

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HIGHMARK HEALTH PAC OF HIGHMARK INC.

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		54000.83
(b) Cash on Hand at Beginning of Reporting Period.....	54000.83	
(c) Total Receipts (from Line 19)	20270.46	20270.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	74271.29	74271.29
7. Total Disbursements (from Line 31).....	15126.33	15126.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	59144.96	59144.96
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

HIGHMARK HEALTH PAC OF HIGHMARK INC.

Report Covering the Period: From: / / To: / /

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).....	2053.22	2053.22
(ii) Unitemized	18214.46	18214.46
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20267.68	20267.68
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	20267.68	20267.68
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.78	2.78
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	20270.46	20270.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20270.46	20270.46

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	76.33	76.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	76.33	76.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	3500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	11550.00	11550.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15126.33	15126.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15126.33	15126.33

DETAILED SUMMARY PAGE
of Disbursements

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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)	20267.68	20267.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20267.68	20267.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	76.33	76.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	76.33	76.33

**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 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Anthony Nicholas Benevento
 Full Name (Last, First, Middle Initial)
 Mailing Address 1274 Barnstaple Drive
 City South Park State PA Zip Code 15129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Highmark Inc Occupation SVP Regional Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 27 / 2012
Transaction ID : 20120123193736-69
 Amount of Each Receipt this Period 125.00

B. Ray Hunter Carson Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1545 Hastings Mill Road
 City Pittsburgh State PA Zip Code 15241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Highmark Inc Occupation EVP Chief Human Resources Ofcr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.80

Date of Receipt 01 / 27 / 2012
Transaction ID : 20120123193736-114
 Amount of Each Receipt this Period 124.40

C. Daniel R. Holtz
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 Sixth Street
 City Oakmont State PA Zip Code 15139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Highmark Inc Occupation SVP National Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 293.10

Date of Receipt 01 / 27 / 2012
Transaction ID : 20120123193736-261
 Amount of Each Receipt this Period 146.55

SUBTOTAL of Receipts This Page (optional)..... ▶ 395.95
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Kenneth R. Melani MD		Date of Receipt										
Mailing Address 1100 Stonegate Manor		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td>/</td> <td>13</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	01	/	13	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
01	/	13	/	2012								
City State Zip Code Cheswick PA 15024		Transaction ID : 2012010919385-375										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 471.42										
Name of Employer Highmark Inc	Occupation CEO & President											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 942.84											

Full Name (Last, First, Middle Initial) B. Kenneth R. Melani MD		Date of Receipt										
Mailing Address 1100 Stonegate Manor		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td>/</td> <td>27</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	01	/	27	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
01	/	27	/	2012								
City State Zip Code Cheswick PA 15024		Transaction ID : 20120123193736-372										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 471.42										
Name of Employer Highmark Inc	Occupation CEO & President											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 942.84											

Full Name (Last, First, Middle Initial) C. David O'Brien		Date of Receipt										
Mailing Address 165 Millview Drive		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td>/</td> <td>27</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	01	/	27	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
01	/	27	/	2012								
City State Zip Code Pittsburgh PA 15238		Transaction ID : 20120123193736-406										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 185.68										
Name of Employer Highmark Inc	Occupation EVP Government Relations											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 371.36											

SUBTOTAL of Receipts This Page (optional).....▶	1128.52
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Daniel W. O'Malley		Date of Receipt M M / D D / Y Y Y Y Y 01 / 27 / 2012 Transaction ID : 20120123193736-410
Mailing Address 1618 Ashwood Ct.		Amount of Each Receipt this Period 132.63
City Pittsburgh	State PA	Zip Code 15237
FEC ID number of contributing federal political committee. C	Name of Employer Highmark Inc	Occupation SVP Outreach & Market Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.26	

Full Name (Last, First, Middle Initial) B. Matthew V. Ray		Date of Receipt M M / D D / Y Y Y Y Y 01 / 27 / 2012 Transaction ID : 20120123193736-451
Mailing Address 6 Clermont Park		Amount of Each Receipt this Period 179.38
City Farmington	State CT	Zip Code 06032
FEC ID number of contributing federal political committee. C	Name of Employer Highmark Inc	Occupation EVP Chief Information Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 358.76	

Full Name (Last, First, Middle Initial) C. Michael Walsh Sullivan		Date of Receipt M M / D D / Y Y Y Y Y 01 / 27 / 2012 Transaction ID : 20120123193736-673
Mailing Address 1511 Biltmore Lane		Amount of Each Receipt this Period 111.06
City Pittsburgh	State PA	Zip Code 15217
FEC ID number of contributing federal political committee. C	Name of Employer HM Life Insurance Company	Occupation President & COO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.12	

SUBTOTAL of Receipts This Page (optional).....▶	423.07
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 19
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
HIGHMARK HEALTH PAC OF HIGHMARK INC.

