REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 26 A 10 33

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) ☐ Check if different than previously reported
c/o Linda Melusky
P.O. Box 60710

CITY, STATE and ZIP CODE
Harrisburg PA 17106

2. FEC IDENTIFICATION NUMBER
C00270967

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

[X] 12-Day Pre-Election Report for the General (Type of Election) election on 11-07-2000 in the State of PA

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____.

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10-01-2000 through 10-18-2000		
6. (a) Cash on Hand January 1st 2000		$ 16,940.43
(b) Cash on Hand at Beginning of Reporting Period	$ 8,768.15	
(c) Total Receipts (from Line 10)	$ 6,442.59	$ 89,913.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 15,210.74	$ 106,853.74
7. Total Disbursements (from Line 30)	$ 4,125.00	$ 95,768.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 11,085.74	$ 11,085.74
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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

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
Linda Melusky

Signature of Treasurer
Linda Melusky

Date
10/24/00

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

FEC FORM 3X
(revised 9/93)

FEDAND99

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

(revised 1/1/91)

NAME OF COMMITTEE: BluePAC

REPORT COVERING PERIOD FROM 10-01-2000 TO 10-18-2000

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	2,438.09	32,141.81	11(a)(i)
ii. Unitemized	4,004.50	55,771.50	11(a)(ii)
iii. Total (add i and ii) ➤	6,442.59	87,913.31	11(a)(iii)
b. Political Party Committees	0.00	2,000.00	11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	6,442.59	89,913.31	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	6,442.59	89,913.31	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤			20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	2,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	2,608.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)	0.00	5,000.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	5,000.00	28(d)
29. Other Disbursements	3,625.00	86,160.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4,125.00	95,768.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	6,442.59	89,913.31	32
33. Total Contribution Refunds (from line 28d)	0.00	5,000.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	6,442.59	84,913.31	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	0.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11.a .i.

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
A. Butler, Christopher 1 Brampton Road Malvern, Pa 19355	Independence Blue Cross Senior Vice President		$ 40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 800.00		($40 bi-weekly)
B. Daddis, John 6 Glenlake Drive Medford, NJ 08055	Independence Blue Cross Senior Vice President		$ 38.47
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 769.41		($38.47 bi-weekly)
C. Dibona, G. Fred Jr. 637 Heather Lane Bryn Mawr, Pa 19010	Independence Blue Cross President		$ 134.62
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,692.40		($134.62 bi-weekly)
D. Fascia, Robert J. 9 Summer Hill Lane Medford, NJ 08055	Independence Blue Cross Senior Vice President		$ 55.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,005.00		($55 bi-weekly)
E. Foss, John G. 1018 Lorien Drive Gwynedd Valley, Pa 19437	Independence Blue Cross Chief Financial Officer		$ 70.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,210.00		($70 bi-weekly)
F. Cashman, Christopher 7320 Hole Road Philadelphia, PA 19128	Independence Blue Cross Sr VP Corp. & Public Affairs		$ 105.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,739.00		($105 bi-weekly)
G. Hobson, Michael 31 Oakford Road Wayne, PA 19087	Independence Blue Cross Acct. Exec. KHP East		$ 38.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 770.00		($38.50 bi-weekly)

