

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

ADDRESS (number and street) 1310 G STREET, NW
 Check if different than previously reported. (ACC)
WASHINGTON DC 20005

2. **FEC IDENTIFICATION NUMBER** C00194746
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 Quarterly 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 (12G)
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 01 01 2007 through 06 30 2007

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 KATHY DIDAWICK

Signature of Treasurer Electronically Filed by KATHY DIDAWICK Date 07 17 2007

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**

Write or Type Committee Name
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		30416.67
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	30416.67									
(c) Total Receipts (from Line 19)	216727.79	216727.79								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	247144.46	247144.46								
7. Total Disbursements (from Line 31)	204932.00	204932.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42212.46	42212.46								
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
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	54631.40	54631.40
(i) Itemized (use Schedule A)	30581.46	30581.46
(ii) Unitemized	85212.86	85212.86
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	85212.86	85212.86
12. Transfers From Affiliated/Other Party Committees	131304.00	131304.00
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.)	210.93	210.93
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 Transfer (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))	216727.79	216727.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	216727.79	216727.79

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	182.00	182.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	182.00	182.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	204750.00	204750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	204932.00	204932.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	204932.00	204932.00

DETAILED SUMMARY PAGE
of Disbursements

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)	85212.86	85212.86
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	85212.86	85212.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	182.00	182.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	182.00	182.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial) Calvin L. Anderson Mailing Address 1655 Carr Ave. City State Zip Code Memphis TN 38104 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7 Transaction ID: 70202.C96642 Amount of Each Receipt this Period 300.00 Receipt Payroll Deduction: (50.00- /Pay Period)
Name of Employer Blue Cross Blue Shield Of Tenn Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

B. Full Name (Last, First, Middle Initial) Mark W. Banks Mailing Address 4634 Edgebrook Pl. City State Zip Code Edin MN 55424 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7 Transaction ID: 70112.C96314 Amount of Each Receipt this Period 560.00 Receipt Payroll Deduction: (40.00- /Pay Period)
Name of Employer Bc/bs Of Minnesota Occupation Health Insurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 560.00		

C. Full Name (Last, First, Middle Initial) M Barnard Mailing Address 235 Stoney Ridge Dr City State Zip Code Alpharetta GA 30022-7818 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7 Transaction ID: 70606.C102013 Amount of Each Receipt this Period 3000.00 Receipt
Name of Employer Bc/bs Association Occupation Senior Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00		

SUBTOTAL of Receipts This Page (optional)	3860.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial)
 Christopher Booth

Mailing Address **333 Presidential Way**

City **Guilderland** State **NY** Zip Code **12084**

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

Name of Employer **Blue Cross Blue Shield Of New York** Occupation **EVP & CFO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2666.68**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 23 / 2007

Transaction ID: 70510.C100590

Amount of Each Receipt this Period
2666.68

Receipt

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

Mailing Address **1255 Harlan Lane**

City **Lake Forest** State **IL** Zip Code **60045**

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

Name of Employer **B/c & B/s Of Illinois** Occupation **President II Division**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **60.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 16 / 2007

Transaction ID: 70202.C97066

Amount of Each Receipt this Period
60.00

Receipt

Payroll Deduction: (20.00- /Pay Period)

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

Mailing Address **1255 Harlan Lane**

City **Lake Forest** State **IL** Zip Code **60045**

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

Name of Employer **B/c & B/s Of Illinois** Occupation **President II Division**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **180.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 20 / 2007

Transaction ID: 70312.C97888

Amount of Each Receipt this Period
120.00

Receipt

Payroll Deduction: (40.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	2846.68
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial) Gail Boudreaux		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 7	
Mailing Address 1255 Harlan Lane		Transaction ID: 70510.C100295	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer B/c & B/s Of Illinois	Occupation President II Division		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		
		Payroll Deduction: (60.00- /Pay Period)	

B. Full Name (Last, First, Middle Initial) Dan Bradfield		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 18405 Bishopstone Court		Transaction ID: 70202.C96472	
City State Zip Code Montgomery Village MD 20886	Amount of Each Receipt this Period 286.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Bluepac	Occupation Health Insurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.00		
		Payroll Deduction: (22.00- /Pay Period)	

C. Full Name (Last, First, Middle Initial) Jerry W. Bradshaw		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 8 / 2 0 0 7	
Mailing Address 1310 G Street, N.w.		Transaction ID: 70112.C96270	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Bc/bs Of Arkansas	Occupation Health Insurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		
		Payroll Deduction: (40.00- /Pay Period)	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial)
Jerry W. Bradshaw

Mailing Address 1310 G Street, N.w.

City State Zip Code
Washington DC 20005

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

Name of Employer Bc/bc Of Arkansas Occupation Health Insurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2007

Transaction ID: 70202.C96826

Amount of Each Receipt this Period
20.00

Receipt

Payroll Deduction: (20.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
Jerry W. Bradshaw

Mailing Address 1310 G Street, N.w.

City State Zip Code
Washington DC 20005

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

Name of Employer Bc/bc Of Arkansas Occupation Health Insurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2007

Transaction ID: 70413.C99611

Amount of Each Receipt this Period
60.00

Receipt

Payroll Deduction: (60.00- /Pay Period)

C. Full Name (Last, First, Middle Initial)
William A. Breskin

Mailing Address 1703 Hunts End Ct.

City State Zip Code
Vienna VA 22182

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

Name of Employer Blue Cross/blue Shield As- socia Occupation Chief Wash Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2007

Transaction ID: 70202.C96474

Amount of Each Receipt this Period
240.00

Receipt

Payroll Deduction: (30.00- /Pay Period)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. William A. Breskin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 1703 Hunts End Ct.		Transaction ID: 70510.C101350	
City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross/blue Shield As-socia	Occupation Chief Wash Counsel	Payroll Deduction: (40.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) B. Paul F. Brown		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 406 16th Street		Transaction ID: 70202.C96534	
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 240.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross Blue Shield As-socia	Occupation Manager	Payroll Deduction: (30.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) C. Paul F. Brown		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 406 16th Street		Transaction ID: 70510.C101407	
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross Blue Shield As-socia	Occupation Manager	Payroll Deduction: (50.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00		

SUBTOTAL of Receipts This Page (optional) ▶	690.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial)
 Marybeth H. Campbell

Mailing Address 10 Russell Road

City State Zip Code
 Princeton NJ 08540-6730

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

Name of Employer Occupation
 Horizon Blue Cross Blue Shield Insurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 4 / 2 0 0 7

Transaction ID: 70606.C102014

Amount of Each Receipt this Period
 3000.00

Receipt

B. Full Name (Last, First, Middle Initial)
 Paul J. Canchester

Mailing Address 902 Marion Avenue

City State Zip Code
 Highland Park IL 60035

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

Name of Employer Occupation
 Blue Cross Blue Shield As- socia Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 2 / 2 0 0 7

Transaction ID: 70202.C96478

Amount of Each Receipt this Period
 520.00

Receipt

Payroll Deduction: (40.00- /Pay Period)

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

Mailing Address 1310 G Street, N.w.

