

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2017 JAN 31 AM 11:45
Office Use Only

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

BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

ADDRESS (number and street) 1919 AKSARBEN DRIVE

Check if different than previously reported. (ACC) PO BOX 3248

OMAHA NE 68180 - 0001

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

C 00276311

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 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 MM / DD / YYYYYY in the State of

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

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

Election on MM / DD / YYYYYY in the State of

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

01 / 01 / 2016 through 12 / 31 / 2016

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 DAVID ANDERSON

Signature of Treasurer  Date MM / DD / YYYYYY

01 / 30 / 2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

Report Covering the Period: From:

| | | |
|---|---|---|
| M | M | M |
| 1 | 1 | |

 /

| | | |
|---|---|---|
| D | D | D |
| 2 | 9 | |

 /

| | | | | | |
|---|---|---|---|---|---|
| Y | Y | Y | Y | Y | Y |
| 2 | 0 | 1 | 6 | | |

 To:

| | | |
|---|---|---|
| M | M | M |
| 1 | 2 | |

 /

| | | |
|---|---|---|
| D | D | D |
| 3 | 1 | |

 /

| | | | | | |
|---|---|---|---|---|---|
| Y | Y | Y | Y | Y | Y |
| 2 | 0 | 1 | 6 | | |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------|---|---|---|---|---|---|--|--|-----------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------|-----------|
| 6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>6</td><td></td><td></td></tr></table> | Y | Y | Y | Y | Y | Y | 2 | 0 | 1 | 6 | | | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table> | | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">35,412.95</td></tr></table> | 35,412.95 |
| Y | Y | Y | Y | Y | Y | | | | | | | | | | | |
| 2 | 0 | 1 | 6 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 35,412.95 | | | | | | | | | | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period..... | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">46,660.31</td></tr></table> | 46,660.31 | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table> | | | | | | | | | | | | | |
| 46,660.31 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| (c) Total Receipts (from Line 19)..... | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">6,142.45</td></tr></table> | 6,142.45 | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">32,601.58</td></tr></table> | 32,601.58 | | | | | | | | | | | | |
| 6,142.45 | | | | | | | | | | | | | | | | |
| 32,601.58 | | | | | | | | | | | | | | | | |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">52,802.76</td></tr></table> | 52,802.76 | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">68,014.53</td></tr></table> | 68,014.53 | | | | | | | | | | | | |
| 52,802.76 | | | | | | | | | | | | | | | | |
| 68,014.53 | | | | | | | | | | | | | | | | |
| 7. Total Disbursements (from Line 31)..... | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">18.66</td></tr></table> | 18.66 | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">15,230.43</td></tr></table> | 15,230.43 | | | | | | | | | | | | |
| 18.66 | | | | | | | | | | | | | | | | |
| 15,230.43 | | | | | | | | | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">52,784.10</td></tr></table> | 52,784.10 | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">52,784.10</td></tr></table> | 52,784.10 | | | | | | | | | | | | |
| 52,784.10 | | | | | | | | | | | | | | | | |
| 52,784.10 | | | | | | | | | | | | | | | | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table> | | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table> | | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

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

20030101 10:00 AM

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

MM / DD / YYYY
1 1 / 2 9 / 2 0 1 6

To:

MM / DD / YYYY
1 2 / 3 1 / 2 0 1 6

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).....

5,834.64

26,912.06

(ii) Unitemized.....

307.81

5,689.52

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

6,142.45

32,601.58

(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).....▶

6,142.45

32,601.58

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)).....▶

6,142.45

32,601.58

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

6,142.45

32,601.58

NON-FEDERAL ACCOUNT

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

| | | |
|------------------------------------------------------------------------------------------------|-------|-----------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | | |
| (ii) Non-Federal Share..... | | |
| (b) Other Federal Operating Expenditures | 18.66 | 230.43 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 18.66 | 230.43 |
| 22. Transfers to Affiliated/Other Party Committees..... | | 8,500.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | | 6,500.00 |
| 24. Independent Expenditures (use Schedule E)..... | | |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | | |
| 26. Loan Repayments Made..... | | |
| 27. Loans Made..... | | |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (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 (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | | |
| (ii) "Levin" Share..... | | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))..... | | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 18.66 | 15,230.43 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 18.66 | 15,230.43 |

