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FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

BLUE CROSS VOICE THE POLITICAL ACTION COMMITTEE OF BLUE CROSS OF NORTHEASTERN PENNSYLVANIA

ADDRESS (number and street) 19 NORTH MAIN STREET

(Check if address is changed)

WILKES-BARRE PA 18711-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

KIMBERLY.KOCKLER@BCNEPA.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 09 12 2002

3. FEC IDENTIFICATION NUMBER ▶ C 00379537

4. IS THIS STATEMENT NEW (N) OR ✓ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer KIMBERLY J. KOCKLER

Signature of Treasurer Kimberly J Kockler Date 09 16 2002

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

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5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation | Office Sought: House Senate President | State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) ✓ This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

BLUE CROSS OF NORTHEASTERN PENNSYLVANIA

Mailing Address 19 NORTH MAIN STREET

WILKES BARRE PA 18711

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship AFFILIATED

Type of Connected Organization:

Corporation ✓ Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

7. **Custodian of Records:** Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name: KIMBERLY J ROCKLER

Mailing Address: 953 SUNNY HILL LANE

HARRISBURG | PA | 17111-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

DIRECTOR POLICY MNGT | Telephone number: 717-671-8204

8. **Treasurer:** List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: KIMBERLY J ROCKLER

Mailing Address: 953 SUNNY HILL LANE

HARRISBURG | PA | 17111-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

DIRECTOR POLICY MNGT | Telephone number: 717-671-8204

Full Name of Designated Agent: CONSTANCE A JEWETT

Mailing Address: 19 NORTH MAIN STREET

WILKES BARRE | PA | 18711-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

VICE PRESIDENT | Telephone number: 570-822-6300

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

PNC BANK

Mailing Address 201 PENN AVE

SCRANTON PA 18503

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
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