

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.
Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) 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 / / through / /

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 Suzanne Fletcher

Signature of Treasurer Suzanne Fletcher [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

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="2013"/>		43943.28
(b) Cash on Hand at Beginning of Reporting Period.....	37041.53	
(c) Total Receipts (from Line 19)	37313.25	57011.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	74354.78	100954.78
7. Total Disbursements (from Line 31).....	23975.00	50575.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	50379.78	50379.78
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

Write or Type Committee Name

Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

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).....	33665.25	44770.50
(ii) Unitemized	3648.00	12241.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37313.25	57011.50
(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)	37313.25	57011.50
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))..... ▶	37313.25	57011.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37313.25	57011.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	3500.00	7000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	250.00	500.00
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	20225.00	43075.00
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)) ..	23975.00	50575.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23975.00	50575.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	37313.25	57011.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37313.25	57011.50
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 41
	<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

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 Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial) A. Frank Apostolico		Date of Receipt
Mailing Address 113 Pleasant Vista Drive		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Clarks Summit	PA	18411
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.7539
Blue Cross of NEPA	Board Member	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	<input type="text" value="1200.00"/>
<input type="checkbox"/> Other (specify) ▼		Individual Contribution

Full Name (Last, First, Middle Initial) B. Mary Bartakovits		Date of Receipt
Mailing Address 19 N. Main St.		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
Wilkes-Barre	PA	18711
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.7524
Blue Cross of Northeastern PA	Director, Claims Administration	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="650.00"/>	<input type="text" value="325.00"/>
<input type="checkbox"/> Other (specify) ▼		Individual Contribution

Full Name (Last, First, Middle Initial) C. Norris Bennis		Date of Receipt
Mailing Address 19 N. Main St.		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
Wilkes-Barre	PA	18711
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.7527
Blue Cross of NEPA	Director, Regulatory Affairs	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="832.00"/>	<input type="text" value="416.00"/>
<input type="checkbox"/> Other (specify) ▼		Individual Contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1941.00"/>
TOTAL 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 7 OF 41
	<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)
Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

A. Nicole Brogan
Full Name (Last, First, Middle Initial)

Mailing Address 19 N. Main St.

City Wilkes-Barre State PA Zip Code 18711

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

Name of Employer Blue Cross of NEPA Occupation Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 12 / 20 / 2013
Transaction ID : SA11AI.7486

Amount of Each Receipt this Period
 130.00

Individual Contribution

B. Jeffrey Butash
Full Name (Last, First, Middle Initial)

Mailing Address 19 N. Main Street

City Wilkes-Barre State PA Zip Code 18711

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

Name of Employer Blue Cross of NEPA Occupation ASO Client Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 12 / 20 / 2013
Transaction ID : SA11AI.7487

Amount of Each Receipt this Period
 130.00

Individual Contribution

C. Paul Canevari
Full Name (Last, First, Middle Initial)

Mailing Address RR 5 Box 5534

City Kunkletown State PA Zip Code 18058

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

Name of Employer Blue Cross of NEPA Occupation Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 10 / 11 / 2013
Transaction ID : SA11AI.7540

Amount of Each Receipt this Period
 1200.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1460.00

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 8 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial) A. Denise S Cesare		Date of Receipt
Mailing Address 19 N. Main Street		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
Wilkes-Barre	PA	18711
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7538
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1755.00"/>
Name of Employer	Occupation	
Blue Cross of NEPA	President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3510.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michele Corbett		Date of Receipt
Mailing Address 19 N. Main Street		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
Wilkes-Barre	PA	18711
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7488
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="130.00"/>
Name of Employer	Occupation	Individual Contribution
Blue Cross of Northeastern PA	Corporate Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Russell D'Elia		Date of Receipt
Mailing Address 19 N. Main Street		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
Wilkes-Barre	PA	18711
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7508
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="195.00"/>
Name of Employer	Occupation	Individual Contribution
Blue Cross of Northeastern PA	Manager, Enrollment and Billing	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="390.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2080.00"/>
TOTAL 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 9 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial) A. Peter J. Danchak		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2013 Transaction ID : SA11AI.7541
Mailing Address 1217 Clay Ave		Amount of Each Receipt this Period 1000.00
City Dunmore State PA Zip Code 18510	FEC ID number of contributing federal political committee. C	Individual Contribution
Name of Employer Blue Cross of NEPA Occupation Board Member	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