NON-FEDERAL

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) | 6,142.45 | 32,601.58 |
| 34. Total Contribution Refunds (from Line 28(d)) | | |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 6,142.45 | 32,601.58 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 18.66 | 230.43 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | | |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 18.66 | 230.43 |

NON-GUINEN COMMUNITIES

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

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

NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

A. Full Name (Last, First, Middle Initial)
Martin, Steven, S

Mailing Address
9605 Oak Circle

City **Omaha** State **NE** Zip Code **68124-2767**

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

Name of Employer **Blue Cross Blue Shield of NE** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4879.68

Date of Receipt
12 / 31 / 2016

Amount of Each Receipt this Period
609.96

B. Full Name (Last, First, Middle Initial)
Trowbridge, Lewis

Mailing Address
220 South 31st Avenue

City **Omaha** State **NE** Zip Code **68131**

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

Name of Employer **Blue Cross Blue Shield of NE** Occupation **President**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1633.23

Date of Receipt
12 / 31 / 2016

Amount of Each Receipt this Period
221.57

C. Full Name (Last, First, Middle Initial)
Grandfield, Steven

Mailing Address
23307 Sunshine Lane

City **Council Bluffs** State **IA** Zip Code **51503-7830**

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

Name of Employer **Blue Cross Blue Shield of NE** Occupation **EVP Strategy Innovation**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1460.13

Date of Receipt
12 / 31 / 2016

Amount of Each Receipt this Period
142.56

SUBTOTAL of Receipts This Page (optional)..... **974.09**

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

2017-01-11 10:00 AM

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 2 OF 7 |
| | <input checked="" type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 |
| | <input type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

Full Name (Last, First, Middle Initial)
A. Kolli, Rama

Mailing Address
2723 N 191st Street

City **Elkhorn** State **NE** Zip Code **68022**

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

Name of Employer **Blue Cross Blue Shield of NE** Occupation **VP Information Services**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1224.37

Date of Receipt
12 / 31 / 2016

Amount of Each Receipt this Period
152.87

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

Mailing Address
10482 S 179th Street

City **Omaha** State **NE** Zip Code **68136**

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

Name of Employer **Blue Cross Blue Shield of NE** Occupation **Sr Sales Executive Large Group**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1009.15

Date of Receipt
12 / 31 / 2016

Amount of Each Receipt this Period
148.68

Full Name (Last, First, Middle Initial)
C. Twohig, Gretchen

Mailing Address
18676 Oregon Cir.

City **Elkhorn** State **NE** Zip Code **68022**

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

Name of Employer **Blue Cross Blue Shield of NE** Occupation **Associate General Counsel**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
919.75

Date of Receipt
12 / 31 / 2016

Amount of Each Receipt this Period
114.49

SUBTOTAL of Receipts This Page (optional)..... **416.04**

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

NON-FEDERAL GOVERNMENT

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

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

FOR LINE NUMBER: PAGE 3 OF 17
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

A. Courtney, Susan

Full Name (Last, First, Middle Initial)
Mailing Address
1711 N. 171 St.
City: Omaha State: NE Zip Code: 68118

Date of Receipt: 12 / 31 / 2016

FEC ID number of contributing federal political committee: C []

Amount of Each Receipt this Period: 169.13

Name of Employer: Blue Cross Blue Shield of NE Occupation: SVP & CEO of CoreLink

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: 1015.70

B. Waldman, Sarah

Full Name (Last, First, Middle Initial)
Mailing Address
12317 Slayton Street
City: Papillion State: NE Zip Code: 68046

Date of Receipt: 12 / 31 / 2016

FEC ID number of contributing federal political committee: C []

Amount of Each Receipt this Period: 0

Name of Employer: Blue Cross Blue Shield of NE Occupation: SVP Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: 439.60

x Memo Item:
Reimbursed 95.43 for funds taken in error from employee contributions.

C. Byers, Gerald

Full Name (Last, First, Middle Initial)
Mailing Address
128 Allison Ave.
City: Papillion State: NE Zip Code: 68133

Date of Receipt: 12 / 31 / 2016

FEC ID number of contributing federal political committee: C []

Amount of Each Receipt this Period: 117.46

Name of Employer: Blue Cross Blue Shield of NE Occupation: SVP and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: 940.47

SUBTOTAL of Receipts This Page (optional).....▶ 286.59

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

2017-01-11 10:50:00 AM

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

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

FOR LINE NUMBER: PAGE 4 OF 7
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

A. Richardson, Jennifer
Full Name (Last, First, Middle Initial)

Mailing Address
601 Skyline Drive

City **Elkhorn** State **NE** Zip Code **68022**

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

Name of Employer **Blue Cross Blue Shield of NE** Occupation **SVP Operations**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **788.91**

Date of Receipt
12 / 31 / 2016

Amount of Each Receipt this Period
87.71

B. Alm, Dan
Full Name (Last, First, Middle Initial)

Mailing Address
5071 S 175 St.

