

**FEC  
FORM 3X**

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

RECEIVED  
FED MAIL CENTER  
2016 JUL 13 AM 10:20

Office Use Only

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

BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

ADDRESS (number and street) PO BOX 3248

Check if different than previously reported. (ACC)

OMAHA NE 68124

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

C 00276311

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

4. **TYPE OF REPORT**  
(Choose One)

- (a) Quarterly Reports:
- April 15 Quarterly Report (Q1)
  - July 15 Quarterly Report (Q2)
  - October 15 Quarterly Report (Q3)
  - January 31 Year-End Report (YE)
  - July 31 Mid-Year Report (Non-election Year Only) (MY)
  - Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |   |
|--------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11)<br>(Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12)<br>(Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                              |

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M / D D / Y Y Y Y Y Y in the State of  

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

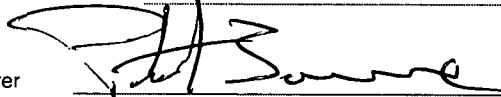
<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 0 1 / 0 1 / 2 0 1 6 through M M / D D / Y Y Y Y Y Y 0 6 / 3 0 / 2 0 1 6

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 PATRICK J. BOURNE

Signature of Treasurer  Date M M / D D / Y Y Y Y Y Y 0 7 / 1 1 / 2 0 1 6

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

NON-PROFIT ORGANIZATION

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

**BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)**

Report Covering the Period: From: 

0	1
---	---

 / 

0	1
---	---

 / 

2	0	1	6
---	---	---	---

 To: 

0	6
---	---

 / 

3	0
---	---

 / 

2	0	1	6
---	---	---	---

	COLUMN A This Period	COLUMN B Calendar Year-to-Date					
6. (a) Cash on Hand January 1, <table border="1"><tr><td>2</td><td>0</td><td>1</td><td>6</td></tr></table>	2	0	1	6		<table border="1"><tr><td>35,412.95</td></tr></table>	35,412.95
2	0	1	6				
35,412.95							
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1"><tr><td>28,670.52</td></tr></table>	28,670.52					
28,670.52							
(c) Total Receipts (from Line 19).....	<table border="1"><tr><td>7,017.38</td></tr></table>	7,017.38	<table border="1"><tr><td>15,333.12</td></tr></table>	15,333.12			
7,017.38							
15,333.12							
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1"><tr><td>35,687.90</td></tr></table>	35,687.90	<table border="1"><tr><td>50,746.07</td></tr></table>	50,746.07			
35,687.90							
50,746.07							
7. Total Disbursements (from Line 31).....	<table border="1"><tr><td>58.19</td></tr></table>	58.19	<table border="1"><tr><td>15,116.36</td></tr></table>	15,116.36			
58.19							
15,116.36							
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1"><tr><td>35,629.71</td></tr></table>	35,629.71	<table border="1"><tr><td>35,629.71</td></tr></table>	35,629.71			
35,629.71							
35,629.71							
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1"><tr><td> </td></tr></table>						
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1"><tr><td> </td></tr></table>						

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

20080114 10:51 AM

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Report Covering the Period: From:

0 1 / 0 1 / 2 0 1 6

To:

0 6 / 3 0 / 2 0 1 6

**I. Receipts**

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
  - (i) Itemized (use Schedule A).....

5,341.97

8,650.02

- (ii) Unitemized.....

1,675.41

6,683.10

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

7,017.38

15,333.12

- (b) Political Party Committees.....

- (c) Other Political Committees (such as PACs).....

- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶

7,017.38

15,333.12

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

- (b) Levin Funds (from Schedule H5).....

- (c) Total Transfers (add 18(a) and 18(b)).....