Full Name (Last, First, Middle Initial) B. Christopher Decker		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2013 Transaction ID : SA11AI.7525
Mailing Address 19 N. Main Street		Amount of Each Receipt this Period 325.00
City Wilkes-Barre State PA Zip Code 18711	FEC ID number of contributing federal political committee. C	Individual Contribution
Name of Employer Blue Cross of Northeastern PA Occupation Corporate Counsel	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00

Full Name (Last, First, Middle Initial) C. Bart E. Ecker		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 04 / 2013 Transaction ID : SA11AI.7543
Mailing Address 2 East Broad Street 6th Floor		Amount of Each Receipt this Period 1200.00
City Hazleton State PA Zip Code 18201	FEC ID number of contributing federal political committee. C	Individual Contribution
Name of Employer Blue Cross of NEPA Occupation Board Member	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00

SUBTOTAL of Receipts This Page (optional).....▶	2525.00
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 10 OF 41
	<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)
Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

A. William Farrell
Full Name (Last, First, Middle Initial)
Mailing Address 19 N. Main Street

City Wilkes-Barre	State PA	Zip Code 18711
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FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Cross of Northeastern PA	Occupation Senior VP, Finance
---------------------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2013

Transaction ID : SA11AI.7528

Amount of Each Receipt this Period
520.00

Individual Contribution

B. Suzanne Fletcher
Full Name (Last, First, Middle Initial)
Mailing Address 19 N. Main Street

City Wilkes-Barre	State PA	Zip Code 18711
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FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Cross of Northeastern PA	Occupation VP, Finance and Purchasing
---------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2013

Transaction ID : SA11AI.7529

Amount of Each Receipt this Period
520.00

Individual Contribution

C. Kristen Gaughan
Full Name (Last, First, Middle Initial)
Mailing Address 19 N. Main Street

City Wilkes-Barre	State PA	Zip Code 18711
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FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Cross of Northeastern PA	Occupation Senior Corporate Counsel
---------------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2013

Transaction ID : SA11AI.7518

Amount of Each Receipt this Period
260.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional).....	▶	1300.00
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 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial) A. Catherine Gorski		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>20</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		20		2013
M M	/	D D	/	Y Y Y Y								
12		20		2013								
Mailing Address 19 N. Main Street		Transaction ID : SA11AI.7509										
City Wilkes-Barre	State PA	Zip Code 18711										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 195.00											
Name of Employer Blue Cross of Northeastern PA	Occupation Manager, QM/QI	Individual Contribution										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00											

Full Name (Last, First, Middle Initial) B. John H. Graham		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>17</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		17		2013
M M	/	D D	/	Y Y Y Y								
10		17		2013								
Mailing Address P.O. Box 1910		Transaction ID : SA11AI.7544										
City Kingston	State PA	Zip Code 18702										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1200.00											
Name of Employer Blue Cross of NEPA	Occupation Board Member	Individual Contribution										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00											

Full Name (Last, First, Middle Initial) C. Debbie Granteed		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>20</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		20		2013
M M	/	D D	/	Y Y Y Y								
12		20		2013								
Mailing Address 19 N. Main Street		Transaction ID : SA11AI.7489										
City Wilkes-Barre	State PA	Zip Code 18711										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 130.00											
Name of Employer Blue Cross of Northeastern PA	Occupation Director, Customer Service	Individual Contribution										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00											

