

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

ADDRESS (number and street) 1310 G STREET, NW
 Check if different than previously reported. (ACC)
WASHINGTON DC 20005

2. **FEC IDENTIFICATION NUMBER** C00194746
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 Quarterly 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 05 01 2006 through 05 31 2006

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 KATHY DIDAWICK

Signature of Treasurer Electronically Filed by KATHY DIDAWICK Date 06 13 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	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></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		73649.72
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	59195.82									
(c) Total Receipts (from Line 19)	16574.54	115791.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	75770.36	189441.36								
7. Total Disbursements (from Line 31)	48500.00	162171.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27270.36	27270.36								
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
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	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	10200.60	15723.25
(i) Itemized (use Schedule A)	4644.81	31004.65
(ii) Unitemized	14845.41	46727.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14845.41	46727.90
12. Transfers From Affiliated/Other Party Committees	1684.00	68620.00
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.)	45.13	443.74
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 Transfer (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))	16574.54	115791.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16574.54	115791.64

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	0.00	171.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	171.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	48500.00	162000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	48500.00	162171.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	48500.00	162171.00

DETAILED SUMMARY PAGE
of Disbursements

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)	14845.41	46727.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14845.41	46727.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	171.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	171.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 33
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial) Mark W. Banks		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 4634 Edgebrook Pl.		Transaction ID: 60612.C88009
City State Zip Code Edin MN 55424	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Bc/bs Of Minnesota Occupation Health Insurer	Payroll Deduction: (40.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

B. Full Name (Last, First, Middle Initial) Dan Bradfield		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 18405 Bishopstone Court		Transaction ID: 60612.C88277
City State Zip Code Montgomery Village MD 20886	Amount of Each Receipt this Period 44.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Bluepac Occupation Health Insurer	Payroll Deduction: (22.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C. Full Name (Last, First, Middle Initial) Jerry W. Bradshaw		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 1310 G Street, N.w.		Transaction ID: 60612.C88177
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Bc/bs Of Arkansas Occupation Health Insurer	Payroll Deduction: (40.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional) ▶	204.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 33
	<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	

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

A. Full Name (Last, First, Middle Initial) William A. Breskin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 1703 Hunts End Ct.		Transaction ID: 60612.C88279
City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Blue Cross/blue Shield As-socia	Occupation Chief Wash Counsel	Payroll Deduction: (30.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Paul F. Brown		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 406 16th Street		Transaction ID: 60612.C88344
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Blue Cross Blue Shield As-socia	Occupation Manager	Payroll Deduction: (30.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Paul J. Canchester		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 902 Marion Avenue		Transaction ID: 60612.C88283
City State Zip Code Highland Park IL 60035	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Blue Cross Blue Shield As-socia	Occupation Managing Director	Payroll Deduction: (40.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 33
	<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	

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

Full Name (Last, First, Middle Initial) A. William James Colbourne		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 551 Woodvale Avenue		Transaction ID: 60612.C88285	
City Dearfield	State IL	Zip Code 60015	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross/blue Shield As-socia	Occupation Vp-human Resources	Payroll Deduction: (50.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Kathy Didawick		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 3015 S 7th Street		Transaction ID: 60612.C88288	
City Arlington	State DC	Zip Code 22204	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross Blue Shield As-socia	Occupation Treasurer, Blue Pac	Payroll Deduction: (40.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. John T. Ericksen		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 1310 G Street, N.w.		Transaction ID: 60612.C88289	
City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross/blue Shield As-socia	Occupation Exec. Director	Payroll Deduction: (25.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	230.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 33
	<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	

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

Full Name (Last, First, Middle Initial) A. William Everley		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 1008 Centennial Drive		Transaction ID: 60612.C88204	
City State Zip Code Chattanooga TN 37405	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer BC/bS Of Tennessee Occupation Health Insurer	Payroll Deduction: (60.00- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Garry M. Ewing		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 3453 N. 13th Street		Transaction ID: 60612.C88291	
City State Zip Code Arlington VA 22201	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross Blue Shield As- socia Occupation Director, Leg & Reg Affairs	Payroll Deduction: (25.00- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Thomas Fenter		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 108 Dumain Place		Transaction ID: 60612.C88856	
City State Zip Code Madison MS 39110	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer BCBS of Mississippi Occupation Medical Advisor	Payroll Deduction: (40.00- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

SUBTOTAL of Receipts This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 33
	<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	

