REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATIVE DIVISION

APR 19 12 00 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) ☐ Check if different than previously reported
Pennsylvania Blue Cross Plans PAC
c/o Brenda McLaughlin

CITY, STATE and ZIP CODE
2500 ELMERTON AVENUE
HARRISBURG, PA 17177

2. FEC IDENTIFICATION NUMBER
C00270967

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

4. TYPE OF REPORT

(a) [X] April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

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

SUMMARY

5. Covering Period 1/1/94 through 3/31/94

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1994		$ 19,136.59
(b) Cash on Hand at Beginning of Reporting Period	$ 19,136.59	
(c) Total Receipts (from Line 19)	$ 20,472.50	$ 20,472.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 39,609.09	$ 39,609.09
7. Total Disbursements (from Line 30)	$ 24,506.54	$ 24,506.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 15,102.55	$ 15,102.55
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
BRENDA H. MCLAUGHLIN

Signature of Treasurer
Brenda H. McLaughlin

Date
4/15/94

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

FEC FORM 3X
(revised 9/93)

2 4 0 3 8 9 4 0 3 7 9 4

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

(revised 1/1/91)

NAME OF COMMITTEE: BluePAC Pennsylvania Blue Cross Plans PAC

REPORT COVERING PERIOD FROM 1/1/94 TO: 3/31/94

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	1,955.82	1,955.82
ii. Unitemized	18,516.68	18,516.68
iii. Total (add i and ii) ➤	20,472.50	20,472.50
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	20,472.50	20,472.50
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	20,472.50	20,472.50
20. Total Federal Receipts (subtract line 18 from line 19) ➤	20,472.50	20,472.50
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees	2,931.54	2,931.54
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,550.00	3,550.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements	18,025.00	18,025.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	24,506.54	24,506.54
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	24,506.54	24,506.54
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	20,472.50	20,472.50
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	20,472.50	20,472.50
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	0.00

2 4 0 3 8 9 4 0 7 9 5

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11.a.i.

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NAME OF COMMITTEE (In Full)

BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. JAMES MEAD 201 HEARTH ROAD CAMP HILL PA 17011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CAPITAL BLUE CROSS PRESIDENT Aggregate Year-to-Date > $ 680.00	PAYROLL DEDUCTION	$680.00 (30.00/pay + 500.00)
B. JOHN DADDIS 8 GLENLAKE DRIVE MEDFORD NJ 08055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	INDEPENDENCE BLUE CROSS (I.B.C.) SR. VICE PRESIDENT Aggregate Year-to-Date > $ 230.82	PAYROLL DEDUCTION	$230.82 (38.47/pay)
C. G. FRED DIBONA, JR. 637 HEATHER LANE BRYN MAWR, PA. 19010 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	I.B.C. PRESIDENT Aggregate Year-to-Date > $ 300.00	PAYROLL DEDUCTION	$300.00 (50.00/pay)
D. JOHN G. FOOS 1016 LORIEN DRIVE GWENEDD VALLEY PA 19437 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	I.B.C. CHIEF FINANCIAL OFFICER Aggregate Year-to-Date > $ 205.00	PAYROLL DEDUCTION	$205.00 (5@35.00 & 1@ 30.00)
E. ROBERT A. MCKEOWN 608 BRYN MAWR HADDONFIELD NJ 08033 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	I.B.C SR. VICE PRESIDENT Aggregate Year-to-Date > $ 300.00	PAYROLL DEDUCTION	$300.00 (50.00/pay)
F. CHRISTOPHER BUTLER 1 BRAMPTON ROAD MALVERN PA 19355 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	I.B.C. SR. VICE PRESIDENT Aggregate Year-to-Date > $ 240.00	PAYROLL DEDUCTION	$240.00 (40.00/pay)
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

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

TOTAL This Period (last page this line number only) 1,955.82

9 4 0 3 8 9 4 0 7 9 9 6

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 22

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NAME OF COMMITTEE (In Full)

BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BluePAC State Cash Account 2500 ELMERTON AVENUE HARRISBURG PA 17177	TRANSFER to state cash account. Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/1/94	2,931.54
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) 2,931.54