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶

7,017.38

15,333.12

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

7,017.38

15,333.12

NON-FEDERAL

## DETAILED SUMMARY PAGE of Disbursements

<b>II. Disbursements</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....	58.19	116.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)).....▶	58.19	116.36
22. Transfers to Affiliated/Other Party Committees.....		8,500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		6,500.00
24. Independent Expenditures (use Schedule E).....		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....▶		
29. Other Disbursements .....		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....▶		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	58.19	15,116.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....▶	58.19	15,116.36

NO POSTAGE REQUIRED IF MAILED IN THE UNITED STATES

**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) .....	7,017.38	15,333.12
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7,017.38	15,333.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	58.19	116.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	58.19	116.36

NO NOTATION



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

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Koli, Rama</b>		Date of Receipt MM / DD / YYYY <b>06 / 30 / 2016</b>
Mailing Address <b>2723 N 191st Street</b>		Amount of Each Receipt this Period <b>305.74</b>
City <b>Elkhorn</b>	State Zip Code <b>NE 68022</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>612.88</b>
Name of Employer <b>Blue Cross Blue Shield of NE</b>	Occupation <b>VP Information Services</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Arnold, John</b>		Date of Receipt MM / DD / YYYY <b>06 / 30 / 2016</b>
Mailing Address <b>10482 S 179th Street</b>		Amount of Each Receipt this Period <b>238.35</b>
City <b>Omaha</b>	State Zip Code <b>NE 68136</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>539.96</b>
Name of Employer <b>Blue Cross Blue Shield of NE</b>	Occupation <b>Sr Sales Executive Large Group</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Twohig, Gretchen</b>		Date of Receipt MM / DD / YYYY <b>06 / 30 / 2016</b>
Mailing Address <b>18676 Oregon Cir.</b>		Amount of Each Receipt this Period <b>195.53</b>
City <b>Elkhorn</b>	State Zip Code <b>NE 68022</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>494.80</b>
Name of Employer <b>Blue Cross Blue Shield of NE</b>	Occupation <b>Associate General Counsel</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>739.62</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

2016-07-14 10:00:00 AM

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 3	OF 7
	(check only one)		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
		<input type="checkbox"/> 12	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Courtney, Susan</b>		Date of Receipt MM / DD / YYYY <b>06 / 30 / 2016</b>
Mailing Address <b>1711 N. 171 St.</b>		Amount of Each Receipt this Period <b>198.26</b>
City <b>Omaha</b>	State Zip Code <b>NE 68118</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>479.67</b>
Name of Employer <b>Blue Cross Blue Shield of NE</b>	Occupation <b>SVP &amp; CEO of CoreLink</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Waldman, Sarah</b>		Date of Receipt MM / DD / YYYY <b>06 / 30 / 2016</b>
Mailing Address <b>12317 Slayton Street</b>		Amount of Each Receipt this Period <b>115.90</b>
City <b>Papillion</b>	State Zip Code <b>NE 68046</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>362.33</b>
Name of Employer <b>Blue Cross Blue Shield of NE</b>	Occupation <b>SVP Administration</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Byers, Gerald</b>		Date of Receipt MM / DD / YYYY <b>06 / 30 / 2016</b>
Mailing Address <b>128 Allison Ave.</b>		Amount of Each Receipt this Period <b>234.92</b>
City <b>Papillion</b>	State Zip Code <b>NE 68133</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>470.61</b>
Name of Employer <b>Blue Cross Blue Shield of NE</b>	Occupation <b>SVP and CEO</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>549.08</b>
<b>TOTAL</b> This Period (last page this line number only).....	

