504 Schoolhouse Lane Gwynedd Valley, Pa. 19437 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Senior Vice President Aggregate Year-to-Date > $ 1,380.00	Payroll Deduction	$ 180.00 ($60 bi-weekly)
Brennan, Martin 1 Tanglewood Circle Rose Valley, PA 19086 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Chief Info. Officer Aggregate Year-to-Date > $ 920.00	Payroll Deduction	$ 120.00 ($40 bi-weekly)
Farley, Kathryn 316 Valley Forge Road Devon, PA 19333 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Vice President Aggregate Year-to-Date $ 920.00	Payroll Deduction	$ 120.00 ($40 bi-weekly)
Frick, Joseph A. 7 Moore Circle Media, PA 19063 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Vice President Aggregate Year-to-Date > $ 950.00	Payroll Deduction	$ 150.00 ($50 bi-weekly)

SUBTOTAL of Receipts This Page (optional) ..... > $ 957.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Boyer, Donna L. 113 Red Stone Ridge Delran, NJ 08075	Independence Blue Cross Senior Vice President Rating	Payroll Deduction	$ 60.00
Receipt For: Primary General Other (specify):	Aggregate Year-to-Date > $ 460.00		($20 bi-weekly)
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Brown, Royal E. 1429 S 15th Street Philadelphia, PA 17148	Independence Blue Cross Vice President	Payroll Deduction	$ 60.00
Receipt For: Primary General Other (specify):	Aggregate Year-to-Date > $ 460.00		($20 bi-weekly)
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Henry, Joseph P. 237 Leona Avenue Huntingdon Valley, PA 19006	Independence Blue Cross Senior Vice President	Payroll Deduction	$ 60.00
Receipt For: Primary General Other (specify):	Aggregate Year-to-Date > $ 460.00		($20 bi-weekly)
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Kacic, Katherine M. 319 Vassar Avenue Swarthmore, PA 19081	Independence Blue Cross Senior Vice President	Payroll Deduction	$ 48.00
Receipt For: Primary General Other (specify):	Aggregate Year-to-Date > $ 368.00		($16 bi-weekly)
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Rhodes, James H. 5105 N Park Drive, Suite 1401 Pennsauken, NJ 08019	Independence Blue Cross Chief Info. Officer	Payroll Deduction	$ 60.00
Receipt For: Primary General Other (specify):	Aggregate Year-to-Date > $ 460.00		($20 bi-weekly)
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Roberts, Michael Kevin 932 Dogwood Lane Collegeville, PA 19426	Independence Blue Cross Vice President	Payroll Deduction	$ 60.00
Receipt For: Primary General Other (specify):	Aggregate Year-to-Date > $ 460.00		($20 bi-weekly)
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Carey, Leo M. 100 Mulberry Lane Media, PA 19063	Independence Blue Cross Vice President	Payroll Deduction	$ 54.00
Receipt For: Primary General Other (specify):	Aggregate Year-to-Date > $ 414.00		($18 bi-weekly)

SUBTOTAL of Receipts This Page (optional) ..... > $ 402.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Douglas, John 105 Cascades Court Blue Bell, PA 19422 Receipt For: Primary General Other (specify):	Independence Blue Cross Senior Vice President Rating Aggregate Year-to-Date > $ 460.00		$ 60.00 ($20 bi-weekly)
Eckridge, Karen W. 1140 East Providence Road Yeadon, PA 19050 Receipt For: Primary General Other (specify):	Independence Blue Cross Vice President Aggregate Year-to-Date > $ 388.00		$ 48.00 ($16 bi-weekly)
Leslin, Karen 308 Golf Hills Road Havertown, PA 19083 Receipt For: Primary General Other (specify):	Independence Blue Cross Senior Vice President Aggregate Year-to-Date > $ 460.00		$ 60.00 ($20 bi-weekly)
Nolan, Joseph F. 2938 Sunset Avenue Norristown, PA 19403 Receipt For: Primary General Other (specify):	Independence Blue Cross Senior Vice President Aggregate Year-to-Date > $ 690.00		$ 90.00 ($30 bi-weekly)
Pizzoli, Vincent J. 14 Fisher Drive Clayton, NJ 08312 Receipt For: Primary General Other (specify):	Independence Blue Cross Chief Info. Officer Aggregate Year-to-Date > $ 414.00		$ 54.00 ($18 bi-weekly)
Post, R. Scott 285 Stormfield Drive Hatfieldville, PA 19438 Receipt For: Primary General Other (specify):	Independence Blue Cross Vice President Aggregate Year-to-Date > $ 480.00		$ 75.00 ($25 bi-weekly)
Reilley, Lawrence 1304 Fairbourne Ct Lansdale, PA 19446 Receipt For: Primary General Other (specify):	Independence Blue Cross Vice President Aggregate Year-to-Date > $ 460.00		$ 60.00 ($20 bi-weekly)