City State Zip Code
 Washington DC 20005

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

Name of Employer Occupation
 Blue Cross/blue Shield As- socia Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 2 / 2 0 0 7

Transaction ID: 70202.C96479

Amount of Each Receipt this Period
 390.00

Receipt

Payroll Deduction: (30.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	3910.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. William James Colbourne		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 551 Woodvale Avenue		Transaction ID: 70202.C96480	
City State Zip Code Dearfield IL 60015	Amount of Each Receipt this Period 400.00		Receipt Payroll Deduction: (50.00- /Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Blue Cross/blue Shield As-socia Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vp-human Resources Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. William James Colbourne		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 551 Woodvale Avenue		Transaction ID: 70510.C101356	
City State Zip Code Dearfield IL 60015	Amount of Each Receipt this Period 325.00		Receipt Payroll Deduction: (65.00- /Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Blue Cross/blue Shield As-socia Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vp-human Resources Aggregate Year-to-Date ▼ 725.00		

Full Name (Last, First, Middle Initial) C. Jay Michael Cook		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 1310 G Street, Nw		Transaction ID: 70202.C96481	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 112.00		Receipt Payroll Deduction: (14.00- /Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Bc/bs Association Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Health Insurer Aggregate Year-to-Date ▼ 112.00		

SUBTOTAL of Receipts This Page (optional) ▶	837.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Jay Michael Cook		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 1310 G Street, Nw		Transaction ID: 70510.C101357	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 125.00		Receipt Payroll Deduction: (25.00- /Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Bc/bc Association Occupation Health Insurer	Aggregate Year-to-Date ▼ 237.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Steven Coulter		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address 1310 G Street, Nw		Transaction ID: 70202.C96638	
City State Zip Code Washington DC 37402	Amount of Each Receipt this Period 250.00		Receipt Payroll Deduction: (50.00- /Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Bluecross Blueshield Of Tennes Occupation Manager	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Kathy Didawick		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 3015 S 7th Street		Transaction ID: 70202.C96483	
City State Zip Code Arlington DC 22204	Amount of Each Receipt this Period 650.00		Receipt Payroll Deduction: (50.00- /Pay Period)
FEC ID number of contributing federal political committee. C			
Name of Employer Blue Cross Blue Shield As- socia Occupation Treasurer, Blue Pac	Aggregate Year-to-Date ▼ 650.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1025.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial) Emil Duda		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 23 Old Westfall Drive		Transaction ID: 70510.C100592	
City State Zip Code Rochester NY 14625	Amount of Each Receipt this Period 2666.66		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Bcbs Association	Occupation Sr. EVP & CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2666.66		

B. Full Name (Last, First, Middle Initial) Diane Enright		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address 631 S. Grace Street		Transaction ID: 70510.C100669	
City State Zip Code Lombard IL 60148	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Bc/bS Association	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) John T. Ericksen		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 1310 G Street, N.w.		Transaction ID: 70202.C96484	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross/blue Shield As- socia	Occupation Exec. Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
		Payroll Deduction: (25.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	3266.66
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial) John T. Ericksen		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 1310 G Street, N.w.		Transaction ID: 70705.C103751	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross/blue Shield As-socia	Occupation Exec. Director	Payroll Deduction: (50.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

B. Full Name (Last, First, Middle Initial) Garry M. Ewing		Date of Receipt M M / D D / Y Y Y Y 01 / 12 / 2007	
Mailing Address 3453 N. 13th Street		Transaction ID: 70202.C96486	
City State Zip Code Arlington VA 22201	Amount of Each Receipt this Period 325.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross Blue Shield As-socia	Occupation Director, Leg & Reg Affairs	Payroll Deduction: (25.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

C. Full Name (Last, First, Middle Initial) Alissa T. Fox		Date of Receipt M M / D D / Y Y Y Y 01 / 12 / 2007	
Mailing Address 1310 G Street, N.w.		Transaction ID: 70202.C96487	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross/blue Shield As-socia	Occupation Exec. Director	Payroll Deduction: (25.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

SUBTOTAL of Receipts This Page (optional) ▶	475.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Alissa T. Fox		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007	
Mailing Address 1310 G Street, N.w.		Transaction ID: 70413.C98773	
City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 585.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross/blue Shield As- socia	Occupation Exec. Director	Payroll Deduction: (65.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 685.00		

Full Name (Last, First, Middle Initial) B. Stephen Gammarino		Date of Receipt M M / D D / Y Y Y Y Y 01 / 12 / 2007	
Mailing Address 17109 Flatwood Dr.		Transaction ID: 70202.C96488	
City Rockville	State MD	Zip Code 20855	Amount of Each Receipt this Period 650.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross Blue Shield As- socia	Occupation Vice President	Payroll Deduction: (50.00- /Pay Period)	
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. Joan M. Gardner		Date of Receipt M M / D D / Y Y Y Y Y 01 / 12 / 2007	
Mailing Address 1310 G Street, N.w.		Transaction ID: 70202.C96489	
City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 286.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross/blue Shield As- socia	Occupation Ex. Director	Payroll Deduction: (22.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.00		

SUBTOTAL of Receipts This Page (optional) ▶	1521.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial)
 Patrick J. Geraghty

Mailing Address 2 Bailey Drive

City State Zip Code
 Princeton NJ 08540

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

Name of Employer Occupation
 Horizon Bc/bc Of New Jersey Svp Service

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 4 / 2 0 0 7

Transaction ID: 70606.C102015

Amount of Each Receipt this Period
 3000.00

Receipt

B. Full Name (Last, First, Middle Initial)
 Steven James Glowiak

Mailing Address 4304 Hampton Avenue

City State Zip Code
 Western Springs IL 60558

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

Name of Employer Occupation
 Bc/bc Association Health Insurer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 2 / 2 0 0 7

Transaction ID: 70202.C96490

Amount of Each Receipt this Period
 300.00

Receipt

Payroll Deduction: (30.00- /Pay Period)

C. Full Name (Last, First, Middle Initial)
 Vicky B. Gregg

Mailing Address 1310 G Street N.w.

City State Zip Code
 Washington DC 20005

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

Name of Employer Occupation
 Bc/bc Of Tennessee Health Insurer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 6 / 2 0 0 7

Transaction ID: 70202.C96633

Amount of Each Receipt this Period
 450.00

Receipt

Payroll Deduction: (75.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	3750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

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

Mailing Address 110 Clairemont Cove

City State Zip Code
 Ridgeland MS 39157

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

Name of Employer
 Blue Cross Blue Shield As-
 socia

Occupation
 Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 3 / 2 0 0 7

Transaction ID: 70510.C100587

Amount of Each Receipt this Period
 2000.00

Receipt

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

Mailing Address 1310 G Street, N.w.

City State Zip Code
 Washington DC 20005

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

Name of Employer
 Noridian-bc/bs Of North
 Dakota

Occupation
 Health Insurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 6 / 2 0 0 7

Transaction ID: 70202.C96707

Amount of Each Receipt this Period
 350.00

Receipt

Payroll Deduction: (50.00-
 /Pay Period)

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

Mailing Address 3304 Ferndale Avenue

City State Zip Code
 Kensington MD 20815

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

Name of Employer
 Blue Cross Blue Shield As-
 socia

Occupation
 Executive Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 120.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 2 / 2 0 0 7

Transaction ID: 70202.C96493

Amount of Each Receipt this Period
 120.00

Receipt

Payroll Deduction: (15.00-
 /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	2470.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial) Justine Handelman Mailing Address 3304 Ferndale Avenue City State Zip Code Kensington MD 20815 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7 Transaction ID: 70510.C101368 Amount of Each Receipt this Period 125.00 Receipt Payroll Deduction: (25.00- /Pay Period)
Name of Employer Blue Cross Blue Shield As- socia Occupation Executive Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00		

B. Full Name (Last, First, Middle Initial) Joan Harp Mailing Address 1310 G Street NW City State Zip Code Washington DC 20005 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7 Transaction ID: 70202.C96679 Amount of Each Receipt this Period 300.00 Receipt Payroll Deduction: (50.00- /Pay Period)
Name of Employer BCBS of Tennessee Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Ron Harr Mailing Address 1310 G Street N.w. City State Zip Code Washington DC 20005 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7 Transaction ID: 70202.C96630 Amount of Each Receipt this Period 300.00 Receipt Payroll Deduction: (50.00- /Pay Period)
Name of Employer Bc/bs Of Tennessee Occupation Health Insurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	725.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Philip Hays		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 1310 G Street, NW		Transaction ID: 70202.C96537	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 175.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Bcbs Association	Occupation Manager	Payroll Deduction: (25.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00		

Full Name (Last, First, Middle Initial) B. Philip Hays		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 1310 G Street, NW		Transaction ID: 70510.C100656	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 210.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Bcbs Association	Occupation Manager	Payroll Deduction: (35.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00		