City **Omaha** State **NE** Zip Code **68135**

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

Name of Employer **Blue Cross Blue Shield of NE** Occupation **VP Actuarial Underwriting**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **485.33**

Date of Receipt
12 / 31 / 2016

Amount of Each Receipt this Period
50.69

C. Schaefer, Joann
Full Name (Last, First, Middle Initial)

Mailing Address
106 Abbey Landing

City **Valley** State **NE** Zip Code **68064-9332**

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

Name of Employer **Blue Cross Blue Shield of NE** Occupation **SVP and CMO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.81**

Date of Receipt
12 / 31 / 2016

Amount of Each Receipt this Period
102.55

SUBTOTAL of Receipts This Page (optional)..... **240.95**

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

NON-CONFIDENTIAL

**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 5 OF 7 | |
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 12 |
| | | | | <input type="checkbox"/> | 16 |
| | | | | | 17 |

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Bourne, Pat | | Date of Receipt 12 / 31 / 2016 |
| Mailing Address 13020 Binney St | | Amount of Each Receipt this Period 122.56 |
| City Omaha | State Zip Code NE 68164 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 570.57 |
| Name of Employer Blue Cross Blue Shield of NE | Occupation SVP Sales & Account Services | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Flowers, Shari | | Date of Receipt 12 / 31 / 2016 |
| Mailing Address 15822 Emiline St | | Amount of Each Receipt this Period 62.90 |
| City Omaha | State Zip Code NE 68136 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 572.34 |
| Name of Employer Blue Cross Blue Shield of NE | Occupation VP Compliance and Ethics CCO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Beerman, Jane | | Date of Receipt 12 / 31 / 2016 |
| Mailing Address 19509 Frances Circle | | Amount of Each Receipt this Period 40.99 |
| City Omaha | State Zip Code NE 68130 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 377.33 |
| Name of Employer Blue Cross Blue Shield of NE | Occupation Dir Corporate Communication | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|-----------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 226.45 |
| TOTAL This Period (last page this line number only)..... | |

2014-01-31 09:10:00

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

| | | |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 17 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

A. Full Name (Last, First, Middle Initial)
Anderson, Dave

Mailing Address
15406 Lakeside Plaza

City **Omaha** State **NE** Zip Code **68137**

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

Name of Employer **Blue Cross Blue Shield of NE** Occupation **VP Finance Treasurer CAO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
426.30

Date of Receipt
12 / 31 / 2016

Amount of Each Receipt this Period
53.25

B. Full Name (Last, First, Middle Initial)
Dunning, Eric

Mailing Address
1625 N 53rd St

City **Omaha** State **NE** Zip Code **68104**

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

Name of Employer **Blue Cross Blue Shield of NE** Occupation **Dir Government Affairs**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
383.97

Date of Receipt
12 / 31 / 2016

Amount of Each Receipt this Period
47.34

C. Full Name (Last, First, Middle Initial)
Williams, Clint

Mailing Address
19522 Pearl Cir

City **Elkhorn** State **NE** Zip Code **68022**

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

Name of Employer **Blue Cross Blue Shield of NE** Occupation **VP Risk Adjustment and Pharmacy**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
368.73

Date of Receipt
12 / 31 / 2016

Amount of Each Receipt this Period
39.70

SUBTOTAL of Receipts This Page (optional)..... **140.29**

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

NON-IDENTIFIABLE INFORMATION

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

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

FOR LINE NUMBER: PAGE 7 OF 7
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF NE (BLUEPAC)

A. Strawn, John
 Full Name (Last, First, Middle Initial)
 Mailing Address: 908 Joseph Drive
 City: Papillion State: NE Zip Code: 68046
 Date of Receipt: 12 / 31 / 2016
 Amount of Each Receipt this Period: 49.88
 FEC ID number of contributing federal political committee: C
 Name of Employer: Blue Cross Blue Shield of NE Occupation: Sup Life Safety
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 402.19