SUBTOTAL of Receipts This Page (optional) > $ 447.00

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

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NAME OF COMMITTEE (in Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Gregus, Barbara J. 210 Fawn Drive Harleysville, PA 19438 Receipt For: Primary General Other (specify):	Independence Blue Cross Senior Vice President Rating Aggregate Year-to-Date > $ 460.00	Payroll Deduction	$ 60.00 ($20 bi-weekly)
B. Hughes, Robert P. 904 Westdale Avenue Swarthmore, PA 19081 Receipt For: Primary General Other (specify):	Independence Blue Cross Vice President Aggregate Year-to-Date > $ 460.00	Payroll Deduction	$ 60.00 ($20 bi-weekly)
C. Pearson MD, Vincent 108 Brick Road Mount Holly, NJ 08060 Receipt For: Primary General Other (specify):	Independence Blue Cross Senior Vice President Aggregate Year-to-Date > $ 575.00	Payroll Deduction	$ 75.00 ($25 bi-weekly)
D. Riggins, Stacy L. 717 W. Fisher Avenue Philadelphia, PA 19120 Receipt For: Primary General Other (specify):	Independence Blue Cross Senior Vice President Aggregate Year-to-Date > $ 460.00	Payroll Deduction	$ 60.00 ($20 bi-weekly)
E. Brigitt, Yvette 739 Westview Avenue Philadelphia, PA 19119 Receipt For: Primary General Other (specify):	Independence Blue Cross Chief Info. Officer Aggregate Year-to-Date > $ 460.00	Payroll Deduction	$ 60.00 ($20 bi-weekly)
F. Hardinan, Bruce 154 Quinton-Hancock's Road Salem, NJ 08079 Receipt For: Primary General Other (specify):	Independence Blue Cross Vice President Aggregate Year-to-Date > $ 460.00	Payroll Deduction	$ 60.00 ($20 bi-weekly)
G. Haggett, William F. 333 Elm Avenue Haddonfield, NJ 08033 Receipt For: Primary General Other (specify):	Independence Blue Cross Vice President Aggregate Year-to-Date > $ 575.00	Payroll Deduction	$ 75.00 ($25 bi-weekly)

SUBTOTAL of Receipts This Page (optional) ..... > $ 450.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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PAGE 5 OF 16

FOR LINE NUMBER 11.a .I.

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NAME OF COMMITTEE (in Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Liskey, Donald J. 2609 Barnes Drive Moon Township, PA 15108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Senior Vice President Retiring Aggregate Year-to-Date > $ 480.00		$ 80.00 ($20 bi-weekly)
Gannon, George W. 1405 Springton Lane West Chester, PA 19380 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Vice President Aggregate Year-to-Date > $ 485.00		$ 80.00 ($25 bi-weekly)
Jewell, Constance 311 Devonshire Drive Stroudsburg, PA 18360 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blue Cross of Northeastern PA Occupation: Vice President Aggregate Year-to-Date > $ 250.00		$ - ($0 bi-weekly)
Rashid, M. 6 Dickson Drive Medford, NJ 08055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Senior Vice President Aggregate Year-to-Date > $ 500.00		$ - ($0 bi-weekly)
McGinley, Michael 211 Indian Creek Drive Mechanicsburg, PA 17055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Capital Blue Cross Occupation: Senior Vice President Aggregate Year-to-Date > $ 390.00		$ 45.00 ($15 bi-weekly)
Vanvalkenburg, Lee 2901 Rathton Road Camp Hill, PA 17011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Capital Blue Cross Occupation: Vice President Aggregate Year-to-Date > $ 480.00		$ 80.00 ($20 bi-weekly)
Carcock, Vincent 813 Mandy Lane Camp Hill, PA 17011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Capital Blue Cross Occupation: Mgr-Gov'l Relations Aggregate Year-to-Date > $ 480.00		$ 80.00 ($20 bi-weekly)

