REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

FEDERAL ELECTION COMMISSION HAS FORM

FEB 1 9 13 AM '96

1. NAME OF COMMITTEE (in full): Blue Cross & Blue Shield of Ne PAC

ADDRESS (number and street) ☐ Check if different than previously reported: P.O. Box 3248 Main Station

CITY, STATE and ZIP CODE: Omaha Nebraska 68180

2. FEC IDENTIFICATION NUMBER: C00226311

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 _____ (Type of Election) election on _____ in the State of _____

☐ 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 10-1-95 through 12-31-95		$ 6102.50
6. (a) Cash on Hand January 1, 19 95		
(b) Cash on Hand at Beginning of Reporting Period	$ 3509.79	
(c) Total Receipts (from Line 19)	$ 6063.30	$ 12987.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 9573.09	$ 19089.59
7. Total Disbursements (from Line 30)	$ 4250.00	$ 13766.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 5323.09	$ 5323.09
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: David V Realph

Signature of Treasurer: David V Realph

Date: 1-25-96

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 9/93)

FE5AN066

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

(revised 1/1/91)

NAME OF COMMITTEE Blue Cross & Blue Shield of Ne. PAC

REPORT COVERING PERIOD FROM 10-1-95 TO 12-31-95

	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)	2011.87	4023.75	11(a)(i)
ii. Unitemized	4051.43	8963.34	11(a)(ii)
iii. Total (add i and ii) ➤	6063.30	12987.09	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	6063.30	12987.09	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) ➤			19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	6063.30	12987.09	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	-0-	16.50	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	4250.00	13,750.00	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)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤			30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	4250.00	13,766.50	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER

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

NAME OF COMMITTEE (In Full)
Blue Cross & Blue Shield of Ne PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard Lee Duffy, 1335 Heavenly Drive, Omaha Ne 68154	Blue Cross and Blue Shield of Ne / President	VAR	$27.92 Semi-Monthly
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 669.98		
B. John Edward Hampel, 10538 Larimore Circle, Omaha Ne 68134	Blue Cross & Blue Shield of Ne / Exec V.P.	VAR	$14.12 Semi monthly
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 338.86		
C. David Van Realph, 12829 Nicholas, Omaha Ne. 68154	Blue Cross & Blue Shield of Ne. / CFO & Treasurer	VAR	$14.12 Semi-Monthly
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 338.86		
D. Terry Groves, 1005 Magnolia Court, Papillion Ne 68128	Blue Cross & Blue Shield of Ne / Senior V.P. IS	VAR	$10.29 Semi-Monthly
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 246.79		
E. Terry Dworak, 15317 Hiam, Omaha 68144	Blue Cross & Blue Shield of Ne / Chief marketing officer	Var	$10.18 Semi-Monthly
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 244.44		
F. Terry Beam, 12133 Orchard st, Omaha Ne 68137	Blue Cross & Blue Shield of Ne / Director IS	Var.	$9.70 Semi-Monthly
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 232.85		
G. Steve Sorensen, 15213 Hickory Street, Omaha Ne 68144	Blue Cross & Blue Shield of Ne / Senior V.P. managed care	Var.	9.70 Semi monthly
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 232.85		

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

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

FEC Form 3X

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full): Blue Cross & Blue Shield of Ne. PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dennis Chapman, 3431 South 116 ave, Omaha Ne 68144	Blue Cross & Blue Shield of Ne / General Counsel	Var	$ 9.36 Semi monthly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 234.62		
B. Michelle Belden, 12310 Rose Lane, Omaha Ne 68154	Blue Cross & Blue Shield of Ne / Senior V.P. HR	Var	$ 9.09 Semi monthly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 228.23		
C. John Blacketer, 6504 S 92nd street, Omaha Ne 68127	Blue Cross & Blue Shield of Ne / Director EMC	Var	$ 9.05 Semi monthly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 217.06		
D. Al Albers, 10159 Armstrong Plz, Omaha Ne 68134	Blue Cross & Blue Shield of Ne / Director marketing	Var	$ 8.99 Semi monthly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 215.70		
E. Duane Wilson, 1706 S. 79th street, Omaha Ne 68124	Blue Cross & Blue Shield of Ne / Controller	Var	$ 8.94 Semi monthly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 214.54		
F. John Himes, Route 1 Box 13 A, Fort Calhoun Ne. 68033	Blue Cross & Blue Shield of Ne / V.P. Government	Var	$ 8.90 Semi monthly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 213.52		
G. Randy Bolett, 3315 South 97th Plaza, Lincoln Ne 68502	Blue Cross & Blue Shield of Ne / Senior V.P.	Var	$ 8.88 Semi monthly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 213.02		

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 3 OF 3

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)
Blue Cross and Blue Shield of Nebraska PAC

A. Full Name, Mailing Address and ZIP Code Karen Hollingsworth 1215 north 122nd St Omaha Ne 68154 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Blue Cross & Blue Shield of Ne. Occupation V.P. Benefits Aggregate Year-to-Date $ 202.44	Date (month, day, year) Jan	Amount of Each Receipt this Period 8.34 Semi monthly
B. Full Name, Mailing Address and ZIP Code Cheri Korosl 9825 Camden ave Omaha Ne. 68134 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer CDSI Occupation Executive V.P. Aggregate Year-to-Date $ 208.00	Date (month, day, year) Jan	Amount of Each Receipt this Period 8.67 Semi monthly
C. 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
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)	2011.87

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
Blue Cross : Blue Shield of Nebraska PAC

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Bill Barrett for Congress 1213 Longworth House Bldg. Washington D.C. 20515	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/30/96	250.00
B. Full Name, Mailing Address and ZIP Code Ben Nelson for Senate P.O. Box 94848 Lincoln Ne. 68509	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/3/96	$4000.00
C. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

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

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

FE5AN066

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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 4/29/96
☐	Registered/Certified Mail	POSTMARKED
☐	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
2L7		2/1/96
PREPARER		DATE PREPARED

FEC FORM 70-2 (12/92)

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