SUBTOTAL of Receipts This Page (optional).....▶	1525.00
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 41
	<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)
Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial) A. Maura Gribble		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2013
Mailing Address 19 N. Main Street		Transaction ID : SA11AI.7490
City Wilkes-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 130.00	
Name of Employer Blue Cross of Northeastern PA	Occupation Director, Financial Reporting	Individual Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Nancy Guerro		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2013
Mailing Address 19 N. Main Street		Transaction ID : SA11AI.7491
City Wilkes-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 130.00	
Name of Employer Blue Cross of Northeastern PA	Occupation Sr. Director, Claims Administration	Individual Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Adrienne Guzman		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2013
Mailing Address 19 N. Main Street		Transaction ID : SA11AI.7504
City Wilkes-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer Blue Cross of Northeast PA	Occupation Specialist, Knowledge Management	Individual Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional).....▶	410.00
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 13 OF 41
	<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	

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 Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial) A. Lori Harvey		Date of Receipt 12 / 20 / 2013 Transaction ID : SA11AI.7492
Mailing Address 19 N. Main St.		Amount of Each Receipt this Period 130.00
City Wilkes-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee. C	Individual Contribution	
Name of Employer Blue Cross of Northeastern PA	Occupation Director, Applications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Tammy Hischar		Date of Receipt 12 / 20 / 2013 Transaction ID : SA11AI.7485
Mailing Address 19 N. Main Street		Amount of Each Receipt this Period 104.00
City Wilkes-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee. C	Individual Contribution	
Name of Employer Blue Cross of Northeastern PA	Occupation Manager, Customer Solutions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name (Last, First, Middle Initial) C. Paul Holdren		Date of Receipt 12 / 20 / 2013 Transaction ID : SA11AI.7533
Mailing Address 19 N. Main Street		Amount of Each Receipt this Period 650.00
City Wilkes-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee. C	Individual Contribution	
Name of Employer Blue Cross of Northeastern PA	Occupation Sr. VP, Chief Sales & Marketing Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional).....▶	884.00
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 14 OF 41
	<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)
Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial) A. Alan S. Hollander		Date of Receipt
Mailing Address 137 James Street		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City Kingston	State PA	Zip Code 18704
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7545
Name of Employer Blue Cross of NEPA	Occupation Board Member	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1200.00"/>
	<input type="text" value="1200.00"/>	Individual Contribution

Full Name (Last, First, Middle Initial) B. Daniel Jorris		Date of Receipt
Mailing Address 19 N. Main Street		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City Wilkes-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7517
Name of Employer Blue Cross of NEPA	Occupation Sr. Sales Director- Central Region	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.25"/>
	<input type="text" value="500.50"/>	Individual Contribution

Full Name (Last, First, Middle Initial) C. Donna Kachinko		Date of Receipt
Mailing Address 19 N. Main Street		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City Wilkes-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7493
Name of Employer Blue Cross of Northeastern PA	Occupation Manager, Claims Business Systems	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="130.00"/>
	<input type="text" value="260.00"/>	Individual Contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1580.25"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial) A. Cathy Kauffman		Date of Receipt 12 / 20 / 2013 Transaction ID : SA11AI.7494
Mailing Address 19 N. Main St.		Amount of Each Receipt this Period 130.00
City Wilkes-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee. C		Individual Contribution
Name of Employer Blue Cross of Northeastern PA	Occupation Sr. Director, Clinical Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Kimberly Kockler		Date of Receipt 12 / 20 / 2013 Transaction ID : SA11AI.7536
Mailing Address 19 N. Main Street		Amount of Each Receipt this Period 715.00
City Wilkes-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee. C		Individual Contribution
Name of Employer Blue Cross of NEPA	Occupation Vice President, Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00	

Full Name (Last, First, Middle Initial) C. Gary Lamont		Date of Receipt 10 / 17 / 2013 Transaction ID : SA11AI.7546
Mailing Address Dogwood RR 3 Box 110		Amount of Each Receipt this Period 1200.00
City Sugarloaf	State PA	Zip Code 18249
FEC ID number of contributing federal political committee. C		Individual Contribution
Name of Employer Blue Cross of NEPA	Occupation Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	2045.00
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 16 OF 41
	<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)
Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