SUBTOTAL of Receipts This Page (optional) > $ 305.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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PAGE 7 OF 16

FOR LINE NUMBER 11.a .i.

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Green, Michael A. 517 Brights Lane Pennlyn, PA 19422 Receipt For: Primary General Other (specify):	Independence Blue Cross Vice President Aggregate Year-to-Date > $ 1150.00		$ 150.00 ($50 bi-weekly)
Zemlow, John 1150 Grandview Terrace Radnor, Pa 19087 Receipt For: Primary General Other (specify):	Independence Blue Cross Senior Vice President Aggregate Year-to-Date > $ 625.00		$ 120.00 ($40 bi-weekly)
Lister, Kathleen 2029 Delancey Place Philadelphia, PA 19103 Receipt For: Primary General Other (specify):	Independence Blue Cross Vice President Aggregate Year-to-Date > $ 1150.00		$ 150.00 ($50 bi-weekly)
McKeown, Robert A. 609 Bryn Mawr Avenue Haddonfield, NJ 08033-1113 Receipt For: Primary General Other (specify):	Independence Blue Cross Senior VP Aggregate Year-to-Date > $ 1150.00		$ 150.00 ($50 bi-weekly)
Uchvarhelyi, Stephen M.D. 1085 Wyndmere Lane Malvern, PA 19355 Receipt For: Primary General Other (specify):	Independence Blue Cross Sr. VP & Chief Med. Off. Aggregate Year-to-Date > $ 920.00		$ 120.00 ($40 bi-weekly)
Merkel, Robert 521 9th Street New Cumberland, PA 17070 Receipt For: Primary General Other (specify):	Capital Blue Cross SR V.P. and Treasurer Aggregate Year-to-Date > $ 960.00		$ 120.00 ($40 bi-weekly)
Mead, James 201 Hearth Road Camp Hill, PA 17011 Receipt For: Primary General Other (specify):	Capital Blue Cross President Aggregate Year-to-Date > $ 1200.00		$ 150.00 ($50 bi-weekly)

SUBTOTAL of Receipts This Page (optional) ..... > $ 960.00

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

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
A. Brown, Nadine M. 301 N. Progress Avenue J-12 Harrisburg, PA 17109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Capital Blue Cross Occupation: Analyst Aggregate Year-to-Date > $ 360.00		$ 45.00 ($15 bi-weekly)
B. Splath, Gregg 1705 Wyoming Avenue Forty Fort, PA 18704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blue Cross of Northeastern PA Occupation: Corp. Director, MA Aggregate Year-to-Date > $ 315.00		$ - ($15 bi-weekly)
C. Phelps, W.J. 9 Deer Meadow Drive Dallas, PA 18612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blue Cross of Northeastern PA Occupation: Vice President Aggregate Year-to-Date > $ 345.00		$ 45.00 ($15 bi-weekly)
D. Dove, Eric L. 4000 Stratford Rd Richmond, VA 23225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blue Cross of Northeastern PA Occupation: VP Sales Aggregate Year-to-Date > $ 260.00		$ - ($0 bi-weekly)
E. Noll, Tracy E. 4701 N. Clearview Drive Camp Hill, PA 17011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Capital Blue Cross Occupation: DCS Specialist Aggregate Year-to-Date > $ 330.00		$ 45.00 ($15 bi-weekly)
F. Blount, William J. 5911 Upland Way Philadelphia, PA 19131 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Senior Director Aggregate Year-to-Date > $ 276.00		$ 36.00 ($12 bi-weekly)
G. Cloppo, Bonnie 710 Duke Drive Wenonah, NJ 08090 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Director Aggregate Year-to-Date > $ 375.00		$ 54.00 ($18 bi-weekly)