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

Full Name (Last, First, Middle Initial) A. Alissa T. Fox		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 1310 G Street, N.w.		Transaction ID: 60612.C88292	
City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross/blue Shield As- socia	Occupation Exec. Director	Payroll Deduction: (25.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Stephen Gammarino		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 17109 Flatwood Dr.		Transaction ID: 60612.C88293	
City Rockville	State MD	Zip Code 20855	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross Blue Shield As- socia	Occupation Vice President	Payroll Deduction: (50.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Joan M. Gardner		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 1310 G Street, N.w.		Transaction ID: 60612.C88294	
City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 44.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross/blue Shield As- socia	Occupation Ex. Director	Payroll Deduction: (22.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional) ▶	194.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 33
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Patrick J. Geraghty		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address 2 Bailey Drive		Transaction ID: 60612.C88275	
City State Zip Code Princeton NJ 08540		Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Horizon Bc/bc Of New Jersey Svp Service		Aggregate Year-to-Date ▼ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Steven James Glowiak		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 4304 Hampton Avenue		Transaction ID: 60612.C88296	
City State Zip Code Western Springs IL 60558		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Bc/bc Association Health Insurer		Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Payroll Deduction: (30.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Vicky B. Gregg		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 1310 G Street N.w.		Transaction ID: 60612.C88229	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Bc/bc Of Tennessee Health Insurer		Aggregate Year-to-Date ▼ 375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Payroll Deduction: (75.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	3135.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 33
	<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	

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

A. Full Name (Last, First, Middle Initial) Philip Hays Mailing Address 1310 G Street, NW City State Zip Code Washington DC 20005 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6 Transaction ID: 60612.C88347 Amount of Each Receipt this Period 50.00 Receipt Payroll Deduction: (25.00- /Pay Period)
Name of Employer Bcbs Association Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) William Andrew Hensley Mailing Address 1310 G Street, N.w. City State Zip Code Washington DC 20005 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6 Transaction ID: 60612.C88303 Amount of Each Receipt this Period 44.00 Receipt Payroll Deduction: (22.00- /Pay Period)
Name of Employer Blue Cross/blue Shield As- socia Occupation Vp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		

C. Full Name (Last, First, Middle Initial) Robert G. Iadicicco Mailing Address 1310 G Street, Nw City State Zip Code Washington DC 20005 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6 Transaction ID: 60612.C88305 Amount of Each Receipt this Period 50.00 Receipt Payroll Deduction: (25.00- /Pay Period)
Name of Employer Bc/bs Association Occupation Health Insurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	144.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 33
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. David M. Karlsruher		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6		
Mailing Address 1310 G Street, NW		Transaction ID: 60612.C88342		
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 33.00		Receipt Payroll Deduction: (33.00- /Pay Period)	
FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer Bcbs Association	Occupation Executive	Aggregate Year-to-Date ▼ 264.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. Peter Kelly		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6		
Mailing Address 1316 Davis		Transaction ID: 60612.C88281		
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 80.00		Receipt Payroll Deduction: (40.00- /Pay Period)	
FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer Bcbs Association	Occupation Chief Employee Benefits	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. C. Wyndham Kidd, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6		
Mailing Address 1310 G Street, Nw		Transaction ID: 60612.C88167		
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 62.50		Receipt Payroll Deduction: (62.50- /Pay Period)	
FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer Bc/bs Of Oklahoma	Occupation Health Insurer	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional) ▶	175.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 33
	<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	

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

Full Name (Last, First, Middle Initial) A. Allan M. Korn		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 1310 G Street, N.w.		Transaction ID: 60612.C88309	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross/blue Shield As-socia Occupation Chief Medical Director		Payroll Deduction: (45.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Donald W. Lawhorn		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 1310 G Street N.w.		Transaction ID: 60612.C88250	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Bc/bc Of Tennessee Occupation Health Insurer		Payroll Deduction: (50.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mary N. Lehnard		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 4601 Rodman Street, Nw		Transaction ID: 60612.C88313	
City State Zip Code Washington DC 20016		Amount of Each Receipt this Period 230.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross/blue Shield As-socia Occupation Senior Vp		Payroll Deduction: (115.0- 0/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1150.00	

SUBTOTAL of Receipts This Page (optional) ▶	370.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 33
	<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	