Full Name (Last, First, Middle Initial) C. William Andrew Hensley		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 1310 G Street, N.w.		Transaction ID: 70202.C96497	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 154.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Blue Cross/blue Shield As- socia	Occupation Vp	Payroll Deduction: (22.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 154.00		

SUBTOTAL of Receipts This Page (optional) ▶	539.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. William Andrew Hensley		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 1310 G Street, N.w.		Transaction ID: 70510.C100618
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Blue Cross/blue Shield As- socia	Occupation Vp	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 454.00	Payroll Deduction: (50.00- /Pay Period)

Full Name (Last, First, Middle Initial) B. Robert G. Iadicicco		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 1310 G Street, Nw		Transaction ID: 70202.C96499
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Bc/bS Association	Occupation Health Insurer	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	Payroll Deduction: (25.00- /Pay Period)

Full Name (Last, First, Middle Initial) C. Peter Kelly		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 1316 Davis		Transaction ID: 70202.C96476
City Evanston	State IL	Zip Code 60201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 520.00
Name of Employer Bcbs Association	Occupation Chief Employee Benefits	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	Payroll Deduction: (40.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	▶	1145.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial) David Klein		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2007	
Mailing Address 62 Meadow Cove Road		Transaction ID: 70413.C99477	
City State Zip Code Pittsford NY 14534	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross Blue Shield Of New	Occupation Ceo	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) David Klein		Date of Receipt M M / D D / Y Y Y Y Y 04 / 23 / 2007	
Mailing Address 62 Meadow Cove Road		Transaction ID: 70510.C100589	
City State Zip Code Pittsford NY 14534	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross Blue Shield Of New	Occupation Ceo	Aggregate Year-to-Date ▼ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Allan M. Korn		Date of Receipt M M / D D / Y Y Y Y Y 01 / 12 / 2007	
Mailing Address 1310 G Street, N.w.		Transaction ID: 70202.C96503	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 360.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross/blue Shield As- socia	Occupation Chief Medical Director	Aggregate Year-to-Date ▼ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Payroll Deduction: (45.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	3360.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Allan M. Korn		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 1310 G Street, N.w.		Transaction ID: 70510.C101378	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 325.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross/blue Shield As-socia Occupation Chief Medical Director		Payroll Deduction: (65.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 685.00	

Full Name (Last, First, Middle Initial) B. Donald W. Lawhorn		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address 1310 G Street N.w.		Transaction ID: 70202.C96654	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Bc/bS Of Tennessee Occupation Health Insurer		Payroll Deduction: (50.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mary N. Lehnard		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 4601 Rodman Street, Nw		Transaction ID: 70202.C96532	
City State Zip Code Washington DC 20016		Amount of Each Receipt this Period 1495.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross/blue Shield As-socia Occupation Senior Vp		Payroll Deduction: (115.0- 0/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1495.00	

SUBTOTAL of Receipts This Page (optional) ▶	2120.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 93
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Thomas P. Leibensperger, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 5275 Bradgen Court		Transaction ID: 70202.C96507	
City Springfield	State VA	Zip Code 22151	Amount of Each Receipt this Period 84.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross Blue Shield Assn.	Occupation Manager, Grassroots & Advoc Pr	Payroll Deduction: (12.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 84.00		

Full Name (Last, First, Middle Initial) B. Thomas P. Leibensperger, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 5275 Bradgen Court		Transaction ID: 70510.C100628	
City Springfield	State VA	Zip Code 22151	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross Blue Shield Assn.	Occupation Manager, Grassroots & Advoc Pr	Payroll Deduction: (25.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		

Full Name (Last, First, Middle Initial) C. Robert A. Long		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 834 Sund Drive		Transaction ID: 70202.C96508	
City Northbrook	State IL	Zip Code 60062	Amount of Each Receipt this Period 176.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross Blue Shield Association	Occupation Managing Director	Payroll Deduction: (22.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 176.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial)
 Robert A. Long

Mailing Address 834 Sund Drive

City State Zip Code
 Northbrook IL 60062

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

Name of Employer
 Blue Cross Blue Shield As-
 socia

Occupation
 Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 351.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70510.C101383

Amount of Each Receipt this Period
 175.00

Receipt

Payroll Deduction: (35.00-
 /Pay Period)

B. Full Name (Last, First, Middle Initial)
 Deborah Burn Madsen

Mailing Address 1124 Orchard Place

City State Zip Code
 Mendota Heights MN 55118

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

Name of Employer
 Bc/bc Of Minnesota

Occupation
 Health Insurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 0 8 / 2 0 0 7

Transaction ID: 70112.C96318

Amount of Each Receipt this Period
 210.00

Receipt

Payroll Deduction: (15.00-
 /Pay Period)

C. Full Name (Last, First, Middle Initial)
 William J. Marino

Mailing Address 6 Cobblestone Lane

City State Zip Code
 Morristown NJ 07960

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

Name of Employer
 Horizon Blue Cross Blue
 Shield

Occupation
 Health Insurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 4 / 2 0 0 7

Transaction ID: 70606.C102011

Amount of Each Receipt this Period
 1500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	1885.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Raymond F. Mccaskey		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address 1310 G Street, N.w.		Transaction ID: 70202.C97008	
City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Bc/bs Of Illinois Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Health Insurer Aggregate Year-to-Date ▼ 75.00	Payroll Deduction: (25.00- /Pay Period)	

Full Name (Last, First, Middle Initial) B. Raymond F. Mccaskey		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 0 / 2 0 0 7	
Mailing Address 1310 G Street, N.w.		Transaction ID: 70312.C97922	
City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Bc/bs Of Illinois Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Health Insurer Aggregate Year-to-Date ▼ 225.00	Payroll Deduction: (50.00- /Pay Period)	

Full Name (Last, First, Middle Initial) C. Raymond F. Mccaskey		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 7	
Mailing Address 1310 G Street, N.w.		Transaction ID: 70510.C100329	
City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Bc/bs Of Illinois Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Health Insurer Aggregate Year-to-Date ▼ 300.00	Payroll Deduction: (75.00- /Pay Period)	

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial) Robert E. Meehan		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2007
Mailing Address 5 Chelsea Drive		Transaction ID: 70606.C102012
City State Zip Code Randolph NJ 07869	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Bluecross Blueshield Of New Je	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B. Full Name (Last, First, Middle Initial) Nancy F. Nelson		Date of Receipt M M / D D / Y Y Y Y 01 / 08 / 2007
Mailing Address 1781 Tamberwood Tr.		Transaction ID: 70112.C96323
City State Zip Code Woodbury MN 55125	Amount of Each Receipt this Period 252.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Bc/bc Of Minnesota	Occupation Health Insurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	Payroll Deduction: (18.00- /Pay Period)

C. Full Name (Last, First, Middle Initial) William OLoughlin		Date of Receipt M M / D D / Y Y Y Y 04 / 20 / 2007
Mailing Address 1310 G St NW		Transaction ID: 70510.C100658
City State Zip Code Washington DC 20005-3000	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Blue Cross Blue Shield As- soc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Payroll Deduction: (50.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶	3052.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Robert Ormsby		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 1310 G Street, Nw 12th Floor		Transaction ID: 70202.C96513	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross Blue Shield As- socia	Occupation Executive	Payroll Deduction: (25.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Robert Ormsby		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 1310 G Street, Nw 12th Floor		Transaction ID: 70606.C101971	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross Blue Shield As- socia	Occupation Executive	Payroll Deduction: (30.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) C. G. Phillip Pope		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 9 / 2 0 0 7	
Mailing Address 2560 Indian Crest Dr		Transaction ID: 70413.C99607	
City State Zip Code Pelham AL 35124-3757	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross Blue Shield of AL	Occupation Ceo		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2340.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Doug Porter		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7	
Mailing Address 1310 G St NW Fl 12 12 fl		Transaction ID: 70413.C99745	
City State Zip Code Washington DC 20005-3004	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Bluepac	Occupation Manager	Payroll Deduction: (50.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Melissa Rehfus		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7	
Mailing Address 1063 Hermes Ave		Transaction ID: 70510.C100066	
City State Zip Code Lemont IL 60439-3918	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross & Blue Shield Assoc	Occupation Dir-marketing Services	Payroll Deduction: (50.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Scott P. Serota		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 1310 G Street, N.w.		Transaction ID: 70202.C96517	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 2499.90		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross/blue Shield As- socia	Occupation Ceo	Payroll Deduction: (192.3- 0/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90		