SUBTOTAL of Receipts This Page (optional)	>	$ 225.00
TOTAL This Period (last page this line number only)	>	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Denise M. Dodd 112 East Madison Avenue Collingswood, NJ 08108	Independence Blue Cross Corp Research Consultant		$ 46.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 330.00		($18 bi-weekly)
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) Payroll Deduction**	**Amount of Each Receipt this Period**
Neal I. Freedman 1500 Locust Street #2007 Philadelphia, PA 19102	Independence Blue Cross Associate Actuary		$ 36.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 276.00		($12 bi-weekly)
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) Payroll Deduction**	**Amount of Each Receipt this Period**
Thomas J. Helms 604 Dolores Drive Broomfield, PA 19008	Independence Blue Cross Manager		$ 42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 294.00		($14 bi-weekly)
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) Payroll Deduction**	**Amount of Each Receipt this Period**
Henry M. Kearney 4019 K Street Philadelphia, PA 19124	Independence Blue Cross Manager		$ 39.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 299.00		($13 bi-weekly)
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) Payroll Deduction**	**Amount of Each Receipt this Period**
Livia Molani 6 Luis Drive Linwood, NJ 08221	Independence Blue Cross Director		$ 36.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 276.00		($12 bi-weekly)
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) Payroll Deduction**	**Amount of Each Receipt this Period**
Richard A. Doran 319 S. Lawrence Street Philadelphia, PA 19106	Independence Blue Cross V.P. Communications		$ 45.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		($15 bi-weekly)
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year) Payroll Deduction**	**Amount of Each Receipt this Period**
Robert Mayfield Jr. 201 Hedgemere Drive Devon, PA 19333	Independence Blue Cross Vice President		$ 54.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 338.00		($18 bi-weekly)

SUBTOTAL	of Receipts This Page (optional) ..... >	$ 300.00
TOTAL	This Period (last page this line number only) ..... >	

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11.a .i.

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code Daniel C. Lyons M.D. 5 Narcissus Road Sellersville, PA 18960	Name of Employer Independence Blue Cross	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 42.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Vice President		
	Aggregate Year-to-Date > $ 294.00		($14 bi-weekly)
B. Full Name, Mailing Address and ZIP Code Franklin D. Foster 33 North Gate Village Burlington, NJ 08016	Name of Employer Independence Blue Cross	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 45.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Director of Medicaid		
	Aggregate Year-to-Date > $ 345.00		($15 bi-weekly)
C. Full Name, Mailing Address and ZIP Code Laura L. Landman 601 Yardley Drive Downington, PA 19335	Name of Employer Independence Blue Cross	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 38.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Director Provider Relations		
	Aggregate Year-to-Date > $ 276.00		($12 bi-weekly)
D. Full Name, Mailing Address and ZIP Code Kathleen A. Jones 204 N. Marion Avenue Wenonah, NJ 08090	Name of Employer Independence Blue Cross	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 36.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Director		
	Aggregate Year-to-Date > $ 238.00		($12 bi-weekly)
E. Full Name, Mailing Address and ZIP Code Darlene S. Koszick 21 Bridle Court Cherry Hill, NJ 08003	Name of Employer Independence Blue Cross	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 45.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 250.00		($15 bi-weekly)
F. Full Name, Mailing Address and ZIP Code Bob Routier 102 N. Providence Road Wallingford, PA 19086	Name of Employer Independence Blue Cross	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 36.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Senior Director		
	Aggregate Year-to-Date > $ 238.00		($12 bi-weekly)
G. Full Name, Mailing Address and ZIP Code Robert Croner 1650 Hollyhock Circle Malvern, PA 19355	Name of Employer Independence Blue Cross	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 45.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Vice President-HR		
	Aggregate Year-to-Date > $ 250.00		($15 bi-weekly)

SUBTOTAL	of Receipts This Page (optional) ..... >	$ 285.00
TOTAL	This Period (last page this line number only) ..... >	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11.a .i.