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. MARJORIE MARGOLIS-MEZVINSKY FOR CONGRESS P O BOX 157 NARBETH PA 17072	CONTRIBUTION-HOUSE, PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/12/94	$500.00
B. CAREPAC 1310 G STREET NW 12TH FLOOR WASHINGTON DC 20005	CONTRIBUTION-FEDERAL PAC Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/7/94 2/11/94	1,000.00 750.00
C. SANTORUM '94 P O BOX 2449 PITTSBURGH PA 15230-2449	CONTRIBUTION-SENATE, PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/7/94 3/2/94	500.00 250.00
D. CHRIS MCNALLY FOR CONGRESS COMMITTEE P O BOX 143 HOMESTEAD PA 15120	CONTRIBUTION-HOUSE, PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/7/94	100.00
E. COYNE FOR CONGRESS 555 NEW JERSEY AVENUE NW SUITE 201 WASHINGTON DC 20001	CONTRIBUTION-HOUSE, PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/7/94	250.00
F. MASCARA FOR CONGRESS P O BOX 1109 WASHINGTON PA 15301	CONTRIBUTION-HOUSE, PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/7/94	200.00
G.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) $3,550.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
LONGSTRETH FOR PHILADELPHIA FUND P O BOX 58513 PHILADELPHIA PA 19102	STATE CONTRIBUTION-PA	1/7/94	$250.00
COMMITTEE TO RE-ELECT NICK COLAFELLA 111 SHADYSIDE DRIVE ALIQUIPPA PA 15001	STATE CONTRIBUTION-PA	1/12/94 2/7/94	250.00 250.00
CITIZENS FOR RON BUXTON P O BOX 11781 HARRISBURG PA 17108	STATE CONTRIBUTION-PA	1/24/94	500.00
MUSTO SENATE COMMITTEE 262 MARKET STREET PITTSTON PA 18640	STATE CONTRIBUTION-PA	2/1/94	250.00
SALVATORE FOR SENATE FUNDRAISER 14219 BARCALOW STREET PHILADELPHIA PA 19116	STATE CONTRIBUTION-PA	2/7/94	250.00
IVAN ITKIN CAMPAIGN COMMITTEE 6954 REYNOLDS STREET PITTSBURGH PA 15208	STATE CONTRIBUTION-PA	2/7/94	250.00
BARBARA BURNS FOR STATE REP. COMMITTEE P O BOX 6144 PITTSBURGH PA 15212	STATE CONTRIBUTION-PA	2/7/94	250.00
PENNSYLVANIA'S FUTURE P O BOX 513 HARRISBURG PA 17108	STATE CONTRIBUTION-PA	2/15/94	1,000.00
RENDELL'91 P O BOX 58635 PHILADELPHIA PA 19102	STATE CONTRIBUTION-PA	2/16/94	5,000.00

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. FRIENDS OF AUGUSTA A. CLARK 1925 SOUTH 21ST STREET PHILADELPHIA PA 19102	STATE CONTRIBUTION-PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/16/94	$ 250.00
B. TOM RIDGE FOR GOVERNOR COMMITTEE P O BOX 11667 HARRISBURG PA 17108	STATE CONTRIBUTION-PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2/16/94 3/7/94 3/8/94	500.00 600.00 200.00
C. FRIENDS OF MARK SINGEL COMMITTEE P O BOX 11624 HARRISBURG PA 17108	STATE CONTRIBUTION-PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/1/94	500.00
D. FISHER'94 COMMITTEE 2 CHATHAM CENTER 12TH FLOOR PITTSBURGH PA 15219	STATE CONTRIBUTION-PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/7/94	250.00
E. FRIENDS OF ALLEN KUKOVICH 705 1/2 S FRONT STREET HARRISBURG PA 17104	STATE CONTRIBUTION-PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/7/94 3/10/94	200.00 100.00
F. FRIENDS OF JAMES F. KENNY 1208 TASKER STREET PHILADELPHIA PA 19148	STATE CONTRIBUTION-PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/8/94	250.00
G. FRIENDS OF ERNIE PREATE COMMITTEE 128 WALNUT STREET 2ND FLOOR HARRISBURG PA 17101	STATE CONTRIBUTION-PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/8/94 3/25/94	300.00 500.00
H. CITIZENS FOR JOE ULIANA P O BOX 1977 BETHLEHEM PA 18016	STATE CONTRIBUTION-PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/14/94	250.00
I. HOLL SENATE COMMITTEE P O BOX 1603 LANSDALE PA 19446	STATE CONTRIBUTION-PA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/23/94	600.00

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. FREINDS OF ALLYSON Y. SCHWARTZ P O BOX 25317 PHILADELPHIA PA 19119	STATE CONTRIBUTION-PA	3/31/94	$ 250.00
B. FRIENDS OF KAREN RITTER 250 EAST ELM STREET ALLENTOWN PA 18103	STATE CONTRIBUTION-PA	3/31/94	500.00
C. GREENE'94 P O BOX 25322 PHILADELPHIA PA 19119	STATE CONTRIBUTION-PA	3/31/94	250.00
D. BORSKI FOR CONGRESS COMMITTEE P O BOX 26646 PHILADELPHIA PA 19134	STATE CONTRIBUTION-PA	3/31/94	500.00
E. O'DONNELL FOR GOVERNOR 1617 JOHN F KENNEDY BLVD SUITE 1930 PHILADELPHIA PA 19103-9132	STATE CONTRIBUTION-PA	3/31/94	250.00
F. PHILADELPHIANS FOR GREEN 415 BROWN STREET PHILADELPHIA PA 19123	STATE CONTRIBUTION-PA	3/31/94	250.00
G. LUCIEN E. BLACKWELL FOR CONGRESS 6231 OSAGE AVENUR PHILADELPHIA PA 19143-1025	STATE CONTRIBUTION-PA	3/31/94	200.00
H. UNITEMIZED CONTRIBUTIONS	STATE CONTRIBUTIONS-PA	VARIOUS	3,075.00
I.			

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

TOTAL This Period (last page this line number only) ..... $ 18,025.00

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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
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 4-15-94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

MMR
PREPARER

4-19-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 8 9 4 0 3 0 2