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

A. Full Name (Last, First, Middle Initial)
 Robert A. Long

Mailing Address 834 Sund Drive

City State Zip Code
 Northbrook IL 60062

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

Name of Employer
 Blue Cross Blue Shield As-
 socia

Occupation
 Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 5 / 2 0 0 6

Transaction ID: 60612.C88315

Amount of Each Receipt this Period
 44.00

Receipt

Payroll Deduction: (22.00-
 /Pay Period)

B. Full Name (Last, First, Middle Initial)
 William J. Marino

Mailing Address 6 Cobblestone Lane

City State Zip Code
 Morristown NJ 07960

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

Name of Employer
 Horizon Blue Cross Blue
 Shield

Occupation
 Health Insurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 1 / 2 0 0 6

Transaction ID: 60612.C88274

Amount of Each Receipt this Period
 1500.00

Receipt

C. Full Name (Last, First, Middle Initial)
 Raymond F. Mccaskey

Mailing Address 1310 G Street, N.w.

City State Zip Code
 Washington DC 20001

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

Name of Employer
 Bc/bs Of Illinois

Occupation
 Health Insurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 6 / 2 0 0 6

Transaction ID: 60612.C88650

Amount of Each Receipt this Period
 50.00

Receipt

Payroll Deduction: (25.00-
 /Pay Period)

SUBTOTAL of Receipts This Page (optional)	1594.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 33
	<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	

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

A. Full Name (Last, First, Middle Initial)
 Robert E. Meehan

Mailing Address 5 Chelsea Drive

City State Zip Code
 Randolph NJ 07869

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

Name of Employer Bluecross Blueshield Of New Je
 Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 1 / 2 0 0 6

Transaction ID: 60612.C88273

Amount of Each Receipt this Period
 2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
 Sonya K. Nelson

Mailing Address 1310 G Street, NW

City State Zip Code
 Washington DC 20005

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

Name of Employer Bluecross Blueshield Of Tennes
 Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 2 / 2 0 0 6

Transaction ID: 60612.C88233

Amount of Each Receipt this Period
 60.00

Receipt

Payroll Deduction: (60.00- /Pay Period)

C. Full Name (Last, First, Middle Initial)
 Richard M. Niemiec

Mailing Address 4239 Harriet Ave.

City State Zip Code
 Minneapolis MN 55409

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

Name of Employer Bc/bs Of Minnesota
 Occupation Health Insurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 1 / 2 0 0 6

Transaction ID: 60612.C88021

Amount of Each Receipt this Period
 150.00

Receipt

Payroll Deduction: (50.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	2710.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 33
	<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	

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

Full Name (Last, First, Middle Initial) A. Bryan E. Quigley		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 1310 G Street, Nw		Transaction ID: 60612.C88340	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 32.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross Blue Shield Assn.	Occupation Executive	Payroll Deduction: (16.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00		

Full Name (Last, First, Middle Initial) B. Michael A. Rhoads		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 1310 G Street N.w.		Transaction ID: 60612.C88168	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Bc/bc Of Oklahoma	Occupation Health Insurer	Payroll Deduction: (62.50- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Robert D. Rosecrans, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 1310 G Street, N.w.		Transaction ID: 60612.C88322	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross/blue Shield As- socia	Occupation Managing Director	Payroll Deduction: (45.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional) ▶	184.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 33
	<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	

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

Full Name (Last, First, Middle Initial) A. Scott P. Serota		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 1310 G Street, N.w.		Transaction ID: 60612.C88326	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 384.60		Receipt Payroll Deduction: (192.3-0/Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Blue Cross/blue Shield As-socia Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ceo Aggregate Year-to-Date ▼ 1923.00		

Full Name (Last, First, Middle Initial) B. Terence K. Shea		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 1310 G Street, Nw		Transaction ID: 60612.C88235	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 50.00		Receipt Payroll Deduction: (50.00-/Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Bluecross Blueshield Of Tennes Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Sylvia A. Sherrill		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 209 Masters Road East		Transaction ID: 60612.C88227	
City State Zip Code Hixson TN 37343	Amount of Each Receipt this Period 60.00		Receipt Payroll Deduction: (60.00-/Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Bluecross Blueshield Of Tennes Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	494.60
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 33
	<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	

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

A. Full Name (Last, First, Middle Initial) Robert L. Shoptaw		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 21 River Ridge Circle		Transaction ID: 60612.C88192
City State Zip Code Little Rock AR 72227	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Bc/bc Of Arkansas Occupation Chief Executive Officer	Payroll Deduction: (70.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