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Mary Jane Forbes 6450 South Huntsmen Drive Harrisburg, PA 17111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Capital Blue Cross Occupation: VP General Counsel Aggregate Year-to-Date > $ 240.00		$ 30.00 ($10 bi-weekly)
Mary L. Leberknight 708 Sunhaven Circle Mechanicsburg, PA 17055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Capital Blue Cross Occupation: Manager Cop Planning Aggregate Year-to-Date > $ 240.00		$ 30.00 ($10 bi-weekly)
Mark Brown 50 N. 30th Street Camp Hill, PA 17011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Capital Blue Cross Occupation: Director Provider Relations Aggregate Year-to-Date > $ 240.00		$ 30.00 ($10 bi-weekly)
Francis Ossikowski 4005 Green Street Harrisburg, PA 17110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Capital Blue Cross Occupation: Executive Director - CBI Aggregate Year-to-Date > $ 240.00		$ 30.00 ($10 bi-weekly)
Jennifer M. Marrazzo 668 Main Street Breeler, PA 17113 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Capital Blue Cross Occupation: Manager Caring Foundation Aggregate Year-to-Date > $ 240.00		$ 30.00 ($10 bi-weekly)
Jackson Noll 4 Dulles Drive West Camp Hill, PA 17011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Capital Blue Cross Occupation: Supervisor Aggregate Year-to-Date > $ 240.00		$ 30.00 ($10 bi-weekly)
Elenor Thompson 139 Daylesford Blvd Berwyn, PA 19312 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Independence Blue Cross Occupation: Aggregate Year-to-Date > $ 250.00		$. ($0 bi-weekly)

SUBTOTAL	of Receipts This Page (optional) >	$ 180.00
TOTAL	This Period (last page this line number only) >	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul A. Tufano 310 Timber Creek Lane Wayne, PA 19087	Independence Blue Cross	Payroll Deduction	$ -
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: VP General Counsel		
	Aggregate Year-to-Date > $ 500.00		($0 bi-weekly)

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Borkowski, Kimberly 1101 Bromley Court Bensalem, PA 19020	Independence Blue Cross	Payroll Deduction	$ 30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager		
	Aggregate Year-to-Date > $ 230.00		($10 bi-weekly)

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William G. Dobbins 1128 Fielding Drive West Chester, PA 081098	Independence Blue Cross	Payroll Deduction	$ 30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager		
	Aggregate Year-to-Date > $ 230.00		($10 bi-weekly)

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dooney, Barbara 310 Winding Way King of Prussia, PA 19406	Independence Blue Cross	Payroll Deduction	$ 30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Mgr-Suburban Accts		
	Aggregate Year-to-Date > $ 230.00		($10 bi-weekly)

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edwards, Charlotte E. 220 East Mermaid Lane T-126 Philadelphia, PA 19118	Independence Blue Cross	Payroll Deduction	$ 30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Sales Manager		
	Aggregate Year-to-Date > $ 230.00		($10 bi-weekly)

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James J. Paico 38 Farmhouse Lane Voorhees, NJ 08043	Independence Blue Cross	Payroll Deduction	$ 30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Director		
	Aggregate Year-to-Date > $ 230.00		($10 bi-weekly)

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fody, Kenneth W. 1081 Main Street Red Hill, PA 18076	Independence Blue Cross	Payroll Deduction	$ 30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Dir of Regional Affairs		
	Aggregate Year-to-Date > $ 230.00		($0 bi-weekly)

SUBTOTAL of Receipts This Page (optional)	>	$ 180.00
TOTAL This Period (last page this line number only)	>	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a .i.

