

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Premera Blue Cross Political Action Committee/Premera PAC

ADDRESS (number and street) ▼

7001 220th Street SW

MS 355

Check if different than previously reported. (ACC)

Mountlake Terrace

WA

98043

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00409227

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:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

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 / 2014

through

/  /  05 / 31 / 2014

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 Leonard H. Sorrin

Signature of Treasurer

Leonard H. Sorrin

[Electronically Filed]

Date

/  /  06 / 04 / 2014

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

Office Use Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Premera Blue Cross Political Action Committee/Premera PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="15023.80"/>	<input type="text" value="15023.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="14665.60"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4530.05"/>	<input type="text" value="16671.85"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="19195.65"/>	<input type="text" value="31695.65"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1000.00"/>	<input type="text" value="13500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="18195.65"/>	<input type="text" value="18195.65"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Premera Blue Cross Political Action Committee/Premera PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3300.00	7200.00
(ii) Unitemized .....	1230.05	9471.85
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4530.05	16671.85
(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) .....	4530.05	16671.85
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	4530.05	16671.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4530.05	16671.85

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	10000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	3500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1000.00	13500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	13500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4530.05	16671.85
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4530.05	16671.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
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	0.00

**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 17
<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

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)  
**Premera Blue Cross Political Action Committee/Premera PAC**

Full Name (Last, First, Middle Initial) <b>A. Jeanne Blair</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2014 <b>Transaction ID : PR117470910944</b>
Mailing Address 1010 9th Ave S		Amount of Each Receipt this Period 60.00
City Edmonds	State WA	Zip Code 98020
FEC ID number of contributing federal political committee. C	Name of Employer Premera Blue Cross	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. James M Messina</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2014 <b>Transaction ID : PR117480210944</b>
Mailing Address 16915 16th Drive SE		Amount of Each Receipt this Period 180.00
City Bothell	State WA	Zip Code 98012
FEC ID number of contributing federal political committee. C	Name of Employer Premera	Occupation EVP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Ross A Laursen</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2014 <b>Transaction ID : PR117598610944</b>
Mailing Address 10925 NE 64th Street		Amount of Each Receipt this Period 60.00
City Kirkland	State WA	Zip Code 98033
FEC ID number of contributing federal political committee. C	Name of Employer Premera Blue Cross	Occupation VP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<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)  
**Premera Blue Cross Political Action Committee/Premera PAC**

Full Name (Last, First, Middle Initial) <b>A. Jamie R Williams</b>			Date of Receipt
Mailing Address 7001 220th St SW			<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : PR118725910944</b>
Mountlake Terrace	WA	98043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="60.00"/>
Name of Employer	Occupation		P/R Deduction (\$20.00 Bi-Weekly)
Premera Blue Cross	VP Strategic Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="220.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Lisa Gough Silvestre</b>			Date of Receipt
Mailing Address 13014 81st Ave NE			<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : PR120634510944</b>
Kirkland	WA	98034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="60.00"/>
Name of Employer	Occupation		P/R Deduction (\$20.00 Bi-Weekly)
Premera BC	VP Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="220.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Trevor D. Moore</b>			Date of Receipt
Mailing Address 727 Montague Drive			<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : PR122787410944</b>
Cheney	WA	99004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="120.00"/>
Name of Employer	Occupation		P/R Deduction (\$40.00 Bi-Weekly)
Premera Blue Cross	Director EWA Sales&Mktng		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="440.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="240.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 8 OF 17
	<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)  
**Premera Blue Cross Political Action Committee/Premera PAC**

**A. Katharine M Cramer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14712 31st Dr SE  
City Mill Creek State WA Zip Code 98012  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Premera Blue Cross Occupation SVP Govt& Public Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2014  
**Transaction ID : PR125556110944**  
Amount of Each Receipt this Period 180.00  
P/R Deduction (\$60.00 Bi-Weekly)

**B. William L. Akers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2111 W Stratton Avenue  
City Spokane State WA Zip Code 99208-4400  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Premera Blue Cross Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2014  
**Transaction ID : PR78804310944**  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$20.00 Bi-Weekly)

**C. H R Brereton Barlow**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7643 SE 72nd Place  
City Mercer Island State WA Zip Code 98040-5546  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Premera Blue Cross Occupation Ceo  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2014  
**Transaction ID : PR78804610944**  
Amount of Each Receipt this Period 180.00  
P/R Deduction (\$60.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 420.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 17
<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)  
**Premera Blue Cross Political Action Committee/Premera PAC**

**A. Sharilyn Campbell**  
Full Name (Last, First, Middle Initial)

Mailing Address 9122 134th CT NE

City Redmond	State WA	Zip Code 98052
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FEC ID number of contributing federal political committee. **C**