B. Full Name (Last, First, Middle Initial) Kathryn M. Sullivan		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 530 N. Lake Shore Drive #2309		Transaction ID: 60612.C88341
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Bcbs Association Occupation SVP/CFO	Payroll Deduction: (45.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C. Full Name (Last, First, Middle Initial) James B. Trimble		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 1310 G Street N.w.		Transaction ID: 60612.C88332
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Blue Cross/blue Shield As- socia Occupation Manager, Congressional Communi	Payroll Deduction: (35.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional) ▶	230.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 33
	<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"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
 Michael B. Unhjem

Mailing Address 2122 Sterling Rose Lane

City State Zip Code
 Fargo ND 58104

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

Name of Employer Occupation
 Noridian-bc/bc Of North Dakota President & Ceo

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 2 / 2 0 0 6

Transaction ID: 60612.C88158

Amount of Each Receipt this Period
 100.00

Receipt

Payroll Deduction: (100.0-0/Pay Period)

B. Full Name (Last, First, Middle Initial)
 Paul M. White

Mailing Address 1310 G Street, N.w.

City State Zip Code
 Washington DC 20005

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

Name of Employer Occupation
 Bc/bc Of Arkansas Health Insurer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 2 / 2 0 0 6

Transaction ID: 60612.C88197

Amount of Each Receipt this Period
 40.00

Receipt

Payroll Deduction: (40.00-/Pay Period)

C. Full Name (Last, First, Middle Initial)
 Adam J Wojciak Iii

Mailing Address 1310 G Street, Nw

City State Zip Code
 Washington DC 20005

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

Name of Employer Occupation
 Blue Cross Blue Shield As-socia Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 5 / 2 0 0 6

Transaction ID: 60612.C88333

Amount of Each Receipt this Period
 45.00

Receipt

Payroll Deduction: (22.50-/Pay Period)

SUBTOTAL of Receipts This Page (optional)	185.00
TOTAL This Period (last page this line number only)	10200.60

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 33
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial)
 Blue Cross & Blue Shield of Kansas

Mailing Address 1133 Topeka Boulevard, SW

City Topeka	State KS	Zip Code 66629-
-----------------------	--------------------	---------------------------

FEC ID number of contributing federal political committee. **C** C00197202

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3420.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 2 / 2 0 0 6

Transaction ID: 60612.C88165

Amount of Each Receipt this Period
 684.00

Transfers From Affil./Auth.

B. Full Name (Last, First, Middle Initial)
 PAC of Pennsylvanias Blue Cross Plan

Mailing Address P.O. Box 60710

City Harrisburg	State PA	Zip Code 17106-0710
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FEC ID number of contributing federal political committee. **C** C00270967

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 6 / 2 0 0 6

Transaction ID: 60612.C88164

Amount of Each Receipt this Period
 1000.00

Transfers From Affil./Auth.

SUBTOTAL of Receipts This Page (optional)	1684.00
TOTAL This Period (last page this line number only)	1684.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 22 / 33	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Comerica Bank

Mailing Address P.O. Box 75000

City State Zip Code
Detroit MI 48375-2250

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
443.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	1	/	2	0	0	6

Transaction ID: 60612.C88272

Amount of Each Receipt this Period
45.13

Interest Received

SUBTOTAL of Receipts This Page (optional)	▶	45.13
TOTAL This Period (last page this line number only)	▶	45.13

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)

PAGE 23 / 33

<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. BlueDog PAC		Transaction ID: 60612.E1430 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 236 Massachusetts Ave., NE Suite 508		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) B. Impact America		Transaction ID: 60508.E1419 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 1331 H Street, NW 12th Floor		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20005-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) C. White Mountain Pac		Transaction ID: 60612.E1432 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 1772		Amount of Each Disbursement this Period 3000.00
City Concord State NH Zip Code 03302-1812	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
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 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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Glacier PAC Full Name (Last, First, Middle Initial) Mailing Address 818 Connecticut Avenue, NW Suite 1100 City Washington State DC Zip Code 20006- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER		Transaction ID: 60508.E1418 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 2500.00 Category/Type DIRECT CONTRIBUTION
---	--	--

B. Evan Bayh Committee Full Name (Last, First, Middle Initial) Mailing Address 1070 Thomas Jefferson Street, NW Suite 202 City Washington State DC Zip Code 20007- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name EVAN BAYH Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60508.E1423 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Category/Type DIRECT CONTRIBUTION
---	--	--