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Gaverone, Nancy 1433 Colonial Drive Bethlehem, PA 19061 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Manager Aggregate Year-to-Date > $ 230.00	Payroll Deduction	$ 30.00 ($10 bi-weekly)
B. Guckes, Henry P. 1212 Youngs Lane West Chester, PA 19380 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Senior Director Aggregate Year-to-Date > $ 230.00	Payroll Deduction	$ 30.00 ($10 bi-weekly)
C. McGrath, Joseph E. 8406 Cobden Road Laverock, PA 19118 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Bus Recovery Admin Aggregate Year-to-Date > $ 230.00	Payroll Deduction	$ 30.00 ($10 bi-weekly)
D. O'Connell, Thomas W 322 South 24th Street Philadelphia, PA 19146 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Senior Counsel Aggregate Year-to-Date > $ 230.00	Payroll Deduction	$ 30.00 ($10 bi-weekly)
E. Perks, Marcy 602 Lennox Court Lansdale, PA 19446 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Manager Aggregate Year-to-Date > $ 230.00	Payroll Deduction	$ 30.00 ($10 bi-weekly)
F. Smith, Kathryn 1226 Banbury Circle West Chester, PA 19380 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Director-Human Resources Aggregate Year-to-Date > $ 230.00	Payroll Deduction	$ 30.00 ($10 bi-weekly)
G. Taliaferro, Lilton Jr. 7407 New Second Street Melrose Park, PA 19126 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Deputy General Counsel Aggregate Year-to-Date > $ 230.00	Payroll Deduction	$ 30.00 ($10 bi-weekly)

SUBTOTAL	of Receipts This Page (optional) >	$ 210.00
TOTAL	This Period (last page this line number only) >	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11.a .i.

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code Tolles, Laura D. 1208 Robert's Way Voorhees, PA 08043	Name of Employer Independence Blue Cross	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Manager		
	Aggregate Year-to-Date > $ 230.00		($10 bi-weekly)
B. Full Name, Mailing Address and ZIP Code Trueman, Mary C. 1528 Brian Drive West Chester, PA 19380	Name of Employer Independence Blue Cross	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 32.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Manager		
	Aggregate Year-to-Date > $ 232.00		($12 bi-weekly)
C. Full Name, Mailing Address and ZIP Code Zellers, William B 226 Windsor Way Doylestown, PA 18901	Name of Employer Independence Blue Cross	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Senior Director		
	Aggregate Year-to-Date > $ 230.00		($10 bi-weekly)
D. Full Name, Mailing Address and ZIP Code Marshall, Lorina L. 4000 Gypsy Lane, Apt 700 Philadelphia, PA 19144	Name of Employer Independence Blue Cross	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Vice President		
	Aggregate Year-to-Date > $ 230.00		($10 bi-weekly)
E. Full Name, Mailing Address and ZIP Code Nesson, Richard J. 605 Longchamps Drive Devon, PA 19333	Name of Employer Independence Blue Cross	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation President & COO, CCC		
	Aggregate Year-to-Date > $ 230.00		($10 bi-weekly)
F. Full Name, Mailing Address and ZIP Code Seldes, Robert E. 1604 Stonington Circle North Wales, PA 19454	Name of Employer Independence Blue Cross	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Vice President-Marketing		
	Aggregate Year-to-Date > $ 230.00		($10 bi-weekly)
G. Full Name, Mailing Address and ZIP Code Adamczyk, Stan G. 265 Scott Road Pottstown, PA 19464	Name of Employer Independence Blue Cross	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Director		
	Aggregate Year-to-Date > $ 230.00		($10 bi-weekly)