Name of Employer Premera Blue Cross	Occupation Vice President
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

**Transaction ID : PR78804710944**

Amount of Each Receipt this Period  

60.00
-------

P/R Deduction (\$20.00 Bi-Weekly)

**B. Kenneth Chandler**  
Full Name (Last, First, Middle Initial)

Mailing Address 9203 Park Road

City Edmonds	State WA	Zip Code 98020
-----------------	-------------	-------------------

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

Name of Employer Premera Blue Cross	Occupation Vp
--	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

**Transaction ID : PR78804810944**

Amount of Each Receipt this Period  

60.00
-------

P/R Deduction (\$20.00 Bi-Weekly)

**C. James Grazko**  
Full Name (Last, First, Middle Initial)

Mailing Address 8933 237th PL, NE

City Redmond	State WA	Zip Code 98053
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FEC ID number of contributing federal political committee. **C**

Name of Employer Premera Blue Cross	Occupation Vice President
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

**Transaction ID : PR78805010944**

Amount of Each Receipt this Period  

150.00
--------

P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>270.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 17
<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)  
**Premera Blue Cross Political Action Committee/Premera PAC**

**A. Richard L. Grover**  
Full Name (Last, First, Middle Initial)

Mailing Address 11421 E 46th Avenue

City Spokane State WA Zip Code 99206

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

Name of Employer Premera Blue Cross Occupation Vp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt **05 / 31 / 2014**

**Transaction ID : PR78805110944**

Amount of Each Receipt this Period **180.00**

P/R Deduction (\$60.00 Bi-Weekly)

**B. Oscar Lucas**  
Full Name (Last, First, Middle Initial)

Mailing Address 6331 252nd PL, NE

City Redmond State WA Zip Code 98053

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

Name of Employer Premera Blue Cross Occupation Vp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **05 / 31 / 2014**

**Transaction ID : PR78805510944**

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$20.00 Bi-Weekly)

**C. Richard Maturi**  
Full Name (Last, First, Middle Initial)

Mailing Address 121 Vine Street Unit 2103

City Seattle State WA Zip Code 98121

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

Name of Employer Premera Blue Cross Occupation Svp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt **05 / 31 / 2014**

**Transaction ID : PR78805610944**

Amount of Each Receipt this Period **180.00**

P/R Deduction (\$60.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **420.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 17
	<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)  
**Premera Blue Cross Political Action Committee/Premera PAC**

**A. Elizabeth J Pitt**  
Full Name (Last, First, Middle Initial)

Mailing Address 4523 51st Place, SW

City Seattle State WA Zip Code 98116-3901

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

Name of Employer Premera Blue Cross Occupation Vp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2014  
**Transaction ID : PR78805910944**

Amount of Each Receipt this Period  
 60.00

P/R Deduction (\$20.00 Bi-Weekly)

**B. David P Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 20125 NE Pond View Ln

City Poulsbo State WA Zip Code 98370-8900

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

Name of Employer Premera Blue Cross Occupation VP IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2014  
**Transaction ID : PR78806010944**

Amount of Each Receipt this Period  
 180.00

P/R Deduction (\$60.00 Bi-Weekly)

**C. Yoram Milo**  
Full Name (Last, First, Middle Initial)

Mailing Address 639 Hillside Drive, E

City Seattle State WA Zip Code 98112

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

Name of Employer Premera Blue Cross Occupation EVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2014  
**Transaction ID : PR78806610944**

Amount of Each Receipt this Period  
 180.00

P/R Deduction (\$60.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 420.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 17
	<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)  
**Premera Blue Cross Political Action Committee/Premera PAC**

**A. Barbara Burnes Magusin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1211 E. Boston Street

City Seattle	State WA	Zip Code 98102
-----------------	-------------	-------------------

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

Name of Employer Premera Blue Cross	Occupation SVP, HR
--	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

**Transaction ID : PR78807010944**

Amount of Each Receipt this Period  

360.00
--------

**60.00**

P/R Deduction (\$20.00 Bi-Weekly)

**B. John Pierce**  
Full Name (Last, First, Middle Initial)

Mailing Address 1010 East Lynn Street

City Seattle	State WA	Zip Code 98102
-----------------	-------------	-------------------

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

Name of Employer Premera Blue Cross	Occupation Special Counsel
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

**Transaction ID : PR78807310944**

Amount of Each Receipt this Period  

120.00
--------

**120.00**

P/R Deduction (\$40.00 Bi-Weekly)

**C. Leonard H Sorrin**  
Full Name (Last, First, Middle Initial)

Mailing Address 6017 Beach Drive, SW

City Seattle	State WA	Zip Code 98136
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FEC ID number of contributing federal political committee. **C**