Full Name (Last, First, Middle Initial)
A. Carey T. Vinson

Mailing Address 615 Berkshire Dr

City Pittsburgh State PA Zip Code 15215

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

Name of Employer Highmark Inc Occupation VP Quality & Med Perf Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.36**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 27 / 2012

Transaction ID : 20120123193736-581

Amount of Each Receipt this Period
105.68

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	105.68
TOTAL This Period (last page this line number only).....▶	2053.22

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. BluePAC - Blue Cross Blue Shield Association PAC

Mailing Address 1310 G Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
2012 Contribution

011

Candidate Name

BluePAC - Blue Cross Blue Shield Association PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 24 / 2012

Transaction ID : A44481826D794C0D2C8

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Jim Gerlach for Congress Committee

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement
2012 Primary

011

Candidate Name

James W. Gerlach

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 06

Contribution

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 24 / 2012

Transaction ID : FA64EEE4D0515E898B5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

3500.00

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Citizens to Re-Elect Hess State Representative

Mailing Address PO Box 319

City Bedford State PA Zip Code 15522

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 13 / 2012

Transaction ID : 4E2F6B38164BA17FDEC

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Brian Ellis

Mailing Address 103 Deer Run Drive

City Butler State PA Zip Code 16001

Purpose of Disbursement
Org Contr 6/23/2011 - Void

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 09 / 2012

Transaction ID : DE0C2252D85B13E51F2

Amount of Each Disbursement this Period

-200.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Brian Ellis

Mailing Address 103 Deer Run Drive

City Butler State PA Zip Code 16001

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 24 / 2012

Transaction ID : 4BB70D1E37C07B3A6B8

Amount of Each Disbursement this Period

200.00

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

400.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Committee to Elect Doyle Heffley

Mailing Address 110 North Third Street
2nd Floor

City Leighton State PA Zip Code 18235

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 19D7990B68F6A05612D

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Committee to Elect Jesse White

Mailing Address PO Box 384

City Cecil State PA Zip Code 15321

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 7FF0E64C994AB5CDAB1

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Committee to Elect Rob Kauffman

Mailing Address PO Box 266

City Shippensburg State PA Zip Code 17257

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 7B36B27E9DEAF662078

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Committee to Elect Wayne Fontana

Mailing Address 944 Brookline Blvd

City Pittsburgh State PA Zip Code 15226

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2012

Transaction ID : 2EEDDC286B6B9522087

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Cumberland County Federation of Republican Women

Mailing Address 6 Todd Road

City Carlisle State PA Zip Code 17013

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2012

Transaction ID : CBDBEFE163A00C119E1

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. DePasquale for the 95th

Mailing Address PO Box 1822

City York State PA Zip Code 17405

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2012

Transaction ID : C6A2AD7DC4902422841

Amount of Each Disbursement this Period

250.00

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

850.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Friends of Bill Adolph

Mailing Address 55 Snyder Lane

City Springfield State PA Zip Code 19064

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 10006281AA4927D246A

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends of Bill Adolph

Mailing Address 55 Snyder Lane

City Springfield State PA Zip Code 19064

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	2

Transaction ID : 13DDCA55F428CA7A0E8

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends of Dick Stevenson

Mailing Address 10 Woodland Center Drive

City Grove City State PA Zip Code 16127

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	2

Transaction ID : 3FCF2969DA0530F26FD

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Friends of Dominic Pileggi

Mailing Address 101 W. Baltimore Ave., 2nd Floor

City State Zip Code
Media PA 19063

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 13 / 2012

Transaction ID : 3669664747F8D81425B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Fred Keller

Mailing Address 37 Chrislynn Drive

City State Zip Code
Middleburg PA 17842

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2012

Transaction ID : AF7F13737D53083D61B

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Friends of Gene Yaw for Senate

Mailing Address P.O. Box 3246

City State Zip Code
Williamsport PA 17701

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 24 / 2012

Transaction ID : 161CCED2C1FF05B9E8B

Amount of Each Disbursement this Period

500.00

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

1750.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Friends of Jake Corman

Mailing Address 270 Edward Drive

City Bellefonte State PA Zip Code 16823

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	2

Transaction ID : FA02A181083228C7D90

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Friends of Joe Scarnati

Mailing Address PO Box 177

City Brockway State PA Zip Code 15824

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	2

Transaction ID : 54F9780433E60BFD782

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Friends of Mike Hanna

Mailing Address PO Box 403

City Lockhaven State PA Zip Code 17745

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : B81D72EB61C7FA970C3

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Friends of Neal Goodman

Mailing Address PO Box 5

City Mahanoy City State PA Zip Code 17948

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 9C6E82ACF1833DC5B37

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Friends of Scott Petri

Mailing Address PO Box 161

City Richboro State PA Zip Code 18954

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 3541A1FA5006B10D072

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Gingrich for State House

Mailing Address 7 Sandalwood Drive

City Palmyra State PA Zip Code 17078

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : B58D98FBF9566100E15

Amount of Each Disbursement this Period

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. House Republican Campaign Committee

Mailing Address PO Box 11787

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	24	/	2012

Transaction ID : 72C64D550F4871C4F1B

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Joseph Markosek for State Legislature Committee

Mailing Address PO Box 193

City Monroeville State PA Zip Code 15146

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2012

Transaction ID : 761530224295D97B234

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mike Sturla for State Representative

Mailing Address PO Box 206

City Lancaster State PA Zip Code 17608

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2012

Transaction ID : 3E96A8A81D7E19EEBE6

Amount of Each Disbursement this Period

500.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Washington County Republican party

Mailing Address PO Box 32

City Washington State PA Zip Code 15301

Purpose of Disbursement
Org Contr 9/8/2011 - Void

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 09 / 2012

Transaction ID : 16F8370D2844F1E68AB

Amount of Each Disbursement this Period

-250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

-250.00

11550.00