A. Joselle Lencicki
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 N. Main Street
 City Wilkes-Barre State PA Zip Code 18711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross of Northeastern PA Occupation Sr. Director, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 20 / 2013
Transaction ID : SA11AI.7495
 Amount of Each Receipt this Period 130.00
 Individual Contribution

B. Judy Leonard-Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 N. Main Street
 City Wilkes-Barre State PA Zip Code 18711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross of NEPA Occupation Director, Provider Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 20 / 2013
Transaction ID : SA11AI.7510
 Amount of Each Receipt this Period 195.00
 Individual Contribution

C. Daelene Long
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 N. Main Street
 City Wilkes-Barre State PA Zip Code 18701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AllOne Health Group Occupation Director, Cinical Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 20 / 2013
Transaction ID : SA11AI.7535
 Amount of Each Receipt this Period 650.00
 Individual Contribution

SUBTOTAL of Receipts This Page (optional).....▶ 975.00
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 17 OF 41
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

A. Richard Mangan
Full Name (Last, First, Middle Initial)

Mailing Address 508 Old Colony Rd.

City Clarks Summit State PA Zip Code 18411

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

Name of Employer Blue Cross of NEPA Occupation Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
10 / 09 / 2013
Transaction ID : SA11AI.7547

Amount of Each Receipt this Period
1200.00

Individual Contribution

B. Anthony Matrisciano
Full Name (Last, First, Middle Initial)

Mailing Address 19 N. Main Street

City 19 N. Main Street State PA Zip Code 18711

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

Name of Employer Blue Cross of NEPA Occupation Public Relations Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
12 / 20 / 2013
Transaction ID : SA11AI.7511

Amount of Each Receipt this Period
195.00

Individual Contribution

C. John McCarthy Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 184 Kimberly Lane

City Trucksville State PA Zip Code 18708

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

Name of Employer Blue Cross of Northeastern PA Occupation Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
10 / 17 / 2013
Transaction ID : SA11AI.7548

Amount of Each Receipt this Period
1200.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2595.00

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 18 OF 41
	<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)
Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial) A. Gertrude McGowan			Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013
Mailing Address 19 N. Main Street			Transaction ID : SA11AI.7534
City Wilkes-Barre	State PA	Zip Code 18711	Amount of Each Receipt this Period 650.00
FEC ID number of contributing federal political committee. C		Individual Contribution	
Name of Employer Blue Cross of Northeastern PA	Occupation Sr. VP, General Counsel	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1300.00			

Full Name (Last, First, Middle Initial) B. John Menapace			Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2013
Mailing Address 1012 Woodland Way			Transaction ID : SA11AI.7549
City Clarks Summit	State PA	Zip Code 18411	Amount of Each Receipt this Period 1200.00
FEC ID number of contributing federal political committee. C		Individual Contribution	
Name of Employer Blue Cross of NEPA	Occupation Board Member	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1200.00			

Full Name (Last, First, Middle Initial) C. James Michaels			Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013
Mailing Address 19 N. Main Street			Transaction ID : SA11AI.7512
City Wilkes-Barre	State PA	Zip Code 18711	Amount of Each Receipt this Period 195.00
FEC ID number of contributing federal political committee. C		Individual Contribution	
Name of Employer Blue Cross of Northeastern PA	Occupation VP, IT Operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 390.00			

SUBTOTAL of Receipts This Page (optional).....▶	2045.00
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 19 OF 41
	<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)
Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

A. Ryan Moczulski
Full Name (Last, First, Middle Initial)
Mailing Address 19 N. Main Street

City Wilkes-Barre	State PA	Zip Code 18711
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FEC ID number of contributing federal political committee. **C**

Name of Employer AllOne Health	Occupation Customer Informatics Analyst
-----------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
12 / 20 / 2013
Transaction ID : SA11AI.7503

Amount of Each Receipt this Period
140.00

Individual Contribution

B. Denise Mosca
Full Name (Last, First, Middle Initial)
Mailing Address 19 N. Main Street

City Wilkes-Barre	State PA	Zip Code 18711
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FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Cross of Northeastern PA	Occupation Director, Interplan Program Operations
---------------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 20 / 2013
Transaction ID : SA11AI.7496

