REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
OCT 23 12 53 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
C00302844 091696 N 292
WILLIAM C DUNN
FEDERAL HEALTH PAC OF PENNSYLV
ANIA BLUE SHIELD (FKA) BLUE HE
1800 CENTER STREET
CAMP HILL PA 17089

2. FEC IDENTIFICATION NUMBER

3. ☐ 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

☒ Twelfth day report preceding General (Type of Election) election on 11/5/96 in the State of PA

☐ Thirtieth day 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 10/1/96 through 10/16/96		
6. (a)	Cash on Hand January 1, 1996		$ 3815.40
(b)	Cash on Hand at Beginning of Reporting Period	$ 8101.25	
(c)	Total Receipts (from Line 19)	$ 826.57	$ 16398.42
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 8927.82	$ 20213.82
7.	Total Disbursements (from Line 30)	$ 1254.00	$ 12540.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 7673.82	$ 7673.82
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 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
William C. Dunn

Signature of Treasurer
William Dunn

Date
10/17/96

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 8/93)

FE8AN080

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

(revised 1/1/95)

NAME OF COMMITTEE: Federal Health PAC of Pennsylvania Blue Shield

REPORT COVERING PERIOD FROM 10/1/96 TO 10/16/96

	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)	427.50	4976.00	11(a)(i)
ii. Unitemized	391.00	11344.00	11(a)(ii)
iii. Total (add i and ii) ➤	818.50	16320.00	11(a)(iii)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a iii, b and c) ➤	818.50	16320.00	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	8.07	78.42	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	826.57	16398.42	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	826.57	16398.42	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)(i)
ii. Non-Federal Share	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditures	4.00	40.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	4.00	40.00	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1250.00	12500.00	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	-0-	-0-	28(d)
29. Other Disbursements	-0-	-0-	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	1254.00	12540.00	30
31. Total Federal Disbursements (subtract line 21a ii from line 30) ➤	1254.00	12540.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	818.50	16320.00	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	818.50	16320.00	34
35. Total Federal Operating Expenditures (add 21a i and 21 b) ➤	4.00	40.00	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	4.00	40.00	37

4-0174

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a.i.

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)
Federal Health PAC of Pennsylvania Blue Shield

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Micheal J. Carbon 601 Park Ridge Dr Mechanicsburg PA 17055 Receipt For: Primary / General / Other (specify):	Pennsylvania Blue Shield Occupation: Director Aggregate Year-to-Date: $ 210.00	Payroll Ded.	10.00
B. William L. Grant 715 S. Broad St. Mechanicsburg PA 17055 Receipt For: Primary / General / Other (specify):	Pennsylvania Blue Shield Occupation: VP Aggregate Year-to-Date: $ 210.00	Payroll Ded.	10.00
C. Martin W. Herman 106 N. 32nd St. Camp Hill, PA 17011 Receipt For: Primary / General / Other (specify):	Pennsylvania Blue Shield Occupation: Director Aggregate Year-to-Date: $ 210.00	Payroll Ded.	10.00
D. Bruce R. Hironimus 292 Bittersweet Dr. Hershey PA 17033 Receipt For: Primary / General / Other (specify):	Pennsylvania Blue Shield Occupation: VP Aggregate Year-to-Date: $ 210.00	Payroll Ded.	10.00
E. William I. Hunter Jr. 3308 Trinity Rd. Harrisburg PA 17109 Receipt For: Primary / General / Other (specify):	Pennsylvania Blue Shield Occupation: Manager Aggregate Year-to-Date: $ 210.00	Payroll Ded.	10.00
F. Patrick M. Kiley 104 Little Run Rd. Camp Hill PA 17011 Receipt For: Primary / General / Other (specify):	Pennsylvania Blue Shield Occupation: VP Aggregate Year-to-Date: $ 210.00	Payroll Ded	10.00
G. Debra M. Lehman 1541 Braewood Dr. Harrisburg PA 17111 Receipt For: Primary / General / Other (specify):	Pennsylvania Blue Shield Occupation: Manager Aggregate Year-to-Date: $ 210.00	Payroll Ded	10.00

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

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

FE6AN01A

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 8

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NAME OF COMMITTEE (In Full)
Federal Health PAC of Pennsylvania Blue Shield

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dennis J. Margel 5723 Meadowbrook Dr. Harrisburg PA 17112 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pennsylvania Blue Shield Occupation: VP Aggregate Year-to-Date: $ 210.00	Payroll Ded.	10.00
B. David R. Rippey 177 Woods Dr. Mechanicsburg PA 17055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pennsylvania Blue Shield Occupation: Director Aggregate Year-to-Date: $ 210.00	Payroll Ded.	10.00
C. Douglas R. Smith 5845 Hillside Ln. Mechanicsburg PA 17055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pennsylvania Blue Shield Occupation: VP Aggregate Year-to-Date: $ 210.00	Payroll Ded.	10.00
D. Stephen M. Walker 9 Richland Ln., #101 Camp Hill Pa 17011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pennsylvania Blue Shield Occupation: VP Aggregate Year-to-Date: $ 210.00	Payroll Ded.	10.00
E. George A. Welsh 41 Hillymede Rd. Hummelstown Pa 17036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pennsylvania Blue Shield Occupation: VP Aggregate Year-to-Date: $ 210.00	Payroll Ded.	10.00
F. Diane K. Witcoski 600 Lopax Rd. Harrisburg PA 17112 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pennsylvania Blue Shield Occupation: Staff Analyst Aggregate Year-to-Date: $ 210.00	Payroll Ded.	10.00
G. James W. Cartmell 2436 N. 2nd St. Harrisburg PA 17110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pennsylvania Blue Shield Occupation: Manager Aggregate Year-to-Date: $ 252.00	Payroll Ded.	12.00

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

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

FEC/AM/79

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 8

FOR LINE NUMBER 11.a.i.