SUBTOTAL of Receipts This Page (optional) ▶	3349.90
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial) Terence K. Shea		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address 1310 G Street, Nw		Transaction ID: 70202.C96639	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Bluecross Blueshield Of Tennes Occupation Executive	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Payroll Deduction: (50.00- /Pay Period)		

B. Full Name (Last, First, Middle Initial) Terence K. Shea		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address 1310 G Street, Nw		Transaction ID: 70510.C100729	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Bluecross Blueshield Of Tennes Occupation Executive	Aggregate Year-to-Date ▼ 280.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Payroll Deduction: (30.00- /Pay Period)		

C. Full Name (Last, First, Middle Initial) Robert L. Shoptaw		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7	
Mailing Address 21 River Ridge Circle		Transaction ID: 70112.C96285	
City State Zip Code Little Rock AR 72227	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Bc/bs Of Arkansas Occupation Chief Executive Officer	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Payroll Deduction: (70.00- /Pay Period)		

SUBTOTAL of Receipts This Page (optional) ▶	630.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Robert L. Shoptaw		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 9 / 2 0 0 7	
Mailing Address 21 River Ridge Circle		Transaction ID: 70202.C96840	
City State Zip Code Little Rock AR 72227	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Bc/bc Of Arkansas Occupation Chief Executive Officer	Payroll Deduction: (35.00- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00		

Full Name (Last, First, Middle Initial) B. Robert L. Shoptaw		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 9 / 2 0 0 7	
Mailing Address 21 River Ridge Circle		Transaction ID: 70413.C99625	
City State Zip Code Little Rock AR 72227	Amount of Each Receipt this Period 105.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Bc/bc Of Arkansas Occupation Chief Executive Officer	Payroll Deduction: (105.0- 0/Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00		

Full Name (Last, First, Middle Initial) C. Jana L. Skewes		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address 1310 G Street, NW		Transaction ID: 70202.C96645	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer BCBS of Tennessee Occupation Executive	Payroll Deduction: (50.00- /Pay Period)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	440.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. David Spalding		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7	
Mailing Address 2400 Shadow Creek		Transaction ID: 70112.C96330	
City State Zip Code Saint Paul MN 55125	Amount of Each Receipt this Period 210.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer BCBS of Minnesota	Occupation Executive	Payroll Deduction: (15.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) B. Joyce M. Sterk		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 4505 W. 101st Place		Transaction ID: 70202.C96520	
City State Zip Code Oak Lawn IL 60453	Amount of Each Receipt this Period 112.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross Blue Shield As- socia	Occupation Director	Payroll Deduction: (14.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 112.00		

Full Name (Last, First, Middle Initial) C. Joyce M. Sterk		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 4505 W. 101st Place		Transaction ID: 70510.C101394	
City State Zip Code Oak Lawn IL 60453	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross Blue Shield As- socia	Occupation Director	Payroll Deduction: (25.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.00		

SUBTOTAL of Receipts This Page (optional) ▶	447.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial) Kathryn M. Sullivan		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 530 N. Lake Shore Drive #2309		Transaction ID: 70202.C96531	
City Chicago	State IL	Zip Code 60611	Amount of Each Receipt this Period 360.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Bcbs Association	Occupation SVP/CFO	Payroll Deduction: (45.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

B. Full Name (Last, First, Middle Initial) Kathryn M. Sullivan		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 530 N. Lake Shore Drive #2309		Transaction ID: 70510.C101404	
City Chicago	State IL	Zip Code 60611	Amount of Each Receipt this Period 325.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Bcbs Association	Occupation SVP/CFO	Payroll Deduction: (65.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 685.00		

C. Full Name (Last, First, Middle Initial) Dean S. Todaro		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 1310 G Street, N.w.		Transaction ID: 70202.C96522	
City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross/blue Shield As- socia	Occupation Director	Payroll Deduction: (15.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 120.00		

SUBTOTAL of Receipts This Page (optional) ▶	805.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial) Dean S. Todaro		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 1310 G Street, N.w.		Transaction ID: 70510.C101396	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross/blue Shield As-socia		Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	
		Payroll Deduction: (20.00- /Pay Period)	

B. Full Name (Last, First, Middle Initial) James B. Trimble		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 1310 G Street N.w.		Transaction ID: 70202.C96523	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 245.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross/blue Shield As-socia		Occupation Manager, Congressional Communi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00	
		Payroll Deduction: (35.00- /Pay Period)	

C. Full Name (Last, First, Middle Initial) James B. Trimble		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 1310 G Street N.w.		Transaction ID: 70510.C100643	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 240.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross/blue Shield As-socia		Occupation Manager, Congressional Communi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 485.00	
		Payroll Deduction: (40.00- /Pay Period)	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

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

Mailing Address 2122 Sterling Rose Lane

City State Zip Code
 Fargo ND 58104

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

Name of Employer Occupation
 Noridian-bc/bs Of North Dakota President & Ceo

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 6 / 2 0 0 7

Transaction ID: 70202.C96725

Amount of Each Receipt this Period
 700.00

Receipt

Payroll Deduction: (100.0-0/Pay Period)

B. Full Name (Last, First, Middle Initial)
 Paul Von Ebers

Mailing Address 26 Thomas Grv

City State Zip Code
 Pittsford NY 14534-3066

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

Name of Employer Occupation
 Bcbs Association Evp/coo

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2666.66

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 3 / 2 0 0 7

Transaction ID: 70510.C100591

Amount of Each Receipt this Period
 2666.66

Receipt

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

Mailing Address 2344 Oak Hill Dr.

City State Zip Code
 Lisle IL 60532

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

Name of Employer Occupation
 Bc/bs Association Executive Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1690.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 3 / 2 0 0 7

Transaction ID: 70510.C100588

Amount of Each Receipt this Period
 1690.00

Receipt

SUBTOTAL of Receipts This Page (optional)	5056.66
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial) Lee Carl Whitaker Mailing Address 1310 G Street, Nw City State Zip Code Washington DC 20005 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 7 Transaction ID: 70202.C96646 Amount of Each Receipt this Period 240.00 Receipt Payroll Deduction: (40.00- /Pay Period)
Name of Employer Occupation Bluecross Blueshield Of Executive Tennes Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		

B. Full Name (Last, First, Middle Initial) Paul M. White Mailing Address 1310 G Street, N.w. City State Zip Code Washington DC 20005 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 8 / 2 0 0 7 Transaction ID: 70112.C96290 Amount of Each Receipt this Period 200.00 Receipt Payroll Deduction: (40.00- /Pay Period)
Name of Employer Occupation Bc/bs Of Arkansas Health Insurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		

C. Full Name (Last, First, Middle Initial) Paul M. White Mailing Address 1310 G Street, N.w. City State Zip Code Washington DC 20005 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 9 / 2 0 0 7 Transaction ID: 70202.C96845 Amount of Each Receipt this Period 20.00 Receipt Payroll Deduction: (20.00- /Pay Period)
Name of Employer Occupation Bc/bs Of Arkansas Health Insurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional)	460.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial)
 Paul M. White

Mailing Address 1310 G Street, N.w.