SUBTOTAL of Receipts This Page (optional)	>	$ 212.00
TOTAL This Period (last page this line number only)	>	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Henry, Rosemarie W. 1918 Fawn Drive Glenside, PA 19038 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Medical Director Aggregate Year-to-Date > $ 230.00		$ 30.00 ($10 bi-weekly)
Hughes, Anne Muldoon 2538 Rosemont Avenue Ardmore, PA 19003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Manager Aggregate Year-to-Date > $ 230.00		$ 30.00 ($10 bi-weekly)
Sirofo, Mark 118 North Van Pelt Street Philadelphia, PA 19103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Director Pharmacy Serv Aggregate Year-to-Date > $ 230.00		$ 30.00 ($10 bi-weekly)
Brown-Blau, Wendy 4170 Shawmont Avenue Philadelphia, PA 19128 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Supervisor Aggregate Year-to-Date > $ 230.00		$ 30.00 ($10 bi-weekly)
Adams, Robert Mark 613 Penllyn Pike Amber, PA 19002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Director of Amer House Aggregate Year-to-Date > $ 230.00		$ 30.00 ($10 bi-weekly)
Sackinger, Carol R. 6017 Jackson Street Pittsburgh, PA 15206 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Dir-Med Research Aggregate Year-to-Date > $ 230.00		$ 30.00 ($10 bi-weekly)
Tighe, Lynn M. 2907 Tambrook Drive Mt. Laurel, NJ 08054 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Manager Cust Ser-CSR Aggregate Year-to-Date > $ 230.00		$ 30.00 ($10 bi-weekly)

SUBTOTAL of Receipts This Page (optional)	>	$ 210.00
TOTAL This Period (last page this line number only)	>	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11.a .i.

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Gardner, J. 1149 University Drive Yardley, PA 19067	Blue Cross of Northeastern PA Independence Blue Cross		$ 30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President		
	Aggregate Year-to-Date > $ 230.00		($10 bi-weekly)
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL	of Receipts This Page (optional) ..... >	$ 30.00
TOTAL	This Period (last page this line number only) ..... >	$ 5,797.77

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11.b

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
AmerePAC 8000 Midlantic Drive, Suite 333 Mt Laurel, NJ 08054-1660	Political Action Committee		$ -
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $	2,000.00	($0 bi-weekly)
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		($0 bi-weekly)
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		($0 bi-weekly)
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		($0 bi-weekly)
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		($0 bi-weekly)
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		($0 bi-weekly)
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		($0 bi-weekly)

SUBTOTAL	of Receipts This Page (optional) >	$ -
TOTAL	This Period (last page this line number only) >	$ -

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ -
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	0.00	-
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ -
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	0.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ -
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	0.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ -
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	0.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ -
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	0.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ -
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	0.00	

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

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1 FOR LINE NUMBER 2.2

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)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) ..... >	$0.00
TOTAL This Period (last page this line number only) ..... >	$0.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 2 3

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)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution - Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) ..... >	$0.00
TOTAL This Period (last page this line number only) ..... >	$0.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 2 8 c

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution - Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution - Return of Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) >	$0.00
TOTAL This Period (last page this line number only) >	$0.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 2 9

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NAME OF COMMITTEE (in Full)

BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
People for Nickol 300 East Middle Street Hanover, PA 17331	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/19/2000	$150.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Joe Battisto 37 Reeder Street Mt. Pocono, PA 18344	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/19/2000	$250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Dwight Evans P.O. Box 19097 Philadelphia, PA 19138	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/19/2000	$250.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Friends of Senator Jeff Piccola P.O. Box 741 Harrisburg, PA 17108	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/19/2000	$300.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Friends of Joe Looper P.O. Box 135 Drexel Hill, PA 19026	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/19/2000	$500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Katie True for Auditor General 1205 Locust Street, Suite 100 Philadelphia, PA 19107	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/19/2000	$250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Salvatore for Senate, c/o Mary Castagna 1154 Norwalk Road Philadelphia, PA 19115	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/19/2000	$500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Voters to Elect Vance P.O. Box 852 Camp Hill, PA 17011	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/19/2000	$35.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Barbara Hafer P.O. Box 304 Harrisburg, PA 17108	Contribution State, Pa Disbursement for: Primary General Other (specify)	10/31/2000	$500.00

SUBTOTAL of Disbursements This Page (optional) $2,735.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 2 9

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NAME OF COMMITTEE (in Full)

BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of John Perzel Committee P.O. Box 828 Harrisburg, PA 17108	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/19/2000	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Frank J. Oliver P.O. Box 425 Harrisburg, PA 17109	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/19/2000	$200.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of McGill P.O. Box 545 Harrisburg, PA 17109	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/19/2000	$200.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Colin Hanna 603 Fairway Drive West Chester, PA 19382	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/19/2000	$1,750.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Pennsylvania Leaders' Cup One Plymouth Meeting Suite 425 Plymouth Meeting, PA 19462	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/19/2000	$500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of John Barley 192 Chestnut Grove Road Conestoga, PA 17516	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/25/2000	$500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Matt Ryan P.O. Box 877 Harrisburg, PA 17108/0877	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/31/2000	$500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of John Perzel c/o Jay Mastman P.O. Box 545 Harrisburg, PA 17108	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/31/2000	$1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tilghman for State Senator c/o Nicholas DeBenedictis Ardmore, PA 19003	Contribution State, Pa Disbursement for: Primary General Other (specify)	10/31/2000	$500.00

SUBTOTAL of Disbursements This Page (optional) $5,650.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 2 9

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NAME OF COMMITTEE (In Full)

BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kenney for Legislator 13420 Priestly Street Philadelphia, PA 19116	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/31/2000	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Upper Darby Republican Campaign Committee 5035 Township Road Line Drexel Hill, PA 19026	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/31/2000	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Don Sherwood 81 Warren Street Tunkhannock, PA 18657	Contribution - State, Pa Disbursement for: Primary General Other (specify)	11/02/2000	$250.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ridge Leadership Fund Governor of Pennsylvania P.O. Box 11667 Harrisburg, PA 17108	Contribution - State, Pa Disbursement for: Primary General Other (specify)	11/16/2000	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HRCC P.O. Box 11787 Harrisburg, PA 17108	Contribution - State, Pa Disbursement for: Primary General Other (specify)	11/16/2000	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Joe Pitts P.O. Box 775 Unionville, PA 19375	Contribution - State, Pa Disbursement for: Primary General Other (specify)	11/16/2000	$250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Re-Elect Marie Lederer 1241 N. Delaware Ave. Box 20 Philadelphia, PA 19125	Contribution - State, Pa Disbursement for: Primary General Other (specify)	11/16/2000	$250.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Montgomery County Republican Committee 255 East Montgomery Avenue Hatboro, PA 19040	Contribution - State, Pa Disbursement for: Primary General Other (specify)	11/16/2000	$300.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Delaware County Republican Finance Committee County of Delaware, Gov't Center Building Media, PA 19063	Contribution State, Pa Disbursement for: Primary General Other (specify)	11/16/2000	$150.00

SUBTOTAL of Disbursements This Page (optional) ..... > $4,700.00

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

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 OF 4
			FOR LINE NUMBER 2 9

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Ray Bunt for Legislature Committee P.O. Box 545 Harrisburg, PA 17108	Contribution - State, Pa Disbursement for: Primary General Other (specify)	11/16/2000	$300.00
B. Full Name, Mailing Address and ZIP Code Republican City Committee c/o Mary Castagna 1154 Norwalk Road Philadelphia, PA 19115	Contribution - State, Pa Disbursement for: Primary General Other (specify)	11/16/2000	$500.00
C. Full Name, Mailing Address and ZIP Code Unitemized Disbursements	Contribution - State, Pa Disbursement for: Primary General Other (specify)		$875.00
D. Full Name, Mailing Address and ZIP Code	Contribution - State, Pa Disbursement for: Primary General Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Contribution - State, Pa Disbursement for: Primary General Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Contribution - State, Pa Disbursement for: Primary General Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Contribution - State, Pa Disbursement for: Primary General Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Contribution - State, Pa Disbursement for: Primary General Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Contribution - State, Pa Disbursement for: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional) >	$1,675.00
TOTAL This Period (last page this line number only) >	$14,760.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☒	Hand Delivered	Date of Receipt 12/7/00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

RBN
PREPARER

12/7/00
DATE PREPARED

(6/2000)