C. Becerra for Congress Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 261060 City Los Angeles State CA Zip Code 90026- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name XAVIER BECERRA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60612.E1440 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Category/Type DIRECT CONTRIBUTION
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SUBTOTAL of Disbursements This Page (optional)	4500.00
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 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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Berry for Congress		Transaction ID: 60612.E1437 Date of Disbursement 05 / 12 / 2006
Mailing Address 236 Massachusetts Avenue, NE Suite 508		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20002-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name MARION BERRY		DIRECT CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AR District: 01		

Full Name (Last, First, Middle Initial) B. Bono for Congress		Transaction ID: 60612.E1448 Date of Disbursement 05 / 24 / 2006
Mailing Address P.O. Box 3370		Amount of Each Disbursement this Period 1000.00
City Palm Springs State CA Zip Code 92263-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name MARY BONO		DIRECT CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 45		

Full Name (Last, First, Middle Initial) C. Continuing A Majority Party - CAMPAC		Transaction ID: 60612.E1441 Date of Disbursement 05 / 24 / 2006
Mailing Address 5915 Eastman Avenue Suite 100		Amount of Each Disbursement this Period 2500.00
City Midland State MI Zip Code 48640-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		DIRECT CONTRIBUTION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Dave Camp for Congress		Transaction ID: 60612.E1429 Date of Disbursement 05 / 12 / 2006	
Mailing Address P.O. Box 423		Amount of Each Disbursement this Period 1000.00	
City Midland	State MI	Zip Code 48640-	Category/ Type DIRECT CONTRIBUTION
Purpose of Disbursement DIRECT CONTRIBUTION		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name DAVID LEE CAMP			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 04		

Full Name (Last, First, Middle Initial) B. Dreier for Congress		Transaction ID: 60612.E1450 Date of Disbursement 05 / 24 / 2006	
Mailing Address P.O. Box 505		Amount of Each Disbursement this Period 1000.00	
City Upland	State CA	Zip Code 91785-	Category/ Type DIRECT CONTRIBUTION
Purpose of Disbursement DIRECT CONTRIBUTION		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name DAVID DREIER			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 26		

Full Name (Last, First, Middle Initial) C. Battle Born PAC		Transaction ID: 60612.E1451 Date of Disbursement 05 / 24 / 2006	
Mailing Address P.O. Box 40366		Amount of Each Disbursement this Period 4000.00	
City Washington	State DC	Zip Code 20016-	Category/ Type DIRECT CONTRIBUTION
Purpose of Disbursement DIRECT CONTRIBUTION		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District: ANNUAL/OTHER		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
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 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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Ensign for Senate		Transaction ID: 60612.E1447 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 26568		Amount of Each Disbursement this Period 500.00
City Las Vegas State NV Zip Code 89126-	Category/ Type	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name JOHN ERIC ENSIGN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial) B. Fattah for Congress		Transaction ID: 60612.E1427 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 3900 Ford Road Suite 12-O		Amount of Each Disbursement this Period 1000.00
City Philadelphia State PA Zip Code 19131-	Category/ Type	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name CHAKA FATTAH		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial) C. Friends of Mike Ferguson		Transaction ID: 60612.E1435 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 125		Amount of Each Disbursement this Period 2000.00
City Cliffside Park State NJ Zip Code 07010-	Category/ Type	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name MIKE FERGUSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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 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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Friends of Mike Ferguson		Transaction ID: 60612.E1436 Date of Disbursement 05 / 12 / 2006	
Mailing Address P.O. Box 125		Amount of Each Disbursement this Period 500.00	
City Cliffside Park	State NJ	Zip Code 07010-	Category/ Type DIRECT CONTRIBUTION
Purpose of Disbursement DIRECT CONTRIBUTION		Candidate Name MIKE FERGUSON	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NJ District: 07			

Full Name (Last, First, Middle Initial) B. Fund for Americas Future		Transaction ID: 60612.E1442 Date of Disbursement 05 / 24 / 2006	
Mailing Address P.O. Box 1373		Amount of Each Disbursement this Period 1000.00	
City Columbia	State SC	Zip Code 29202-	Category/ Type DIRECT CONTRIBUTION
Purpose of Disbursement DIRECT CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	ANNUAL/OTHER		