SUBTOTAL of Receipts This Page (optional) > $ 461.59

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

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

> BluePAC-Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Park, Rosemary 210 Carlton Avenue Westmont, NJ 08108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Senior Vice President Rating Aggregate Year-to-Date > $ 1000.00	Payroll Deduction	$ 50.00 ($50 bi-weekly)
B. McMillen, Mary Ellen 5487 Grouse Drive Harrisburg, PA 17111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Vice President Aggregate Year-to-Date > $ 770.00	Payroll Deduction	$ 38.50 ($38.50 bi-weekly)
C. Pappalardo, Thomas 240 Tall Pines Drive East Sewell, NJ 08080 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Senior Vice President Aggregate Year-to-Date > $ 800.00	Payroll Deduction	$ 40.00 ($40 bi-weekly)
D. Pedrioni, Daniel 1504 Schoolhouse Lane Gwynedd Valley, Pa 19437 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Senior Vice President Aggregate Year-to-Date > $ 1,200.00	Payroll Deduction	$ 60.00 ($60 bi-weekly)
E. Brennan, Martin 1 Tanglewood Circle Rose Valley, PA 19086 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Chief Info. Officer Aggregate Year-to-Date > $ 800.00	Payroll Deduction	$ 40.00 ($40 bi-weekly)
F. Forley, Kathryn 315 Valley Forge Road Devon, PA 19333 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Vice President Aggregate Year-to-Date > $ 800.00	Payroll Deduction	$ 40.00 ($40 bi-weekly)
G. Frick, Joseph A. 7 Moore Circle Media, PA 19063 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Vice President Aggregate Year-to-Date > $ 610.00	Payroll Deduction	$ 50.00 ($50 bi-weekly)

SUBTOTAL of Receipts This Page (optional) > $ 318.50

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

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11.a J.

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Boyer, Donna L. 113 Red Stone Ridge Doiran, NJ 08075 Receipt For: Primary General Other (specify):	Independence Blue Cross Occupation: Senior Vice President Rating Aggregate Year-to-Date > $ 400.00		$ 20.00 ($20 bi-weekly)
Brown, Royal E. 1429 S 15th Street Philadelphia, PA 17146 Receipt For: Primary General Other (specify):	Independence Blue Cross Occupation: Vice President Aggregate Year-to-Date > $ 400.00		$ 20.00 ($20 bi-weekly)
Henry, Joseph P. 237 Leona Avenue Huntingdon Valley, PA 19006 Receipt For: Primary General Other (specify):	Independence Blue Cross Occupation: Senior Vice President Aggregate Year-to-Date > $ 400.00		$ 20.00 ($20 bi-weekly)
Keefe, Katherine M. 319 Yarrow Avenue Swarthmore, PA 19081 Receipt For: Primary General Other (specify):	Independence Blue Cross Occupation: Senior Vice President Aggregate Year-to-Date > $ 320.00		$ 16.00 ($16 bi-weekly)
Rhodes, James H. 5105 N Park Drive, Suite 1401 Pennsauken, NJ 08018 Receipt For: Primary General Other (specify):	Independence Blue Cross Occupation: Chief Info. Officer Aggregate Year-to-Date > $ 400.00		$ 20.00 ($20 bi-weekly)
Roberts, Michael Kevin 952 Dogwood Lane Collegeville, PA 19426 Receipt For: Primary General Other (specify):	Independence Blue Cross Occupation: Vice President Aggregate Year-to-Date > $ 400.00		$ 20.00 ($20 bi-weekly)
Carey, Lee M. 100 Mulberry Lane Media, PA 19063 Receipt For: Primary General Other (specify):	Independence Blue Cross Occupation: Vice President Aggregate Year-to-Date > $ 360.00		$ 18.00 ($18 bi-weekly)

SUBTOTAL of Receipts This Page (optional) > $ 134.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
A. Douglas, John 105 Cascades Court Blue Bell, PA 19422 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Senior Vice President Rating Aggregate Year-to-Date > $ 400.00		$ 20.00 ($20 bi-weekly)
B. Eskridge, Karen W. 114A East Providence Road Yeadon, PA 19050 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Vice President Aggregate Year-to-Date > $ 320.00		$ 16.00 ($16 bi-weekly)
C. Lassin, Karen 308 Golf Hills Road Havertown, PA 19083 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Senior Vice President Aggregate Year-to-Date > $ 400.00		$ 20.00 ($20 bi-weekly)
D. Nolan, Joseph F. 2998 Sunset Avenue Norristown, PA 19403 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Senior Vice President Aggregate Year-to-Date > $ 600.00		$ 30.00 ($30 bi-weekly)
E. Picciolli, Vincent J. 14 Fisher Drive Clayton, NJ 08312 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Chief Info. Officer Aggregate Year-to-Date > $ 360.00		$ 18.00 ($18 bi-weekly)
F. Post, R. Scott 265 Stormfield Drive Harleysville, PA 19438 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Vice President Aggregate Year-to-Date > $ 405.00		$ 25.00 ($25 bi-weekly)
G. Reilley, Lawrence 1304 Fairbourne Ct Lansdale, PA 19446 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Vice President Aggregate Year-to-Date > $ 400.00		$ 20.00 ($20 bi-weekly)