Amount of Each Receipt this Period
130.00

Individual Contribution

C. John Moses
Full Name (Last, First, Middle Initial)
Mailing Address 120 S. Franklin St.

City Wilkes-Barre	State PA	Zip Code 18701
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FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Cross of NEPA	Occupation Board Member
----------------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
10 / 04 / 2013
Transaction ID : SA11AI.7550

Amount of Each Receipt this Period
2400.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional).....▶	2670.00
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 20 OF 41
	<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)
Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial) A. James Patterson		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 20 / 2013 Transaction ID : SA11AI.7497
Mailing Address 19 N. Main St.		Amount of Each Receipt this Period 130.00
City Wilkes-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee. C	Individual Contribution	
Name of Employer Blue Cross of Northeastern PA	Occupation Director - Claims Syst & Implementatio	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. David Peters		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 20 / 2013 Transaction ID : SA11AI.7513
Mailing Address 19 N. Main Street		Amount of Each Receipt this Period 195.00
City Wilkes-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee. C	Individual Contribution	
Name of Employer Blue Cross of Northeastern PA	Occupation Manager, Facilities	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. Arielle Phillips		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 20 / 2013 Transaction ID : SA11AI.7506
Mailing Address 19 N. Main Street		Amount of Each Receipt this Period 162.50
City Wilkes-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee. C	Individual Contribution	
Name of Employer Blue Cross of Northeastern PA	Occupation Government Affairs Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	487.50
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 21 OF 41
	<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)
Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

A. Theresa Piso
Full Name (Last, First, Middle Initial)
Mailing Address 19 N. Main Street

City Wilkes-Barre	State PA	Zip Code 18711
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FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Cross of Northeastern PA	Occupation Manager, Claims Administration
---------------------------------------------------	----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2013

Transaction ID : SA11AI.7498

Amount of Each Receipt this Period
130.00

Individual Contribution

B. William Pivik
Full Name (Last, First, Middle Initial)
Mailing Address 19 N. Main Street

City Wilkes-Barre	State PA	Zip Code 18711
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FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Cross of Northeastern PA	Occupation Corporate Counsel
---------------------------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2013

Transaction ID : SA11AI.7514

Amount of Each Receipt this Period
195.00

Individual Contribution

C. Donald Prescavage
Full Name (Last, First, Middle Initial)
Mailing Address 19 N. Main Street

City Wilkes-Barre	State PA	Zip Code 18711
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FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Cross of Northeastern PA	Occupation Project Specialist, Interplan Ops
---------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2013

Transaction ID : SA11AI.7499

Amount of Each Receipt this Period
130.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional).....▶	455.00
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 22 OF 41
	<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)
Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

A. Laura Pszeniczny
Full Name (Last, First, Middle Initial)

Mailing Address 19 N. Main St.

City Wilkes-Barre State PA Zip Code 18711

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

Name of Employer Blue Cross of Northeastern PA Occupation Client Manager- ASO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11AI.7519

Amount of Each Receipt this Period
 260.00

Individual Contribution

B. Brian Rinker
Full Name (Last, First, Middle Initial)

Mailing Address 19 N. Main Street

City Wilkes-Barre State PA Zip Code 18711

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

Name of Employer Blue Cross of NEPA Occupation Senior VP, Chief Admin Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1196.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11AI.7532

Amount of Each Receipt this Period
 598.00

Individual Contribution

C. Paul Rooney
Full Name (Last, First, Middle Initial)

Mailing Address 1538 Grampian Blvd

City Williamsport State PA Zip Code 17701

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

Name of Employer Blue Cross of NEPA Occupation Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : SA11AI.7551

Amount of Each Receipt this Period
 1200.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ► **2058.00**

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 23 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)
Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial) A. Mary Seyfert		Date of Receipt 12 / 20 / 2013 Transaction ID : SA11AI.7505
Mailing Address 19 N. Main Street		Amount of Each Receipt this Period 156.00
City Wilkes-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee. C	Individual Contribution	
Name of Employer Blue Cross of Northeastern PA	Occupation Director, Complaint and Grievance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