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
 Bc/bc Of Arkansas Health Insurer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **280.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
04 09 2007

Transaction ID: 70413.C99630

Amount of Each Receipt this Period
60.00

Receipt

Payroll Deduction: (60.00- /Pay Period)

B. Full Name (Last, First, Middle Initial)
 Roger G. Wilson

Mailing Address 330 N. Jefferson Court #2004

City State Zip Code
Chicago IL 60661

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

Name of Employer Occupation
 Blue Cross Blue Shield Of Okla Senior Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
05 02 2007

Transaction ID: 70510.C100667

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
 Adam J Wojciak Iii

Mailing Address 1310 G Street, Nw

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
 Blue Cross Blue Shield As- socia Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **157.50**

Date of Receipt
 M M / D D / Y Y Y Y Y
01 12 2007

Transaction ID: 70202.C96524

Amount of Each Receipt this Period
157.50

Receipt

Payroll Deduction: (22.50- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	717.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 93
	<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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Adam J Wojciak Iii		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 1310 G Street, Nw		Transaction ID: 70510.C100644	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 210.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross Blue Shield As- socia	Occupation Manager	Payroll Deduction: (35.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 367.50		

Full Name (Last, First, Middle Initial) B. Connie Woodard		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 1310 G Street, Nw		Transaction ID: 70202.C96526	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 112.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross Blue Shield	Occupation Manager	Payroll Deduction: (14.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 112.00		

Full Name (Last, First, Middle Initial) C. Connie Woodard		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 1310 G Street, Nw		Transaction ID: 70510.C101400	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Blue Cross Blue Shield	Occupation Manager	Payroll Deduction: (25.00- /Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.00		

SUBTOTAL of Receipts This Page (optional) ▶	447.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 39 / 93	
	(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"/> 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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial)
 Robert E Worthington

Mailing Address 1310 G Street NW

City State Zip Code
 Washington DC 20005

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

Name of Employer Occupation
 BCBS of Tennessee Manager

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 1 6 / 2 0 0 7

Transaction ID: 70202.C96691

Amount of Each Receipt this Period
 300.00

Receipt

Payroll Deduction: (50.00-
 /Pay Period)

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	54631.40

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Blue Cross & Blue Shield of Michigan		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 602 West Ionia Street B102		Transaction ID: 70413.C99348	
City Lansing	State MI	Zip Code 48933-	Amount of Each Receipt this Period 10000.00
FEC ID number of contributing federal political committee. C C00084061		Transfers From Affil./Aut-h.	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) B. Blue Cross & Blue Shield of Michigan		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007	
Mailing Address 602 West Ionia Street B102		Transaction ID: 70705.C103114	
City Lansing	State MI	Zip Code 48933-	Amount of Each Receipt this Period 10000.00
FEC ID number of contributing federal political committee. C C00084061		Transfers From Affil./Aut-h.	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20000.00		

Full Name (Last, First, Middle Initial) C. FL Health Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address P.O. Box 6936		Transaction ID: 70312.C98295	
City Jacksonville	State FL	Zip Code 32236-6936	Amount of Each Receipt this Period 4000.00
FEC ID number of contributing federal political committee. C C00161141		Transfers From Affil./Aut-h.	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00		

SUBTOTAL of Receipts This Page (optional) ▶	24000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 93
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial)
FL Health Political Action Committee

Mailing Address P.O. Box 6936

City State Zip Code
Jacksonville FL 32236-6936

FEC ID number of contributing federal political committee. **C** C00161141

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2007

Transaction ID: 70705.C103115

Amount of Each Receipt this Period
4000.00

Transfers From Affil./Aut-h.

B. Full Name (Last, First, Middle Initial)
Blue Cross & Blue Shield of Kansas

Mailing Address 1133 Topeka Boulevard, SW

City State Zip Code
Topeka KS 66629-

FEC ID number of contributing federal political committee. **C** C00197202

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
684.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 22 / 2007

Transaction ID: 70202.C96766

Amount of Each Receipt this Period
684.00

Transfers From Affil./Aut-h.

C. Full Name (Last, First, Middle Initial)
Blue Cross & Blue Shield of Kansas

Mailing Address 1133 Topeka Boulevard, SW

City State Zip Code
Topeka KS 66629-

FEC ID number of contributing federal political committee. **C** C00197202

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8884.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2007

Transaction ID: 70312.C98291

Amount of Each Receipt this Period
8200.00

Transfers From Affil./Aut-h.

SUBTOTAL of Receipts This Page (optional)	▶	12884.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 42 / 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial)
 Blue Cross & Blue Shield of Kansas
 Mailing Address 1133 Topeka Boulevard, SW
 City State Zip Code
 Topeka KS 66629-
 FEC ID number of contributing federal political committee. **C** C00197202
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 9568.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 6 / 2 0 0 7
Transaction ID: 70312.C98290
 Amount of Each Receipt this Period 684.00
 Transfers From Affil./Aut-h.

B. Full Name (Last, First, Middle Initial)
 Blue Cross & Blue Shield of Kansas
 Mailing Address 1133 Topeka Boulevard, SW
 City State Zip Code
 Topeka KS 66629-
 FEC ID number of contributing federal political committee. **C** C00197202
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10252.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 1 / 2 0 0 7
Transaction ID: 70413.C99478
 Amount of Each Receipt this Period 684.00
 Transfers From Affil./Aut-h.

C. Full Name (Last, First, Middle Initial)
 Blue Cross & Blue Shield of Kansas
 Mailing Address 1133 Topeka Boulevard, SW
 City State Zip Code
 Topeka KS 66629-
 FEC ID number of contributing federal political committee. **C** C00197202
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10936.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 4 / 2 0 0 7
Transaction ID: 70606.C101428
 Amount of Each Receipt this Period 684.00
 Transfers From Affil./Aut-h.

SUBTOTAL of Receipts This Page (optional) ► **2052.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Blue Cross & Blue Shield of Kansas		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 1133 Topeka Boulevard, SW		Transaction ID: 70606.C101812	
City State Zip Code Topeka KS 66629-	Amount of Each Receipt this Period 684.00		
FEC ID number of contributing federal political committee. C C00197202		Transfers From Affil./Aut-h.	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 11620.00		

Full Name (Last, First, Middle Initial) B. Blue Cross & Blue Shield of Kansas		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7	
Mailing Address 1133 Topeka Boulevard, SW		Transaction ID: 70705.C103199	
City State Zip Code Topeka KS 66629-	Amount of Each Receipt this Period 684.00		
FEC ID number of contributing federal political committee. C C00197202		Transfers From Affil./Aut-h.	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 12304.00		

Full Name (Last, First, Middle Initial) C. Healthy Government Committee		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7	
Mailing Address The P.A.C. of BCBS of Arizona P.O. Box 13466		Transaction ID: 70413.C98901	
City State Zip Code Phoenix AZ 85002-	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C C00215202		Transfers From Affil./Aut-h.	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 3000.00		

SUBTOTAL of Receipts This Page (optional) ▶	4368.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: PAGE 44 / 93
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial)
 Healthy Government Committee

Mailing Address **The P.A.C. of BCBS of Arizona**
P.O. Box 13466

City State Zip Code
Phoenix AZ 85002-

FEC ID number of contributing federal political committee. **C C00215202**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
05 / 21 / 2007

Transaction ID: 70606.C101811

Amount of Each Receipt this Period
3000.00

Transfers From Affil./Aut-h.

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

Mailing Address **2890 E. Cottonwood Parkway**
Dept. #8

City State Zip Code
Salt Lake City UT 84121-

FEC ID number of contributing federal political committee. **C C00252684**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 12 / 2007

Transaction ID: 70413.C98902

Amount of Each Receipt this Period
20000.00

Transfers From Affil./Aut-h.

C. Full Name (Last, First, Middle Initial)
 PAC of Pennsylvanias Blue Cross Plan

Mailing Address **P.O. Box 60710**

City State Zip Code
Harrisburg PA 17106-0710

FEC ID number of contributing federal political committee. **C C00270967**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
02 / 05 / 2007

Transaction ID: 70312.C98294

Amount of Each Receipt this Period
1000.00

Transfers From Affil./Aut-h.