SUBTOTAL of Receipts This Page (optional) ..... > $ 149.00

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

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NAME OF COMMITTEE (in Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
A. Gregus, Barbara J. 210 Fawn Drive Harleysville, PA 19438 Receipt For: Primary General Other (specify):	Independence Blue Cross Senior Vice President Rating Aggregate Year-to-Date > $ 400.00		$ 20.00 ($20 bi-weekly)
B. Hughes, Robert P. 904 Westdale Avenue Swarthmore, PA 19081 Receipt For: Primary General Other (specify):	Independence Blue Cross Vice President Aggregate Year-to-Date > $ 400.00		$ 20.00 ($20 bi-weekly)
C. Pearson MD, Vincent 108 Irick Road Mount Holly, NJ 08060 Receipt For: Primary General Other (specify):	Independence Blue Cross Senior Vice President Aggregate Year-to-Date > $ 500.00		$ 25.00 ($25 bi-weekly)
D. Riggins, Stacy L. 717 W. Fisher Avenue Philadelphia, PA 18120 Receipt For: Primary General Other (specify):	Independence Blue Cross Senior Vice President Aggregate Year-to-Date > $ 400.00		$ 20.00 ($20 bi-weekly)
E. Bright, Yvette 738 Westview Avenue Philadelphia, PA 19119 Receipt For: Primary General Other (specify):	Independence Blue Cross Chief Info. Officer Aggregate Year-to-Date > $ 400.00		$ 20.00 ($20 bi-weekly)
F. Herdman, Bruce 154 Quinton-Hancock's Road Salem, NJ 08079 Receipt For: Primary General Other (specify):	Independence Blue Cross Vice President Aggregate Year-to-Date > $ 400.00		$ 20.00 ($20 bi-weekly)
G. Heggelt, William F. 333 Elm Avenue Haddonfield, NJ 08033 Receipt For: Primary General Other (specify):	Independence Blue Cross Vice President Aggregate Year-to-Date > $ 500.00		$ 25.00 ($25 bi-weekly)

SUBTOTAL	of Receipts This Page (optional) ..... >	$ 150.00
TOTAL	This Period (last page this line number only) ..... >	

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NAME OF COMMITTEE (in Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Liskey, Donald J. 2809 Barnes Drive Moon Township, PA 15108	Independence Blue Cross	Payroll Deduction	$ 20.00
Receipt For: ☐ Primary ☐ General	Occupation: Senior Vice President Rating		
☐ Other (specify):	Aggregate Year-to-Date > $ 400.00		($20 bi-weekly)

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gannon, George W. 1405 Springton Lane West Chester, PA 19380	Independence Blue Cross	Payroll Deduction	$ 25.00
Receipt For: ☐ Primary ☐ General	Occupation: Vice President		
☐ Other (specify):	Aggregate Year-to-Date > $ 405.00		($25 bi-weekly)

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jewett, Constance 311 Devonshire Drive Stroudsburg, PA 18360	Blue Cross of Northeastern PA	Payroll Deduction	$ -
Receipt For: ☐ Primary ☐ General	Occupation: Vice President		
☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		($0 bi-weekly)

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rashid, M. 5 Dickson Drive Medford, NJ 08055	Independence Blue Cross	Payroll Deduction	$ -
Receipt For: ☐ Primary ☐ General	Occupation: Senior Vice President		
☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		($0 bi-weekly)