Full Name (Last, First, Middle Initial) B. Bruce Sickel		Date of Receipt 12 / 20 / 2013 Transaction ID : SA11AI.7520
Mailing Address 19 N. Main Street		Amount of Each Receipt this Period 260.00
City Wilkes-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee. C	Individual Contribution	
Name of Employer Blue Cross of Northeastern PA	Occupation VP Investment Services & Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. Rhea Simms		Date of Receipt 10 / 21 / 2013 Transaction ID : SA11AI.7552
Mailing Address 740 Sutton Road		Amount of Each Receipt this Period 1250.00
City Shavertown	State PA	Zip Code 18708
FEC ID number of contributing federal political committee. C	Individual Contribution	
Name of Employer Blue Cross of NEPA	Occupation Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1666.00
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 24 OF 41
	<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)
Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial) A. Kelly Stepanski		Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013 Transaction ID : SA11AI.7515
Mailing Address 19 N. Main Street		Amount of Each Receipt this Period 195.00
City Wiles-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee. C		Individual Contribution
Name of Employer Blue Cross of NEPA	Occupation Analyst- Treasury	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) B. Cathy Stitzer		Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013 Transaction ID : SA11AI.7521
Mailing Address 19 N. Main Street		Amount of Each Receipt this Period 260.00
City Wilkes-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee. C		Individual Contribution
Name of Employer Blue Cross of Northeastern PA	Occupation Sr. Director, Customer Experience	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. Michael Stull		Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013 Transaction ID : SA11AI.7501
Mailing Address 19 N. Main Street		Amount of Each Receipt this Period 130.00
City Wilkes-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee. C		Individual Contribution
Name of Employer Blue Cross of Northeastern PA	Occupation Client Manager, ASO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional).....▶	585.00
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 25 OF 41
	<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)
Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

A. Nina Taggart
Full Name (Last, First, Middle Initial)
Mailing Address 19 N. Main St.
City Wilkes-Barre State PA Zip Code 18711
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross of Northeastern PA Occupation VP, Clinical Operations & CMO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1040.00**

Date of Receipt **12 / 20 / 2013**
Transaction ID : SA11AI.7530
Amount of Each Receipt this Period **520.00**
Individual Contribution

B. Debra Tucker
Full Name (Last, First, Middle Initial)
Mailing Address 19 N. Main Street
City Wilkes-Barre State PA Zip Code 18711
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross of Northeastern PA Occupation Technical Specialist, Sales
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 20 / 2013**
Transaction ID : SA11AI.7502
Amount of Each Receipt this Period **130.00**
Individual Contribution

C. Kerry Turner
Full Name (Last, First, Middle Initial)
Mailing Address 19 N. Main Street
City Wilkes-Barre State PA Zip Code 18711
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Cross of Northeastern PA Occupation VP - Corporate Assurance & Compliance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **520.00**

Date of Receipt **12 / 20 / 2013**
Transaction ID : SA11AI.7522
Amount of Each Receipt this Period **260.00**
Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... **910.00**
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 26 OF 41
	<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)
Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial) A. John Viteritti		Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013
Mailing Address 19 N. Main St.		Transaction ID : SA11AI.7537
City Wilkes-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 780.00	
Name of Employer Blue Cross of Northeastern PA	Occupation Medical Director - Network Management	Individual Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1560.00	