SUBTOTAL of Receipts This Page (optional) ► **24000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial) PAC of Pennsylvanias Blue Cross Plan Mailing Address P.O. Box 60710		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7 Transaction ID: 70705.C103117
City State Zip Code Harrisburg PA 17106-0710	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00270967	Transfers From Affil./Aut-h.	
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B. Full Name (Last, First, Middle Initial) PAC of Pennsylvanias Blue Cross Plan Mailing Address P.O. Box 60710		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7 Transaction ID: 70705.C103116
City State Zip Code Harrisburg PA 17106-0710	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00270967	Transfers From Affil./Aut-h.	
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

C. Full Name (Last, First, Middle Initial) Carefirst Associates Federal PAC Mailing Address 10455 Mill Run Circle		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7 Transaction ID: 70510.C100586
City State Zip Code Owings Mills MD 21117-	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00286922	Transfers From Affil./Aut-h.	
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial) Highmark Health PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address 1800 Center Street		Transaction ID: 70510.C100064
City State Zip Code Camp Hill PA 17089-0089	Amount of Each Receipt this Period 3500.00	
FEC ID number of contributing federal political committee. C C00302844	Transfers From Affil./Autoh.	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 3500.00		

B. Full Name (Last, First, Middle Initial) Blue Shield of California		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7
Mailing Address 50 Beale Street		Transaction ID: 70413.C99606
City State Zip Code San Francisco CA 94105-	Amount of Each Receipt this Period 12500.00	
FEC ID number of contributing federal political committee. C C00340364	Transfers From Affil./Autoh.	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 12500.00		

C. Full Name (Last, First, Middle Initial) Wellmark - WellPAC		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7
Mailing Address 636 Grand Ave. Station 13		Transaction ID: 70312.C98296
City State Zip Code Des Moines IA 50309-	Amount of Each Receipt this Period 10500.00	
FEC ID number of contributing federal political committee. C C00342022	Transfers From Affil./Autoh.	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 10500.00		

SUBTOTAL of Receipts This Page (optional) ▶	26500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. WellPoint, Inc. WellPAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7	
Mailing Address 120 Monument Circle		Transaction ID: 70312.C98293	
City State Zip Code Indianapolis IN 46204-	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00197228		Transfers From Affil./Aut-h.	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. BCBS of North Carolina Employee PAC		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address P.O. Box 2291		Transaction ID: 70202.C96764	
City State Zip Code Durham NC 27702-2291	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00312223		Transfers From Affil./Aut-h.	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. BCBS of North Carolina Employee PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7	
Mailing Address P.O. Box 2291		Transaction ID: 70312.C98292	
City State Zip Code Durham NC 27702-2291	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C C00312223		Transfers From Affil./Aut-h.	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 3000.00		

SUBTOTAL of Receipts This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial) BCBS of North Carolina Employee PAC Mailing Address P.O. Box 2291		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2007 Transaction ID: 70705.C103198
City State Zip Code Durham NC 27702-2291	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C C00312223	Transfers From Affil./Aut-h.	
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6000.00	

B. Full Name (Last, First, Middle Initial) Blue Cross Voice - PAC of NE PA Mailing Address 19 North Main		Date of Receipt M M / D D / Y Y Y Y 01 / 22 / 2007 Transaction ID: 70202.C96765
City State Zip Code Wilkes-barre PA 18711-	Amount of Each Receipt this Period 3500.00	
FEC ID number of contributing federal political committee. C C00379537	Transfers From Affil./Aut-h.	
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

C. Full Name (Last, First, Middle Initial) Care PAC Mailing Address 401 Park Drive		Date of Receipt M M / D D / Y Y Y Y 01 / 08 / 2007 Transaction ID: 70202.C96607
City State Zip Code Boston MA 02215-	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00199166	Transfers From Affil./Aut-h.	
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 93
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial)
 Blue Cross Blue Shield of South Carolina

Mailing Address Interstate 20 At Alpine Road

City State Zip Code
 Columbia SC 29219-

FEC ID number of contributing federal political committee. **C** C00406850

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 12500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 0 8 / 2 0 0 7

Transaction ID: 70202.C96608

Amount of Each Receipt this Period
 12500.00

Transfers From Affil./Autoh.

B. Full Name (Last, First, Middle Initial)
 Premera Blue Cross

Mailing Address 7001 220th Street, SW
 MS 355

City State Zip Code
 Mountlake Terrace WA 98043-2124

FEC ID number of contributing federal political committee. **C** C00409227

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 9 / 2 0 0 7

Transaction ID: 70413.C99605

Amount of Each Receipt this Period
 5000.00

Transfers From Affil./Autoh.

SUBTOTAL of Receipts This Page (optional)	▶	17500.00
TOTAL This Period (last page this line number only)	▶	131304.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 93
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Comerica Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7	
Mailing Address P.O. Box 75000		Transaction ID: 70202.C96468	
City State Zip Code Detroit MI 48375-2250	Amount of Each Receipt this Period 57.24		
FEC ID number of contributing federal political committee. C	Interest Received		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 57.24		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Comerica Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 7	
Mailing Address P.O. Box 75000		Transaction ID: 70215.C97073	
City State Zip Code Detroit MI 48375-2250	Amount of Each Receipt this Period 57.43		
FEC ID number of contributing federal political committee. C	Interest Received		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 114.67		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Comerica Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 7	
Mailing Address P.O. Box 75000		Transaction ID: 70312.C98395	
City State Zip Code Detroit MI 48375-2250	Amount of Each Receipt this Period 41.90		
FEC ID number of contributing federal political committee. C	Interest Received		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 156.57		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	156.57
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 93
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Comerica Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address P.O. Box 75000		Transaction ID: 70413.C99545	
City Detroit	State MI	Zip Code 48375-2250	Amount of Each Receipt this Period 18.28
FEC ID number of contributing federal political committee. C		Interest Received	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 174.85		

Full Name (Last, First, Middle Initial) B. Comerica Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address P.O. Box 75000		Transaction ID: 70510.C100662	
City Detroit	State MI	Zip Code 48375-2250	Amount of Each Receipt this Period 17.74
FEC ID number of contributing federal political committee. C		Interest Received	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 192.59		

Full Name (Last, First, Middle Initial) C. Comerica Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address P.O. Box 75000		Transaction ID: 70606.C102126	
City Detroit	State MI	Zip Code 48375-2250	Amount of Each Receipt this Period 18.34
FEC ID number of contributing federal political committee. C		Interest Received	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.93		

SUBTOTAL of Receipts This Page (optional) ▶	54.36
TOTAL This Period (last page this line number only) ▶	210.93

**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)

PAGE 52 / 93

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. American Benefits Council PAC		Transaction ID: 70413.E1688 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 1212 New York Avenue, NW Suite 1250		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20005-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) B. BlueDog PAC		Transaction ID: 70705.E1762 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address 236 Massachusetts Ave., NE Suite 508		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20002-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) C. BlueDog PAC		Transaction ID: 70312.E1636 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address 236 Massachusetts Ave., NE Suite 508		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20002-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
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)

PAGE 53 / 93

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. BlueDog PAC		Transaction ID: 70510.E1690 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address 236 Massachusetts Ave., NE Suite 508		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20002-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION
State: District:	ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) B. The Freedom Project		Transaction ID: 70608.E1736 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 424 C St NE Basement Level		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20002-5818	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION
State: District:	ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) C. The Freedom Project		Transaction ID: 70606.E1727 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 424 C St NE Basement Level		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20002-5818	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION
State: District:	ANNUAL/OTHER	

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. The Freedom Project		Transaction ID: 70312.E1638 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address 424 C St NE Basement Level		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20002-5818	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) B. The Freedom Project		Transaction ID: 70608.E1734 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7
Mailing Address 424 C St NE Basement Level		Amount of Each Disbursement this Period -2500.00
City Washington State DC Zip Code 20002-5818	Category/ Type : STOP PAYMENT	
Purpose of Disbursement : STOP PAYMENT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) C. Leadership 21		Transaction ID: 70510.E1693 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address 6849 Old Dominion Drive Ste 222		Amount of Each Disbursement this Period 1000.00
City Mc Lean State VA Zip Code 22101-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
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)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