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
McGinley, Michael 211 Indian Creek Drive Mechanicsburg, PA 17055	Capital Blue Cross	Payroll Deduction	$ 15.00
Receipt For: ☐ Primary ☐ General	Occupation: Senior Vice President		
☐ Other (specify):	Aggregate Year-to-Date > $ 315.00		($15 bi-weekly)

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vonwallenberg, Lee 2901 Rathton Road Camp Hill, PA 17011	Capital Blue Cross	Payroll Deduction	$ 20.00
Receipt For: ☐ Primary ☐ General	Occupation: Vice President		
☐ Other (specify):	Aggregate Year-to-Date > $ 420.00		($20 bi-weekly)

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carocci, Vincent 813 Mandy Lane Camp Hill, PA 17011	Capital Blue Cross	Payroll Deduction	$ 20.00
Receipt For: ☐ Primary ☐ General	Occupation: Mgr-Gov't Relations		
☐ Other (specify):	Aggregate Year-to-Date > $ 420.00		($20 bi-weekly)

SUBTOTAL	of Receipts This Page (optional) ..... >	$ 100.00
TOTAL	This Period (last page this line number only) ..... >	

SCHEDULE A

ITEMIZED RECEIPTS

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> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Green, Michael A. 517 Brights Lane Ephrata, PA 17522	Independence Blue Cross	Payroll Deduction	$ 50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President		
	Aggregate Year-to-Date > $ 1000.00		($50 bi-weekly)

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Zamzow, John 1150 Grandview Terrace Radnor, Pa 19087	Independence Blue Cross	Payroll Deduction	$ 40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Senior Vice President		
	Aggregate Year-to-Date > $ 705.00		($40 bi-weekly)

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lister, Kathleen 2029 Delancey Place Philadelphia, PA 19103	Independence Blue Cross	Payroll Deduction	$ 50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President		
	Aggregate Year-to-Date > $ 1000.00		($50 bi-weekly)

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
McKeown, Robert A. 808 Bryn Mawr Avenue Haddonfield, NJ 08033-1113	Independence Blue Cross	Payroll Deduction	$ 50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Senior VP		
	Aggregate Year-to-Date > $ 1000.00		($50 bi-weekly)

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Udvarhelyi, Stephen M.D. 1085 Wyndtree Lane Malvern, PA 19355	Independence Blue Cross	Payroll Deduction	$ 40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Sr. VP & Chief Med. Off.		
	Aggregate Year-to-Date > $ 800.00		($40 bi-weekly)

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Markel, Robert 531 9th Street New Cumberland, PA 17070	Capital Blue Cross	Payroll Deduction	$ 40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: SR V.P. and Treasurer		
	Aggregate Year-to-Date > $ 840.00		($40 bi-weekly)

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mead, James 201 Hearth Road Camp Hill, PA 17011	Capital Blue Cross	Payroll Deduction	$ 50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President		
	Aggregate Year-to-Date > $ 1050.00		($50 bi-weekly)