B. Collins, Russell
 Full Name (Last, First, Middle Initial)
 Mailing Address: 3303 S 116 Ave
 City: Omaha State: NE Zip Code: 68144
 Date of Receipt: 12 / 31 / 2016
 Amount of Each Receipt this Period: 47.67
 FEC ID number of contributing federal political committee: C
 Name of Employer: Blue Cross Blue Shield of NE Occupation: VP Legal and General Counsel
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 381.67

C. Johnson, Leah
 Full Name (Last, First, Middle Initial)
 Mailing Address: 10631 S 190th St
 City: Omaha State: NE Zip Code: 68136
 Date of Receipt: 12 / 31 / 2016
 Amount of Each Receipt this Period: 40.19
 FEC ID number of contributing federal political committee: C
 Name of Employer: Blue Cross Blue Shield of NE Occupation: Dir Enrollment Services
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 352.01

SUBTOTAL of Receipts This Page (optional)..... **137.74**
TOTAL This Period (last page this line number only).....

2014-01-14 10:00:00

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

| | | | | | |
|-------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | | PAGE 8 OF 17 | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

Full Name (Last, First, Middle Initial)
A. Alm, Jeni

Mailing Address
2120 South 64th Plaza #108

City **Omaha** State **NE** Zip Code **68106**

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

Name of Employer **Blue Cross Blue Shield of NE** Occupation **VP Health Network Services**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **352.07**

Date of Receipt
 M M M / D D D / Y Y Y Y
12 / 31 / 2016

Amount of Each Receipt this Period
43.97

Full Name (Last, First, Middle Initial)
B. Kiefer, Timothy

Mailing Address
5118 California Street

City **Omaha** State **NE** Zip Code **68132**

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

Name of Employer **Blue Cross Blue Shield of NE** Occupation **Enterprise Consultant Lead**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **331.85**

Date of Receipt
 M M M / D D D / Y Y Y Y
12 / 31 / 2016

Amount of Each Receipt this Period
36.12

Full Name (Last, First, Middle Initial)
C. Archuleta, Dan

Mailing Address
6745 Shadow Ridge Rd

City **Lincoln** State **NE** Zip Code **68512**

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

Name of Employer **Blue Cross Blue Shield of NE** Occupation **VP of Innovation**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **339.43**

Date of Receipt
 M M M / D D D / Y Y Y Y
12 / 31 / 2016

Amount of Each Receipt this Period
40.13

SUBTOTAL of Receipts This Page (optional)..... **120.22**

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

2016-01-14 10:00 AM

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

| | | |
|-------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 17 |
| | <input checked="" type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 |
| | <input type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Pruch, Joe | | | Date of Receipt 12 / 31 / 2016 |
| Mailing Address 1227 N 185th Street | | | Amount of Each Receipt this Period 35.08 |
| City Elkhorn | State NE | Zip Code 68022 | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date 316.29 |
| Name of Employer Blue Cross Blue Shield of NE | | Occupation Dir Information Services | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Cameron, Ludwig | | | Date of Receipt 12 / 31 / 2016 |
| Mailing Address 5603 N 162 St | | | Amount of Each Receipt this Period 40.10 |
| City Omaha | State NE | Zip Code 68116 | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date 319.74 |
| Name of Employer Blue Cross Blue Shield of NE | | Occupation VP Analytics and Data Strategy | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Ray, Cortney | | | Date of Receipt 12 / 31 / 2016 |
| Mailing Address 2256 Vavrina Lane | | | Amount of Each Receipt this Period 23.83 |
| City Lincoln | State NE | Zip Code 68512 | |
| FEC ID number of contributing federal political committee. C | | | Aggregate Year-to-Date 272.36 |
| Name of Employer Blue Cross Blue Shield of NE | | Occupation Mgr Government Assoc Business | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|------------------------------------------------------------------|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 99.01 |
| TOTAL This Period (last page this line number only).....▶ | |