Full Name (Last, First, Middle Initial) B. Gerald Walsh		Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013
Mailing Address 19 N. Main Street		Transaction ID : SA11AI.7523
City Wilkes-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 260.00	
Name of Employer Blue Cross of Northeastern PA	Occupation Strategic Program Executive	Individual Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. David Warnick		Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013
Mailing Address 19 N. Main Street		Transaction ID : SA11AI.7507
City Wilkes-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 162.50	
Name of Employer Blue Cross of Northeastern PA	Occupation Sr. Manager, Software & Administration	Individual Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	1202.50
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 27 OF 41
	<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)
Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial) A. Keith Wasley		Date of Receipt 12 / 20 / 2013 Transaction ID : SA11AI.7526
Mailing Address 19 N. Main Street		Amount of Each Receipt this Period 325.00
City Wilkes-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee. C	Individual Contribution	
Name of Employer Blue Cross of NEPA	Occupation Dir., Admin. Services & Risk Mgmt.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. David Williams		Date of Receipt 10 / 09 / 2013 Transaction ID : SA11AI.7553
Mailing Address 211 Glenburn Rd.		Amount of Each Receipt this Period 1200.00
City Clarks Green	State PA	Zip Code 18411
FEC ID number of contributing federal political committee. C	Individual Contribution	
Name of Employer Blue Cross of NEPA	Occupation Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. Dennis Wozniak		Date of Receipt 12 / 20 / 2013 Transaction ID : SA11AI.7516
Mailing Address 19 N. Main Street		Amount of Each Receipt this Period 195.00
City Wilkes-Barre	State PA	Zip Code 18711
FEC ID number of contributing federal political committee. C	Individual Contribution	
Name of Employer Blue Cross of Northeastern PA	Occupation Director, Strategic Project Office	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional).....▶	1720.00
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 28 OF 41
(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)
Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

A. Michael Yantis
Full Name (Last, First, Middle Initial)

Mailing Address 19 N. Main Street

City Wilkes-Barre State PA Zip Code 18711

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

Name of Employer Blue Cross of NEPA Occupation Director, Policy Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1092.00

Date of Receipt
12 / 20 / 2013
Transaction ID : SA11AI.7531

Amount of Each Receipt this Period
546.00

Individual Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	546.00
TOTAL This Period (last page this line number only).....▶	33665.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial)

A. BLUE PAC

Mailing Address 1310 G Street, NW
12th Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer to Affiliated Federal PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 02 / 2013

Transaction ID : SB22.7389

Amount of Each Disbursement this Period

1750.00

Full Name (Last, First, Middle Initial)

B. BLUE PAC

Mailing Address 1310 G Street, NW
12th Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer to Affiliated Federal PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 10 / 2013

Transaction ID : SB22.7410

Amount of Each Disbursement this Period

1750.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

3500.00

3500.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial)

A. ChamberPAC

Mailing Address 417 Walnut Street

City Harrisburg State PA Zip Code 17101-1902

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : SB29.7362

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Citizen's for John Yudichak

Mailing Address P.O. Box 545

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2013

Transaction ID : SB29.7357

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Citizen's for John Yudichak

Mailing Address P.O. Box 545

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2013

Transaction ID : SB29.7382

Amount of Each Disbursement this Period

500.00

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

950.00

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

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**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial)

A. Citizen's for Pat Browne

Mailing Address PO Box 792

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	1	3

Transaction ID : SB29.7383

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Citizens for Hughes

Mailing Address PO Box 13031

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	3

Transaction ID : SB29.7368

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Citizens for Jim Christiana

Mailing Address 592A 3rd Street

City Beaver State PA Zip Code 15009

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	1	3

Transaction ID : SB29.7392

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial)

A. Citizens for John Yudichak

Mailing Address P.O. Box 545

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2013

Transaction ID : SB29.7396

Amount of Each Disbursement this Period

250.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Committee to Elect Eddie Day Pashinski

Mailing Address 1109 Chicory Court
c/o Cassandra Coleman-Corcoran

City Exeter State PA Zip Code 18643

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2013

Transaction ID : SB29.7391

Amount of Each Disbursement this Period

250.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Committee to Elect Mario Scavello

Mailing Address 430 Franklin Church Rd.

City Dillsburg State PA Zip Code 17019

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2013

Transaction ID : SB29.7399

Amount of Each Disbursement this Period

500.00

Category/
Type

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

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

1000.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial)

A. Committee to Elect Tarah Toohil

Mailing Address P.O. Box 363

City Hazleton State PA Zip Code 18201

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2013

Transaction ID : SB29.7402

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Tim Solobay

Mailing Address 107 Hawthorne St.