SUBTOTAL of Receipts This Page (optional)	>	$ 320.00
TOTAL This Period (last page this line number only)	>	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code Brown, Nadine M. 301 N. Progress Avenue J-12 Harrisburg, PA 17109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Capital Blue Cross Occupation Analyst Aggregate Year-to-Date > $	Date (month, day, year) Payroll Deduction 315.00	Amount of Each Receipt this Period $ 15.00 ($15 bi-weekly)
B. Full Name, Mailing Address and ZIP Code Spieth, Gregg 1706 Wyoming Avenue Forty Fort, PA 18704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Blue Cross of Northeastern PA Occupation Corp. Director, MA Aggregate Year-to-Date > $	Date (month, day, year) Payroll Deduction 315.00	Amount of Each Receipt this Period $ 15.00 ($15 bi-weekly)
C. Full Name, Mailing Address and ZIP Code W.J. Phelps 9 Deer Meadow Drive Dallas, PA 18612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Blue Cross of Northeastern PA Occupation Vice President Aggregate Year-to-Date > $	Date (month, day, year) Payroll Deduction 300.00	Amount of Each Receipt this Period $ 15.00 ($15 bi-weekly)
D. Full Name, Mailing Address and ZIP Code Eric L. Dove 4000 Stratford Rd Richmond, VA 23225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Blue Cross of Northeastern PA Occupation VP Sales Aggregate Year-to-Date > $	Date (month, day, year) Payroll Deduction 250.00	Amount of Each Receipt this Period $ - ($0 bi-weekly)
E. Full Name, Mailing Address and ZIP Code Tracy E. Noll 4701 N. Clearview Drive Camp Hill, PA 17011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Capital Blue Cross Occupation DCS Specialist Aggregate Year-to-Date > $	Date (month, day, year) Payroll Deduction 285.00	Amount of Each Receipt this Period $ 15.00 ($15 bi-weekly)
F. Full Name, Mailing Address and ZIP Code William J. Blount 5811 Upland Way Philadelphia, PA 19131 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Independence Blue Cross Occupation Senior Director Aggregate Year-to-Date > $	Date (month, day, year) Payroll Deduction 240.00	Amount of Each Receipt this Period $ 12.00 ($12 bi-weekly)
G. Full Name, Mailing Address and ZIP Code Bonnie Ciocco 710 Duke Drive Wenonah, NJ 08090 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Independence Blue Cross Occupation Director Aggregate Year-to-Date > $	Date (month, day, year) Payroll Deduction 322.00	Amount of Each Receipt this Period $ 18.00 ($18 bi-weekly)

SUBTOTAL	of Receipts This Page (optional) ..... >	$ 90.00
TOTAL	This Period (last page this line number only) ..... >	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a .1.

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NAME OF COMMITTEE (in Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Denise M. Dodd 112 East Madison Avenue Collingswood, NJ 08108 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Independence Blue Cross Occupation: Corp Research Consultant Aggregate Year-to-Date > $ 262.00		$ 16.00 ($16 bi-weekly)
Neal I. Freedman 1500 Locust Street #2007 Philadelphia, PA 19102 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Independence Blue Cross Occupation: Associate Actuary Aggregate Year-to-Date > $ 240.00		$ 12.00 ($12 bi-weekly)
Thomas J. Helms 604 Delores Drive Broomhall, PA 19008 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Independence Blue Cross Occupation: Manager Aggregate Year-to-Date > $ 242.00		$ 14.00 ($14 bi-weekly)
Henry M. Kearney 4019 K Street Philadelphia, PA 19124 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Independence Blue Cross Occupation: Manager Aggregate Year-to-Date > $ 260.00		$ 13.00 ($13 bi-weekly)
Livia Matani 8 Lula Drive Linwood, NJ 08221 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Independence Blue Cross Occupation: Director Aggregate Year-to-Date > $ 240.00		$ 12.00 ($12 bi-weekly)
Richard A. Doran 319 S. Lawrence Street Philadelphia, PA 19106 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Independence Blue Cross Occupation: V.P. Communications Aggregate Year-to-Date > $ 300.00		$ 15.00 ($15 bi-weekly)
Robert Mayfield Jr. 201 Hedgemere Drive Devon, PA 19333 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Independence Blue Cross Occupation: Vice President Aggregate Year-to-Date > $ 284.00		$ 18.00 ($18 bi-weekly)

SUBTOTAL of Receipts This Page (optional) > $ 100.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 10 OF 12