NON-PROFIT ORGANIZATION

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

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Haddad, Edward | | Date of Receipt 12 / 31 / 2016 |
| Mailing Address 710 Hackberry Rd | | Amount of Each Receipt this Period 31.60 |
| City Omaha | State Zip Code NE 68132 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 285.21 |
| Name of Employer Blue Cross Blue Shield of NE | Occupation Dir Corporate Compl and Privacy | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Toney, Pernel | | Date of Receipt 12 / 31 / 2016 |
| Mailing Address 4601 Lake Forest Dr | | Amount of Each Receipt this Period 28.92 |
| City Papillion | State Zip Code NE 68133 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 264.04 |
| Name of Employer Blue Cross Blue Shield of NE | Occupation Dir Talent Acquisition Workforce Div | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Gilsdorf, Thomas | | Date of Receipt 12 / 31 / 2016 |
| Mailing Address 5113 Bernadette Ave. | | Amount of Each Receipt this Period 33.46 |
| City Bellevue | State Zip Code NE 68157 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 267.61 |
| Name of Employer Blue Cross Blue Shield of NE | Occupation Dir Medicare Advantage Bus. Unit | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|-----------------------------------------------------------------|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 93.98 |
| TOTAL This Period (last page this line number only)..... | |

2014-01-14 10:00 AM

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

| | | | | | |
|-------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | | PAGE 11 OF 17 | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | | | | | |

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Beaton, Susan | | Date of Receipt 12 / 31 / 2016 |
| Mailing Address 4309 Amos Gates Dr | | Amount of Each Receipt this Period 33.03 |
| City Bellevue | State Zip Code NE 68123 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 272.48 |
| Name of Employer Blue Cross Blue Shield of NE | Occupation Sr Dir Nurse Care Mgmt & Clinical | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Huether, Jeff | | Date of Receipt 12 / 31 / 2016 |
| Mailing Address 17457 L St | | Amount of Each Receipt this Period 28.51 |
| City Omaha | State Zip Code NE 68135 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 260.99 |
| Name of Employer Blue Cross Blue Shield of NE | Occupation Dir of Pharmacy | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Kennedy, Charlie | | Date of Receipt 12 / 31 / 2016 |
| Mailing Address 1616 2nd Ave | | Amount of Each Receipt this Period 33 |
| City Scottsbluff | State Zip Code NE 69361 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 264 |
| Name of Employer Blue Cross Blue Shield of NE | Occupation Provider Relationship Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|-----------------------------------------------------------------|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 94.54 |
| TOTAL This Period (last page this line number only)..... | |

2014-01-14 10:00:00

**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 12 OF 7 | |
| | <input checked="" 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)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Mackel, Dale | | Date of Receipt 12 / 31 / 2016 |
| Mailing Address 12618 S 82 Ave | | Amount of Each Receipt this Period 302.49 |
| City Papillion | State NE | |
| Zip Code 68046 | | Aggregate Year-to-Date 604.99 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer BLUE CROSS BLUE SHIELD OF NE | Occupation EVP Finance and Administration | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Utoft, Bradley | | Date of Receipt 12 / 31 / 2016 |
| Mailing Address 17139 S St. | | Amount of Each Receipt this Period 33.00 |
| City Omaha | State NE | |
| Zip Code 68135 | | Aggregate Year-to-Date 264.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Blue Cross Blue Shield of NE | Occupation Large Group Sales Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Ketcham, Tamara | | Date of Receipt 12 / 31 / 2016 |
| Mailing Address 17054 Orchard Ave | | Amount of Each Receipt this Period 30.24 |
| City Omaha | State NE | |
| Zip Code 68135 | | Aggregate Year-to-Date 257.97 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Blue Cross Blue Shield of NE | Occupation Mgr Health Network Admin | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|-----------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 365.73 |
| TOTAL This Period (last page this line number only)..... | |

NON-FINANCIAL INFORMATION

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

| | | | | |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 13 OF 7 | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of NE PAC (BLUEPAC)

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Rogge, Laura | | Date of Receipt 12 / 31 / 2016 |
| Mailing Address 12627 N 178th Circle | | Amount of Each Receipt this Period 28.18 |
| City Bennington | State Zip Code NE 68007 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 254.31 |
| Name of Employer Blue Cross Blue Shield of NE | Occupation Dir Claims | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Goblowsky, Teresa | | Date of Receipt 12 / 31 / 2016 |
| Mailing Address 13704 S 22nd Cir | | Amount of Each Receipt this Period 28.10 |
| City Bellevue | State Zip Code NE 68123 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 253.65 |
| Name of Employer Blue Cross Blue Shield of NE | Occupation Dir Claims | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Harden, Susan | | Date of Receipt 12 / 31 / 2016 |
| Mailing Address 11671 Truble Loup E | | Amount of Each Receipt this Period 28.41 |
| City Omaha | State Zip Code NE 68123 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 252.03 |
| Name of Employer Blue Cross Blue Shield of NE | Occupation Dir Claims | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|-----------------------------------------------------------------|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 84.69 |
| TOTAL This Period (last page this line number only)..... | |