Name of Employer Premera Blue Cross	Occupation Attorney
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

**Transaction ID : PR78807510944**

Amount of Each Receipt this Period  

180.00
--------

**180.00**

P/R Deduction (\$60.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>360.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 17
<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)  
**Premera Blue Cross Political Action Committee/Premera PAC**

**A. Majd El-Azma**  
Full Name (Last, First, Middle Initial)

Mailing Address 940 Cumberland Rd

City Lake Oswego State OR Zip Code 97034-1730

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

Name of Employer Premera Blue Cross Occupation President & Ceo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **05 / 31 / 2014**

**Transaction ID : PR78807810944**

Amount of Each Receipt this Period **120.00**

P/R Deduction (\$40.00 Bi-Weekly)

**B. Rakesh Chauhan**  
Full Name (Last, First, Middle Initial)

Mailing Address 337 NW 113th Place

City Seattle State WA Zip Code 98177

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

Name of Employer Premera Blue Cross Occupation VP Medical Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **05 / 31 / 2014**

**Transaction ID : PR78808510944**

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$20.00 Bi-Weekly)

**C. Kirsten M Simonitsch**  
Full Name (Last, First, Middle Initial)

Mailing Address 5011 47th Ave NE

City Seattle State WA Zip Code 98105-2922

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

Name of Employer Premera Blue Cross Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **05 / 31 / 2014**

**Transaction ID : PR78808810944**

Amount of Each Receipt this Period **90.00**

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **270.00**

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

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

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

FOR LINE NUMBER: PAGE 14 OF 17  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Premera Blue Cross Political Action Committee/Premera PAC**

**A. David J Braza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6320 167th Ave SE  
 City Bellevue State WA Zip Code 98006-5642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Premera Blue Cross Occupation Vp, Actuarial Servcs & Under  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2014  
**Transaction ID : PR78809110944**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Scott Forslund**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20314 84th PI W  
 City Edmonds State WA Zip Code 98026-6606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Premera Blue Cross Occupation Director Of Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2014  
**Transaction ID : PR78809410944**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Farah G Loudermilk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 54970 Forest Ln  
 City Bend State OR Zip Code 97707-2439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Premera Blue Cross Occupation Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2014  
**Transaction ID : PR78809910944**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 180.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 17
	<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)  
**Premera Blue Cross Political Action Committee/Premera PAC**

**A. Jeffrey E Roe**  
Full Name (Last, First, Middle Initial)

Mailing Address 1904 36th Ave W

City Seattle State WA Zip Code 98199-3933

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

Name of Employer Premera Blue Cross Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 05 / 31 / 2014  
**Transaction ID : PR78812910944**

Amount of Each Receipt this Period 120.00

P/R Deduction (\$40.00 Bi-Weekly)

**B. Jeffrey W Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 4800 Sportsman Dr

City Anchorage State AK Zip Code 99502-4104

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

Name of Employer Premera Blue Cross Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 05 / 31 / 2014  
**Transaction ID : PR78813810944**

Amount of Each Receipt this Period 120.00

P/R Deduction (\$40.00 Bi-Weekly)

**C. Martin Strand**  
Full Name (Last, First, Middle Initial)

Mailing Address 7601 60th Dr NE Unit B

City Marysville State WA Zip Code 98270-3301

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

Name of Employer Premera Blue Cross Occupation Senior Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 05 / 31 / 2014  
**Transaction ID : PR78814410944**

Amount of Each Receipt this Period 120.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 360.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 17  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Premera Blue Cross Political Action Committee/Premera PAC**

**A.** Full Name (Last, First, Middle Initial)  
**Christopher John Breunig**

Mailing Address 7001 220th Street SW, MS 355

City Mountlake Terrace	State WA	Zip Code 98043
---------------------------	-------------	-------------------

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

Name of Employer Premera Blue Cross	Occupation Manager
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

**Transaction ID : PR78835410944**

Amount of Each Receipt this Period  

60.00
-------

P/R Deduction (\$20.00 Bi-Weekly)

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period  

--

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period  

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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3300.00



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)

**Premera Blue Cross Political Action Committee/Premera PAC**

Full Name (Last, First, Middle Initial)

**A. Adam Smith for Congress Cmte**

Mailing Address P.O. Box 23626

City State Zip Code  
Federal Way WA 98093-0626

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name  
**Adam Smith**

Office Sought:  House  
 Senate  
 President  
State: WA District: 09

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

**Transaction ID : 8436186**

Amount of Each Disbursement this Period

1000.00
---------

Direct Contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

1000.00
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**TOTAL** This Period (last page this line number only)..... ▶

1000.00
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