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NAME OF COMMITTEE (In Full)
Federal Health PAC of Pennsylvania Blue Shield

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Brentley N. Hicks 509 Brom Court Mechanicsburg PA 17055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pennsylvania Blue Shield Occupation: Manager Aggregate Year-to-Date: $ 252.00	Payroll Ded.	12.00
B. Michael G. Warfel 2201 Aspen Way Harrisburg PA 17110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pennsylvania Blue Shield Occupation: Manager Aggregate Year-to-Date: $ 252.00	Payroll Ded.	12.00
C. Brent J. O'Connell, M.D. 1956 Christopher Place Harrisburg PA 17110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pennsylvania Blue Shield Occupation: VP Aggregate Year-to-Date: $ 285.00	Payroll Ded.	15.00
D. Gino A. Francavilla 904 Kent Dr. Mechanicsburg PA 17055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pennsylvania Blue Shield Occupation: VP Aggregate Year-to-Date: $ 294.00	Payroll Ded.	14.00
E. Lisa F. Murtha 112 Hanover Ave. North Wales PA 19454 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pennsylvania Blue Shield Occupation: Director Aggregate Year-to-Date: $ 320.00	Payroll Ded.	00.00
F. Ted M. Christianson 5609 Pinchurst Way Mechanicsburg PA 17055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pennsylvania Blue Shield Occupation: VP Aggregate Year-to-Date: $ 336.00	Payroll Ded.	16.00
G. W. Lowell Starling 6335 Creekview Rd. Mechanicsburg PA 17055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pennsylvania Blue Shield Occupation: Corp VP Aggregate Year-to-Date: $ 420.00	Payroll Ded.	20.00

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

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 6 OF 8

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NAME OF COMMITTEE (In Full)
Federal Health PAC of Pennsylvania Blue Shield

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Joseph A. Ricci, M.D. 443 Woodcrest Dr. Mechanicsburg PA 17055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pennsylvania Blue Shield Occupation: Sr. VP Aggregate Year-to-Date: $ 570.00	Payroll Ded.	30.00
B. Thomas C. Sommers 600 Sharon Ave. Mechanicsburg PA 17055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pennsylvania Blue Shield Occupation: Sr. VP Aggregate Year-to-Date: $ 570.00	Payroll Ded.	30.00
C. Daniel H. Thomas 1020 Chippenham Rd. Mechanicsburg PA 17055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pennsylvania Blue Shield Occupation: Sr. VP Aggregate Year-to-Date: $ 630.00	Payroll Ded.	30.00
D. Charles R. Long 5611 Pinehurst Way Mechanicsburg PA 17055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pennsylvania Blue Shield Occupation: Sr. VP Aggregate Year-to-Date: $ 840.00	Payroll Ded.	40.00
E. Steven E. Rock 2351 Forest Hills Dr. Harrisburg PA 17112 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Keystone Health Plan Services Occupation: CFO Aggregate Year-to-Date: $ 210.00	Payroll Ded.	10.00
F. Earls W. Tolin 302 Sun Valley Dr. Leola PA 17540 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Keystone Health Plan Services Occupation: VP Aggregate Year-to-Date: $ 210.00	Payroll Ded.	10.00
G. Richard L. Snyder, M.D. 849 Colebrook Rd. Mount Joy, PA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HealthGuard of Lancaster Inc. Occupation: Director Aggregate Year-to-Date: $ 200.00	Payroll Ded.	10.00

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

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

FE8AN010

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 7 OF 8

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NAME OF COMMITTEE (In Full)
Federal Health PAC of Pennsylvania Blue Shield

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Kevin J. Ruth 1045 Chapel Forge Dr. Lancaster PA 17601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HealthGuard of Lancaster, Inc. VP $ 241.50	Payroll Ded.	11.50
B. Thomas A. Dzuryachko 2363 Forest Hills Dr. Harrisburg PA 17112 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	United Concordia Companies, Inc. VP $ 210.00	Payroll Ded.	10.00
C. Thomas A. Harbold 665 Fickel Hill Rd. Gardners PA 17324 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	United Concordia Companies, Inc. VP $ 315.00	Payroll Ded.	15.00
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

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

TOTAL This Period (last page this line number only) 427.50

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 8 OF 8

FOR LINE NUMBER 23

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)
Federal Health PAC of Pennsylvania Blue Shield

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code CarePAC c/o Brenda Larsen Becker 1310 G Street NW Washington DC 20005	Contribution to another PAC Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/14/96	1250.00
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 Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			$1250.00

FE5AN069

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 10-18-96
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

MN — 10-23-96

PREPARER — DATE PREPARED

FEC FORM 70-2 (12/92)