FOR LINE NUMBER 11.a .1

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Daniel C. Lyons M.D. 5 Narothyn Road Sellersville, PA 18960	Independence Blue Cross Vice President	Payroll Deduction	$ 14.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 242.00		($14 bi-weekly)
B. Franklin D. Foster 33 North Gate Village Burlington, NJ 08016	Independence Blue Cross Director of Medicaid	Payroll Deduction	$ 16.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		($16 bi weekly)
C. Laura L. Landman 601 Yardley Drive Dovington, PA 19335	Independence Blue Cross Director Provider Relations	Payroll Deduction	$ 12.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 240.00		($12 bi-weekly)
D. Kathleen A. Jones 204 N. Merion Avenue Wenonah, NJ 08090	Independence Blue Cross Director	Payroll Deduction	$ 12.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 202.00		($12 bi-weekly)
E. Darlene S. Koszick 21 Bridle Court Cherry Hill, NJ 08003	Independence Blue Cross	Payroll Deduction	$ 15.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 205.00		($15 bi-weekly)
F. Bob Reuter 102 N. Providence Road Wallingford, PA 19086	Independence Blue Cross Senior Director	Payroll Deduction	$ 12.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 202.00		($12 bi-weekly)
G. Robert Cromer 1650 Hollyhock Circle Malvern, PA 19355	Independence Blue Cross Vice President-HR	Payroll Deduction	$ 15.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 205.00		($15 bi-weekly)

SUBTOTAL	of Receipts This Page (optional) ..... >	$ 95.00
TOTAL	This Period (last page this line number only) ..... >	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 11 OF 12
	FOR LINE NUMBER 11.a J.

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code Mary Jane Forbes 6460 South Huntsman Drive Harrisburg, PA 17111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Capital Blue Cross Occupation VP General Counsel Aggregate Year-to-Date > $ 210.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 10.00 ($10 bi-weekly)
B. Full Name, Mailing Address and ZIP Code Mary L. Leberknight 709 Sunhaven Circle Mechanicsburg, PA 17055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Capital Blue Cross Occupation Manager Cop Planning Aggregate Year-to-Date > $ 210.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 10.00 ($10 bi-weekly)
C. Full Name, Mailing Address and ZIP Code Mark Brown 50 N. 30th Street Camp Hill, PA 17011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Capital Blue Cross Occupation Driector Provider Relations Aggregate Year-to-Date > $ 210.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 10.00 ($10 bi-weekly)
D. Full Name, Mailing Address and ZIP Code Francis Osciloweki 4005 Green Street Harrisburg, PA 17110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Capital Blue Cross Occupation Executive Director - CBI Aggregate Year-to-Date > $ 210.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 10.00 ($10 bi-weekly)
E. Full Name, Mailing Address and ZIP Code Jennifer M. Marrazzo 666 Main Street Bresler, PA 17113 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Capital Blue Cross Occupation Manager Caring Foundation Aggregate Year-to-Date > $ 210.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 10.00 ($10 bi-weekly)
F. Full Name, Mailing Address and ZIP Code Jackson Noll 4 Dullas Drive West Camp Hill, PA 17011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Capital Blue Cross Occupation Supervisor Aggregate Year-to-Date > $ 210.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 10.00 ($10 bi-weekly)
G. Full Name, Mailing Address and ZIP Code Elmer Thompson 138 Doylesford Blvd Berwyn, PA 19312 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Independence Blue Cross Occupation Aggregate Year-to-Date > $ 250.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 250.00 ($0 bi-weekly)

SUBTOTAL	of Receipts This Page (optional) ..... >	$ 310.00
TOTAL	This Period (last page this line number only) ..... >	

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11.a .i

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Paul A. Tufano 810 Timber Creek Lane Wayne, PA 19087	Independence Blue Cross		$ 500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: VP General Counsel		
	Aggregate Year-to-Date > $	500.00	($0 bi-weekly)

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		($0 bi-weekly)

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		($0 bi-weekly)

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		($0 bi-weekly)

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		($0 bi-weekly)

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		($0 bi-weekly)

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		($0 bi-weekly)

SUBTOTAL	of Receipts This Page (optional) ..... >	$ 500.00
TOTAL	This Period (last page lists line number only) ..... >	$ 2,438.09