City Canonsburg State PA Zip Code 15317

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2013

Transaction ID : SB29.7403

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Friends of Frank Farina

Mailing Address 211 Lawrence Street

City Archbald State PA Zip Code 18403

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2013

Transaction ID : SB29.7385

Amount of Each Disbursement this Period

250.00

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

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

1050.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial)

A. Friends of Gene DiGirolamo

Mailing Address PO Box 412

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	10	/	2013

Transaction ID : SB29.7370

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends of Jake Corman

Mailing Address 3409 North 2nd Street

City Harrisburg State PA Zip Code 17140

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	19	/	2013

Transaction ID : SB29.7358

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Friends of Joe Scarnati

Mailing Address P.O. Box 33

City Youngsville State PA Zip Code 16371

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	26	/	2013

Transaction ID : SB29.7356

Amount of Each Disbursement this Period

1275.00

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

2275.00

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

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**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial)

A. Friends of Mike Carroll

Mailing Address 33 Old Boston Road

City Pittston State PA Zip Code 18640

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.7378

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

B. Friends of Nick Micozzie

Mailing Address P.O. Box 234

City Clifton Heights State PA Zip Code 19018

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.7384

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C. Friends of Senator Don White

Mailing Address PO Box 363

City Indiana State PA Zip Code 15701

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB29.7355

Amount of Each Disbursement this Period

Category/
Type

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

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial)

A. Friends of Senator John Blake

Mailing Address 321 Spruce St.
Suite 604

City Scranton State PA Zip Code 18503

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.7359

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

B. Friends of Senator John Blake

Mailing Address 321 Spruce St.
Suite 604

City Scranton State PA Zip Code 18503

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.7406

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C. Friends of Sid Michaels Kavulich

Mailing Address PO Box 545

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.7404

Amount of Each Disbursement this Period

Category/
Type

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

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

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial)

A. House Democratic Campaign Committee

Mailing Address P.O. Box 555

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 17 / 2013

Transaction ID : SB29.7395

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. House Republican Campaign Committee

Mailing Address P.O. Box 11787

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 12 / 2013

Transaction ID : SB29.7377

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. House Republican Campaign Committee

Mailing Address P.O. Box 11787

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 02 / 2013

Transaction ID : SB29.7387

Amount of Each Disbursement this Period

500.00

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

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

2000.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial)

A. Jay Costa for State Senate

Mailing Address 314 Newport Road

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2013

Transaction ID : SB29.7390

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kathleen Kane for Pennsylvania

Mailing Address PO Box 20090

City Scranton State PA Zip Code 18508

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2013

Transaction ID : SB29.7407

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Keystone Leaders PAC

Mailing Address P.O. Box 506

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2013

Transaction ID : SB29.7363

Amount of Each Disbursement this Period

1000.00

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

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

2500.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial)

A. Mike Turzai Leadership Fund

Mailing Address 307 Fourth Avenue, Suite 920
c/o Cold Spark Media

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : SB29.7373

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Northeast Pennsylvania Leadership Fund

Mailing Address 1140 Route 315

City Wilkes-Barre State PA Zip Code 18711

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2013

Transaction ID : SB29.7354

Amount of Each Disbursement this Period

2800.00

Full Name (Last, First, Middle Initial)

C. Senate Democratic Campaign Committee

Mailing Address P.O. Box 3792

City Harrisburg State PA Zip Code 17105

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2013

Transaction ID : SB29.7397

Amount of Each Disbursement this Period

1000.00

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

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

4300.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Blue Cross Voice The Political Action Committee of Blue Cross of Northeastern Pennsylvania

Full Name (Last, First, Middle Initial)

A. Senate Republican Campaign Committee

Mailing Address P.O. Box 792

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : SB29.7375

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Senate Republican Campaign Committee

Mailing Address P.O. Box 792

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
State Campaign Contributino

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2013

Transaction ID : SB29.7398

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Senate Republican Campaign Committee

Mailing Address P.O. Box 792

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
State Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2013

Transaction ID : SB29.7409

Amount of Each Disbursement this Period

250.00

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

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

1750.00

19825.00