20160630 11:00 AM



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 4 OF 7
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Richardson, Jennifer</b>		Date of Receipt MM / DD / YYYY <b>06 / 30 / 2016</b>
Mailing Address <b>601 Skyline Drive</b>		Amount of Each Receipt this Period <b>369.31</b>
City <b>Elkhorn</b>	State Zip Code <b>NE 68022</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>369.31</b>
Name of Employer <b>Blue Cross Blue Shield of NE</b>	Occupation <b>SVP Operations</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Alm, Dan</b>		Date of Receipt MM / DD / YYYY <b>06 / 30 / 2016</b>
Mailing Address <b>5071 S 175 St.</b>		Amount of Each Receipt this Period <b>282.57</b>
City <b>Omaha</b>	State Zip Code <b>NE 68135</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>282.57</b>
Name of Employer <b>Blue Cross Blue Shield of NE</b>	Occupation <b>VP Actuarial Underwriting</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Schaefer, Joann</b>		Date of Receipt MM / DD / YYYY <b>06 / 30 / 2016</b>
Mailing Address <b>106 Abbey Landing</b>		Amount of Each Receipt this Period <b>273.49</b>
City <b>Valley</b>	State Zip Code <b>NE 68064-9332</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>273.49</b>
Name of Employer <b>Blue Cross Blue Shield of NE</b>	Occupation <b>SVP and CMO</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>925.37</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

20160630 11:00 AM

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) <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
PAGE 5 OF 7	

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

Full Name (Last, First, Middle Initial)  
**A. Bourne, Pat**

Mailing Address  
**13020 Binney St**

City State Zip Code  
**Omaha NE 68164**

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

Name of Employer Occupation  
**Blue Cross Blue Shield of NE SVP Sales & Account Services**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**265.90**

Date of Receipt  
**06 / 30 / 2016**

Amount of Each Receipt this Period  
**265.90**

Full Name (Last, First, Middle Initial)  
**B. Flowers, Shari**

Mailing Address  
**15822 Emiline St**

City State Zip Code  
**Omaha NE 68136**

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

Name of Employer Occupation  
**Blue-Cross Blue Shield of NE VP Compliance and Ethics CCO**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**252.00**

Date of Receipt  
**06 / 30 / 2016**

Amount of Each Receipt this Period  
**252.00**

Full Name (Last, First, Middle Initial)  
**C. Beerman, Jane**

Mailing Address  
**19509 Frances Circle**

City State Zip Code  
**Omaha NE 68130**

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

Name of Employer Occupation  
**Blue Cross Blue Shield of NE Dir Corporate Communication**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**214.30**

Date of Receipt  
**06 / 30 / 2016**

Amount of Each Receipt this Period  
**214.30**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **732.20**

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

20160714 10:00 AM

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 7
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Anderson, Dave</b>		Date of Receipt MM / DD / YYYY <b>06 / 30 / 2016</b>
Mailing Address <b>15406 Lakeside Plaza</b>		Amount of Each Receipt this Period <b>213.32</b>
City <b>Omaha</b>	State Zip Code <b>NE 68137</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>213.32</b>
Name of Employer <b>Blue Cross Blue Shield of NE</b>	Occupation <b>VP Finance Treasurer CAO</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>213.32</b>	

Full Name (Last, First, Middle Initial) <b>B. Dunning, Eric</b>		Date of Receipt MM / DD / YYYY <b>06 / 30 / 2016</b>
Mailing Address <b>1625 N 53rd St</b>		Amount of Each Receipt this Period <b>210.80</b>
City <b>Omaha</b>	State Zip Code <b>NE 68104</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>210.80</b>
Name of Employer <b>Blue Cross Blue Shield of NE</b>	Occupation <b>Dir Government Affairs</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>210.80</b>	

Full Name (Last, First, Middle Initial) <b>C. Williams, Clint</b>		Date of Receipt MM / DD / YYYY <b>06 / 30 / 2016</b>
Mailing Address <b>19522 Pearl Cir</b>		Amount of Each Receipt this Period <b>209.93</b>
City <b>Elkhorn</b>	State Zip Code <b>NE 68022</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>209.93</b>
Name of Employer <b>Blue Cross Blue Shield of NE</b>	Occupation <b>VP Risk Adjustment and Pharmacy</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>209.93</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>634.05</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