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11.b

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NAME OF COMMITTEE (in Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
AmerPAC 8000 Midlantic Drive, Suite 333 Mt Laurel, NJ 08054-1560	Political Action Committee		$ -
Receipt For: ☐ Primary ☐ General	Occupation		
☐ Other (specify):	Aggregate Year-to-Date > $	2,000.00	($0 bi-weekly)
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General			
☐ Other (specify):	Aggregate Year-to-Date > $		($0 bi-weekly)
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General			
☐ Other (specify):	Aggregate Year-to-Date > $		($0 bi-weekly)
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General			
☐ Other (specify):	Aggregate Year-to-Date > $		($0 bi-weekly)
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General			
☐ Other (specify):	Aggregate Year-to-Date > $		($0 bi-weekly)
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General			
☐ Other (specify):	Aggregate Year-to-Date > $		($0 bi-weekly)
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General			
☐ Other (specify):	Aggregate Year-to-Date > $		($0 bi-weekly)

SUBTOTAL	of Receipts This Page (optional) ..... >	$ -
TOTAL	This Period (last page this line number only) ..... >	$ -

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 16

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NAME OF COMMITTEE (in Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ -
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $	0.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ -
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $	0.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ -
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $	0.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ -
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $	0.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ -
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $	0.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ -
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $	0.00	

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

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
			FOR LINE NUMBER 2.2

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NAME OF COMMITTEE (in Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) ..... >	$0.00
TOTAL This Period (last page this line number only) ..... >	$0.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
			FOR LINE NUMBER 2 3

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code BluePAC, The Blue Cross and Blue Shield Assoc Political Action Committee 1310 G Street, NW Washington, D.C. 20005	Purpose of Disbursement Contribution - Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 10/05/2000	Amount of Each Disbursement This Period $500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) ..... >	$500.00
TOTAL This Period (last page this line number only) ..... >	$500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 2 B o

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution - Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution - Return of Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) ..... >	$0.00
TOTAL This Period (last page this line number only) ..... >	$0.00

SCHEDULE D

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1	OF 1
	FOR LINE NUMBER 2.9	

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NAME OF COMMITTEE (in Full)

BluePAC Pennsylvania Blue Cross Plans PAC

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Friends of Ron Marsico 4320 Crestvie Road Harrisburg, PA 17112	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/05/2000	$125.00
B. Full Name, Mailing Address and ZIP Code Ridge Leadership Fund P.O. Box 11667 Harrisburg, PA 17108-1667	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/05/2000	$1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Nick Micuzzie P.O. Box 234 Clifton Heights, PA 19018	Contribution State, Pa Disbursement for: Primary General Other (specify)	10/05/2000	$500.00
D. Full Name, Mailing Address and ZIP Code Committee to Elect Lita Indzel Cohen P.O. Box 777 Conshohocken, PA 19428	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/05/2000	$250.00
E. Full Name, Mailing Address and ZIP Code HRCC 313 Elm Street Grove City, PA 16127	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/05/2000	$500.00
F. Full Name, Mailing Address and ZIP Code Committee to Elect Anthony Melio 133 Goldengate Road Levittown, PA 19057	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/05/2000	$250.00
G. Full Name, Mailing Address and ZIP Code Friends of Jannie Blackwell 1401 Walnut Street, 2nd floor Philadelphia, PA 19102	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/05/2000	$250.00
H. Full Name, Mailing Address and ZIP Code HRCC P.O. Box 11787 Harrisburg, PA 17108 9868	Contribution - State, Pa Disbursement for: Primary General Other (specify)	10/05/2000	$500.00
I. Full Name, Mailing Address and ZIP Code Unitemized Disbursements	Contribution State, Pa Disbursement for: Primary General Other (specify)	10/05/2000	$150.00

SUBTOTAL of Disbursements This Page (optional) ..... > $3,625.00

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

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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☐	Received from the Senate Office of Public Records	Date of Receipt
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☐	Electronic Filing	

PREPARER

10/26/00
DATE PREPARED

(6/2000)