NON-IDENTIFIABLE INFORMATION

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

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

FOR LINE NUMBER: PAGE 14 OF 7

(check only one)

11a 11b 11c 12 17

13 14 15 16

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

Full Name (Last, First, Middle Initial)
A. Podany, Sarah

Mailing Address
1863 Blue Sage Parkway

City **Omaha** State **NE** Zip Code **68022**

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

Name of Employer **Blue Cross Blue Shield of NE** Occupation **Mgr Mid Market Account Management**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.15**

Date of Receipt **12 / 31 / 2016**

Amount of Each Receipt this Period **22.69**

Full Name (Last, First, Middle Initial)
B. Arnold, Kim

Mailing Address
10482 S 179th St

City **Omaha** State **NE** Zip Code **68136**

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

Name of Employer **Blue Cross Blue Shield of NE** Occupation **Dir Customer Engagement**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **237.59**

Date of Receipt **12 / 31 / 2016**

Amount of Each Receipt this Period **27.23**

Full Name (Last, First, Middle Initial)
C. Behrends, Julie

Mailing Address
5709 214th Street

City **Alvo** State **NE** Zip Code **68304**

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

Name of Employer **Blue Cross Blue Shield of NE** Occupation **Enterprise Consultant Lead**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **248.50**

Date of Receipt **12 / 31 / 2016**

Amount of Each Receipt this Period **39.21**

SUBTOTAL of Receipts This Page (optional)..... **89.13**

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

NON-QUALIFIED CONTRIBUTION

**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 15 OF 7 | |
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 12 |
| | | | | <input type="checkbox"/> | 16 |
| | | | | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Hoefener, Patrick | | Date of Receipt 12 / 31 / 2016 |
| Mailing Address 7722 South 23rd Street | | Amount of Each Receipt this Period 219.91 |
| City Lincoln | State NE | |
| Zip Code 68512 | | x Memo Item |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer BLUE CROSS BLUE SHIELD OF NE | Occupation Sr Sales Executive | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 219.91 |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Hull, Alan | | Date of Receipt 12 / 31 / 2016 |
| Mailing Address 1806 Fox Run Drive | | Amount of Each Receipt this Period 205.69 |
| City Papillion | State NE | |
| Zip Code 68046 | | x Memo Item |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Blue Cross Blue Shield of NE | Occupation Network Telecom Engineer III | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 205.69 |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Schumacher, Jeff | | Date of Receipt 12 / 19 / 2016 |
| Mailing Address PO Box 83246 | | Amount of Each Receipt this Period 500.00 |
| City Lincoln | State NE | |
| Zip Code 68501-3246 | | x Memo Item |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Blue Cross Blue Shield of NE | Occupation Board Member | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 |

| | |
|-----------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 925.60 |
| TOTAL This Period (last page this line number only)..... | |

2014-01-01 10:00 AM

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

| | | | |
|-------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 16 OF 17 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Aman, Karen | | Date of Receipt 12 / 20 / 2016 |
| Mailing Address 610 Southfork Road | | Amount of Each Receipt this Period 1000.00 |
| City Blair | State Zip Code NE 68008-1894 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 1000.00 |
| Name of Employer BLUE CROSS BLUE SHIELD OF NE | Occupation Board Member | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Black, Lyndee J. | | Date of Receipt 12 / 20 / 2016 |
| Mailing Address 7911 Trendwood Dr | | Amount of Each Receipt this Period 250.00 |
| City Lincoln | State Zip Code NE 68506 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 250.00 |
| Name of Employer Blue Cross Blue Shield of NE | Occupation Board Member | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Synowicki, Robert | | Date of Receipt 12 / 23 / 2016 |
| Mailing Address 17211 O St. | | Amount of Each Receipt this Period 300.00 |
| City Omaha | State Zip Code NE 68135 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 300.00 |
| Name of Employer Blue Cross Blue Shield of NE | Occupation Board Member | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|-----------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1550.00 |
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PREPARER *[Signature]*
 (3/2015)

11/31/17
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