<p>A. Leadership 21</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 6849 Old Dominion Drive Ste 222</p> <p>City Mc Lean State VA Zip Code 22101-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: 70413.E1683 Date of Disbursement 04 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER</p>		<p>Category/ Type</p>

<p>B. Impact America</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1331 H St NW FI 12</p> <p>City Washington State DC Zip Code 20005-4703</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: 70510.E1701 Date of Disbursement 04 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>DIRECT CONTRIBUTION</p>
<p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER</p>		<p>Category/ Type</p>

<p>C. Battle Born PAC</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1155 21st St NW</p> <p>City Washington State DC Zip Code 20036-3308</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: 70606.E1731 Date of Disbursement 05 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER</p>		<p>Category/ Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>8500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Battle Born PAC		Transaction ID: 70608.E1735 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7
Mailing Address 1155 21st St NW		Amount of Each Disbursement this Period -4000.00
City Washington State DC Zip Code 20036-3308	: STOP PAYMENT	
Purpose of Disbursement : STOP PAYMENT Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER

Full Name (Last, First, Middle Initial) B. Battle Born PAC		Transaction ID: 70608.E1737 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 1155 21st St NW		Amount of Each Disbursement this Period 4000.00
City Washington State DC Zip Code 20036-3308	DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER

Full Name (Last, First, Middle Initial) C. Battle Born PAC		Transaction ID: 70413.E1673 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 1155 21st St NW		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20036-3308	DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. National Republican Senatorial Committee		Transaction ID: 70413.E1676 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 425 2nd Street, NE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) B. National Republican Senatorial Committee		Transaction ID: 70705.E1763 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address 425 2nd Street, NE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) C. National Republican Senatorial Committee		Transaction ID: 70202.E1625 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address 425 2nd Street, NE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
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)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Great Plains Leadership Fund		Transaction ID: 70413.E1675 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7	
Mailing Address 420 C Street, NE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	DIRECT CONTRIBUTION	

Full Name (Last, First, Middle Initial) B. Great Plains Leadership Fund		Transaction ID: 70312.E1639 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7	
Mailing Address 420 C Street, NE		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20002-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	DIRECT CONTRIBUTION	

Full Name (Last, First, Middle Initial) C. Democratic Senatorial Campaign Committee		Transaction ID: 70202.E1624 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address 120 Maryland Avenue, NE		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20003-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	DIRECT CONTRIBUTION	

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
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)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Democratic Senatorial Campaign Committee		Transaction ID: 70413.E1655 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 120 Maryland Avenue, NE		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20003-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Cmte		Transaction ID: 70606.E1724 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 430 S. Capitol Street, SE		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Cmte		Transaction ID: 70608.E1748 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 430 S. Capitol Street, SE		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
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)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Cmte		Transaction ID: 70202.E1626 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address 430 S. Capitol Street, SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial) B. Freedom Fund		Transaction ID: 70413.E1674 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 128 N Columbus St		Amount of Each Disbursement this Period 1500.00
City Alexandria State VA Zip Code 22314-3038	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial) C. Freedom Fund		Transaction ID: 70606.E1721 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 128 N Columbus St		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314-3038	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Freedom Fund		Transaction ID: 70202.E1622 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7
Mailing Address 128 N Columbus St		Amount of Each Disbursement this Period 2500.00
City Alexandria State VA Zip Code 22314-3038	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) B. National Republican Congressional Cmte		Transaction ID: 70413.E1660 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 310 First Street, SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) C. National Republican Congressional Cmte		Transaction ID: 70608.E1738 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 310 First Street, SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

SUBTOTAL of Disbursements This Page (optional) ▶	12500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Solidarity PAC		Transaction ID: 70606.E1726 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 550 Kearny St Ste 1010 Suite 1010		Amount of Each Disbursement this Period 1000.00
City San Francisco State CA Zip Code 94108-2570	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) B. Mike R Fund		Transaction ID: 70510.E1699 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address P.O. Box 65796		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20035-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) C. Western Action Pac		Transaction ID: 70413.E1651 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 406 Virginia Avenue		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22302-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. New Democratic Coalition PAC		Transaction ID: 70413.E1670 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 607 14th Street, NW Suite 800		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20005-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) B. Searchlight Leadership Fund		Transaction ID: 70606.E1729 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 426 C St NE Rear BLDG		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20002-5818	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) C. Leadership in the New Century (LINC PAC)		Transaction ID: 70510.E1705 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 301 4th St NE Ste 2		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002-5813	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Leadership in the New Century (LINC PAC)		Transaction ID: 70510.E1692 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address 301 4th St NE Ste 2		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002-5813	DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER

Full Name (Last, First, Middle Initial) B. NoDAK PAC		Transaction ID: 70510.E1710 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20013-0214	DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER

Full Name (Last, First, Middle Initial) C. Next Century Fund		Transaction ID: 70606.E1723 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 116 S Royal St		Amount of Each Disbursement this Period 1500.00
City Alexandria State VA Zip Code 22314-3328	DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Freedom and Democracy PAC		Transaction ID: 70606.E1725 Date of Disbursement 05 / 22 / 2007	
Mailing Address 610 S Boulevard		Amount of Each Disbursement this Period 1000.00	
City Tampa State FL Zip Code 33606-2693	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	DIRECT CONTRIBUTION	

Full Name (Last, First, Middle Initial) B. Alexander For Senate 2008		Transaction ID: 70413.E1687 Date of Disbursement 04 / 06 / 2007	
Mailing Address 101 Constitution Ave., NW STE 800		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20001-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION	

Full Name (Last, First, Middle Initial) C. Citizens for Altmire		Transaction ID: 70606.E1720 Date of Disbursement 05 / 22 / 2007	
Mailing Address 499 South Capitol Street SE Suite 404		Amount of Each Disbursement this Period 500.00	
City Washington State DC Zip Code 20003-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Bachus for Congress Committee		Transaction ID: 70510.E1709 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address P.O. Box 131134		Amount of Each Disbursement this Period -1500.00	
City Birmingham State AL Zip Code 35213-	Purpose of Disbursement : STOP PAYMENT	Category/ Type	
Candidate Name SPENCER T. BACHUS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AL District: 06	: STOP PAYMENT		

Full Name (Last, First, Middle Initial) B. Glacier PAC		Transaction ID: 70202.E1618 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7	
Mailing Address 818 Connecticut Avenue, NW Suite 1100		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20006-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	ANNUAL/OTHER		

Full Name (Last, First, Middle Initial) C. Becerra for Congress		Transaction ID: 70608.E1749 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address P.O. Box 261060		Amount of Each Disbursement this Period 2500.00	
City Los Angeles State CA Zip Code 90026-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name XAVIER BECERRA	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 31	DIRECT CONTRIBUTION		

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Becerra for Congress		Transaction ID: 70202.E1619 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7	
Mailing Address P.O. Box 261060		Amount of Each Disbursement this Period 2500.00	
City Los Angeles State CA Zip Code 90026-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name XAVIER BECERRA	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		DIRECT CONTRIBUTION	

Full Name (Last, First, Middle Initial) B. Rely on Your Beliefs Fund		Transaction ID: 70608.E1739 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 209 Pennsylvania Avenue, NE		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20003-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER		DIRECT CONTRIBUTION	