Full Name (Last, First, Middle Initial) C. J.D. Hayworth for Congress		Transaction ID: 60612.E1428 Date of Disbursement 05 / 12 / 2006	
Mailing Address 14300 N. Northsight Blvd. Suite 105		Amount of Each Disbursement this Period 1000.00	
City Scottsdale	State AZ	Zip Code 85260-	Category/ Type DIRECT CONTRIBUTION
Purpose of Disbursement DIRECT CONTRIBUTION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

PAGE 29 / 33

<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. AMERIPAC Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 696 City Annandale State VA Zip Code 22003- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER		Transaction ID: 60612.E1439 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 2500.00 DIRECT CONTRIBUTION
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B. LEE PAC Full Name (Last, First, Middle Initial) Mailing Address 2875 Towerview Road Suite 1000 City Herndon State VA Zip Code 20171- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER		Transaction ID: 60508.E1424 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00 DIRECT CONTRIBUTION
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C. Jon Kyl for U.S. Senate Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 10246 City Phoenix State AZ Zip Code 85064- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name JON L KYL Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60508.E1422 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 DIRECT CONTRIBUTION
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SUBTOTAL of Disbursements This Page (optional)	8500.00
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 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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Ron Lewis for Congress Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 307 City Elizabethtown State KY Zip Code 42702-		Transaction ID: 60612.E1433 Date of Disbursement 05 / 12 / 2006
Purpose of Disbursement DIRECT CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name RON LEWIS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

B. Menendez for Senate Full Name (Last, First, Middle Initial) Mailing Address 1001 G Street, NW Suite 400 City Washington State DC Zip Code 20001-		Transaction ID: 60612.E1426 Date of Disbursement 05 / 12 / 2006
Purpose of Disbursement DIRECT CONTRIBUTION		Amount of Each Disbursement this Period 2000.00
Candidate Name ROBERT MENENDEZ		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

C. Miller for Congress Full Name (Last, First, Middle Initial) Mailing Address 499 South Capitol Street, SE Suite 604 City Washington State DC Zip Code 20003-		Transaction ID: 60612.E1431 Date of Disbursement 05 / 12 / 2006
Purpose of Disbursement DIRECT CONTRIBUTION		Amount of Each Disbursement this Period 500.00
Candidate Name BRAD MILLER		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Mark Pryor for U.S. Senate		Transaction ID: 60612.E1443 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 420 C Street, NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002-	Category/ Type	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name MARK LUNSFORD PRYOR		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial) B. Mike Rogers for Congress		Transaction ID: 60612.E1438 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 123 East 13th Street		Amount of Each Disbursement this Period 500.00
City Anniston State AL Zip Code 36201-	Category/ Type	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name MICHAEL ROGERS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial) C. Lucille Roybal-Allard for Congress		Transaction ID: 60612.E1445 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 582		Amount of Each Disbursement this Period 1000.00
City Kensington State MD Zip Code 20895-	Category/ Type	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name LUCILLE ROYBAL-ALLARD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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 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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Louise Slaughter Re-Election Campaign		Transaction ID: 60508.E1420 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address P.O Box 366		Amount of Each Disbursement this Period 500.00	
City Fairport	State NY	Zip Code 14450-	Category/ Type DIRECT CONTRIBUTION
Purpose of Disbursement DIRECT CONTRIBUTION		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name LOUISE M SLAUGHTER			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 28		

Full Name (Last, First, Middle Initial) B. Team Sununu		Transaction ID: 60612.E1449 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address P.O. Box 500		Amount of Each Disbursement this Period 2000.00	
City Rye	State NH	Zip Code 03870-	Category/ Type DIRECT CONTRIBUTION
Purpose of Disbursement DIRECT CONTRIBUTION		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name JOHN E SUNUNU			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NH District: 00		

Full Name (Last, First, Middle Initial) C. Debbie Wasserman-Shultz for Congress		Transaction ID: 60612.E1434 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6	
Mailing Address 4479 Foxglove Lane		Amount of Each Disbursement this Period 1000.00	
City Weston	State FL	Zip Code 33331-	Category/ Type DIRECT CONTRIBUTION
Purpose of Disbursement DIRECT CONTRIBUTION		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name DEBBIE WASSERMAN SCHULTZ			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 20		

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Whitfield for Congress Committee		Transaction ID: 60508.E1421	
Mailing Address P.O. Box 391		Date of Disbursement 05 / 01 / 2006	
City Hopkinsville	State KY	Zip Code 42241-	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement DIRECT CONTRIBUTION		Category/ Type DIRECT CONTRIBUTION	
Candidate Name ED WHITFIELD			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: KY District: 01			

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	48500.00