20160630 11:00 AM

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

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

FOR LINE NUMBER: PAGE 7 OF 7  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. BLUE CROSS BLUE SHIELD OF NE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**PO BOX 3248**  
 City **OMAHA** State **NE** Zip Code **68124**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **BLUE CROSS BLUE SHIELD OF NE** Occupation **NOT APPLICABLE**  
 Receipt For:  
 Primary  General  
 Other (specify)

Date of Receipt  
**12 / 31 / 2015**  
 Amount of Each Receipt this Period  
  
 Memo Item  
 Void 2015 year amount deposited in error. Money was deposited in bank in error and discovered in January. Employee contributions in 2016 were reduced 958.33 going into the bank to correct the 958.33 deposited in error in 2015. Deposited 31,943.77 in 2015 with receipts only being 30,985.44.

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify)

Date of Receipt  
 /  /   
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify)

Date of Receipt  
 /  /   
 Amount of Each Receipt this Period

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

11-10-2015 10:00 AM

**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 1 OF 2												
		<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; text-align: center;">21b</td> <td style="border: 1px solid black; text-align: center;">22</td> <td style="border: 1px solid black; text-align: center;"><input checked="" type="checkbox"/> 23</td> <td style="border: 1px solid black; text-align: center;">24</td> <td style="border: 1px solid black; text-align: center;">25</td> <td style="border: 1px solid black; text-align: center;">26</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">27</td> <td style="border: 1px solid black; text-align: center;">28a</td> <td style="border: 1px solid black; text-align: center;">28b</td> <td style="border: 1px solid black; text-align: center;">28c</td> <td style="border: 1px solid black; text-align: center;">29</td> <td style="border: 1px solid black; text-align: center;">30b</td> </tr> </table>	21b	22	<input checked="" type="checkbox"/> 23	24	25	26	27	28a	28b	28c	29	30b
21b	22	<input checked="" type="checkbox"/> 23	24	25	26									
27	28a	28b	28c	29	30b									

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

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

<b>A. Fischer, Deb</b> Mailing Address PO Box 83287 City Lincoln State NE Zip Code 68501 Purpose of Disbursement Candidate Name Deb Fischer for U.S. Senate Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Date of Disbursement MM / DD / YYYY 02 / 24 / 2016 Amount of Each Disbursement this Period 1,500.00 <input type="checkbox"/> Memo Item
--	---

<b>B. Nebraska Sandhills PAC</b> Mailing Address 228 S. Washington Street, Suite 115 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Candidate Name Deb Fischer Leadership PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Date of Disbursement MM / DD / YYYY 02 / 24 / 2016 Amount of Each Disbursement this Period 5,000.00 <input type="checkbox"/> Memo Item
--	---

<b>C.</b> Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Date of Disbursement MM / DD / YYYY Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item
--	---

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6,500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6,500.00

2016-07-14 10:00 AM

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

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

Full Name (Last, First, Middle Initial) <b>BLUE PAC</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 1310 G Street, NW 12th Floor		Amount of Each Disbursement this Period 8,500.00
City Washington	State DC	
Zip Code 20005		Amount of Each Disbursement this Period 8,500.00
Purpose of Disbursement		
Candidate Name Transfer		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8,500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15,000.00

11-01-2016 10:40:00 AM

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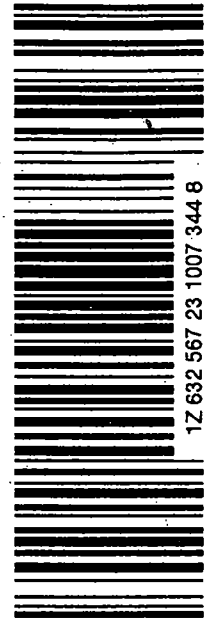
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Federal Election Commission

999 E Street, NW

Washington, DC 20463

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

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USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): UPS Shipping Date  
7/12/16  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

  
 PREPARER

7/13/16  
 DATE PREPARED

NOT FOR FILING