Full Name (Last, First, Middle Initial) C. Boyd for Congress		Transaction ID: 70413.E1653 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7	
Mailing Address 236 Massachusetts Ave., NE #508		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name F. A JR. BOYD	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 2		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		DIRECT CONTRIBUTION	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Dan Burton for Congress Cmte Full Name (Last, First, Middle Initial) Mailing Address PO Box 50593 City Indianapolis State IN Zip Code 46250-0593 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name DANNY L BURTON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70510.E1712 Date of Disbursement 05 / 10 / 2007 Amount of Each Disbursement this Period 1000.00 Category/Type DIRECT CONTRIBUTION
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B. Butterfield for Congress Full Name (Last, First, Middle Initial) Mailing Address 301 4th St NE City Washington State DC Zip Code 20002-5813 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name G K BUTTERFIELD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70705.E1759 Date of Disbursement 06 / 20 / 2007 Amount of Each Disbursement this Period 1000.00 Category/Type DIRECT CONTRIBUTION
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C. Dave Camp for Congress Full Name (Last, First, Middle Initial) Mailing Address 2501 Wisconsin Ave NW # 304 City Washington State DC Zip Code 20007-4543 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name DAVID LEE CAMP Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70510.E1696 Date of Disbursement 04 / 18 / 2007 Amount of Each Disbursement this Period 1000.00 Category/Type DIRECT CONTRIBUTION
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SUBTOTAL of Disbursements This Page (optional)	3000.00
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)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. ERIC PAC		Transaction ID: 70608.E1742 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 209 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20003-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION
State: District:	ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) B. Republican Majority Fund		Transaction ID: 70202.E1623 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7
Mailing Address 101 Constitution Avenue, NW Suite 900 West		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20001-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION
State: District:	ANNUAL/OTHER	

Full Name (Last, First, Middle Initial) C. Chambliss for Senate		Transaction ID: 70312.E1635 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address P.O. Box 12469		Amount of Each Disbursement this Period 500.00
City Atlanta State GA Zip Code 30355-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name C SAXBY CHAMBLISS		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION
State: GA District: 00		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Chambliss for Senate Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 12469 City Atlanta State GA Zip Code 30355- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name C SAXBY CHAMBLISS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70312.E1634 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 500.00 DIRECT CONTRIBUTION
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B. Chambliss for Senate Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 12469 City Atlanta State GA Zip Code 30355- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name C SAXBY CHAMBLISS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70413.E1662 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 1000.00 DIRECT CONTRIBUTION
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C. Friends of Jim Clyburn Full Name (Last, First, Middle Initial) Mailing Address 499 S. Capitol Street, SE, STE 412 City Washington State DC Zip Code 20003- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name JAMES E CLYBURN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 6 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70608.E1752 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7 Amount of Each Disbursement this Period 1500.00 DIRECT CONTRIBUTION
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SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Steve Cohen for Congress		Transaction ID: 70510.E1703 Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2007	
Mailing Address 349 Kenilworth Pl		Amount of Each Disbursement this Period 1000.00	
City Memphis State TN Zip Code 38112-5405	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name STEVE COHEN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 09	DIRECT CONTRIBUTION		

Full Name (Last, First, Middle Initial) B. Collins for Senator		Transaction ID: 70608.E1747 Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address P.O. Box 1096		Amount of Each Disbursement this Period 1000.00	
City Bangor State ME Zip Code 04402-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name SUSAN M COLLINS	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ME District: 00	DIRECT CONTRIBUTION		

Full Name (Last, First, Middle Initial) C. Collins for Senator		Transaction ID: 70413.E1661 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address P.O. Box 1096		Amount of Each Disbursement this Period 1000.00	
City Bangor State ME Zip Code 04402-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name SUSAN M COLLINS	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ME District: 00	DIRECT CONTRIBUTION		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Bob Corker for Senate Full Name (Last, First, Middle Initial) Mailing Address 518 Georgia Avenue 2nd Floor City Chattanooga State TN Zip Code 37403- Purpose of Disbursement DIRECT CONTRIBUTION - 2006 PRI DEBT Candidate Name ROBERT P JR CORKER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 00 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70103.E1617 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7 Amount of Each Disbursement this Period 5000.00 DIRECT CONTRIBUTION - 2006 PRI DEBT
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B. Friends of Bud Cramer Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 2621 City Huntsville State AL Zip Code 35801- Purpose of Disbursement : STOP PAYMENT Candidate Name ROBERT E BUD JR CRAMER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70510.E1708 Date of Disbursement: M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7 Amount of Each Disbursement this Period -1000.00 : STOP PAYMENT
---	--	---

C. Mike Crapo for Senate Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1948 City Boise State ID Zip Code 83701- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name MICHAEL D CRAPO Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70705.E1767 Date of Disbursement: M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7 Amount of Each Disbursement this Period 1000.00 DIRECT CONTRIBUTION
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SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Crowley for Congress		Transaction ID: 70413.E1672 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 422 C St NE Lower Level		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002-5818	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name JOSEPH CROWLEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cubin for Congress		Transaction ID: 70202.E1620 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7
Mailing Address P.O. Box 4657		Amount of Each Disbursement this Period 1000.00
City Casper State WY Zip Code 82604-	Category/ Type DIRECT CONTRIBUTION - 06 GENERAL DE	
Purpose of Disbursement DIRECT CONTRIBUTION - 06 GENERAL DE		
Candidate Name BARBARA L CUBIN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lincoln Davis for Congress		Transaction ID: 70510.E1711 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 236 Massachusetts Ave NE Ste 508		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20002-4980	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name LINCOLN EDWARD DAVIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Nathan Deal for Congress		Transaction ID: 70510.E1695 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7	
Mailing Address P.O. Box 16021		Amount of Each Disbursement this Period 1500.00	
City Alexandria State VA Zip Code 22302-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name NATHAN DEAL	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA District: 9	DIRECT CONTRIBUTION		

Full Name (Last, First, Middle Initial) B. People for Pete Domenici		Transaction ID: 70510.E1713 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7	
Mailing Address 217 3rd St SE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20003-1904	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name PETE V DOMENICI	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NM District: 00	DIRECT CONTRIBUTION		

Full Name (Last, First, Middle Initial) C. Doyle for Congress		Transaction ID: 70413.E1654 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7	
Mailing Address 301 4th Street, NE Suite 202		Amount of Each Disbursement this Period 500.00	
City Washington State DC Zip Code 20002-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name MIKE DOYLE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA District: 14	DIRECT CONTRIBUTION		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Friends of Dick Durbin		Transaction ID: 70608.E1755 Date of Disbursement 06 / 08 / 2007	
Mailing Address P.O. Box 1949		Amount of Each Disbursement this Period 1000.00	
City Springfield State IL Zip Code 62705-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name RICHARD J DURBIN	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00	DIRECT CONTRIBUTION		

Full Name (Last, First, Middle Initial) B. Friends of Dick Durbin		Transaction ID: 70608.E1756 Date of Disbursement 06 / 08 / 2007	
Mailing Address P.O. Box 1949		Amount of Each Disbursement this Period 1000.00	
City Springfield State IL Zip Code 62705-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name RICHARD J DURBIN	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00	DIRECT CONTRIBUTION		

Full Name (Last, First, Middle Initial) C. Friends of Dick Durbin		Transaction ID: 70312.E1633 Date of Disbursement 02 / 20 / 2007	
Mailing Address P.O. Box 1949		Amount of Each Disbursement this Period 1000.00	
City Springfield State IL Zip Code 62705-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name RICHARD J DURBIN	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00	DIRECT CONTRIBUTION		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Friends of Dick Durbin		Transaction ID: 70413.E1681 Date of Disbursement 04 / 06 / 2007	
Mailing Address P.O. Box 1949		Amount of Each Disbursement this Period 1500.00 DIRECT CONTRIBUTION	
City Springfield	State IL		Zip Code 62705-
Purpose of Disbursement DIRECT CONTRIBUTION			Category/ Type
Candidate Name RICHARD J DURBIN			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL District: 00			

Full Name (Last, First, Middle Initial) B. Enzi for U.S. Senate		Transaction ID: 70510.E1697 Date of Disbursement 04 / 18 / 2007	
Mailing Address P.O. Box 2775		Amount of Each Disbursement this Period 1000.00 DIRECT CONTRIBUTION	
City Cody	State WY		Zip Code 82414-
Purpose of Disbursement DIRECT CONTRIBUTION			Category/ Type
Candidate Name MICHAEL B ENZI			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WY District: 00			

Full Name (Last, First, Middle Initial) C. Friends of Mike Ferguson		Transaction ID: 70608.E1740 Date of Disbursement 06 / 08 / 2007	
Mailing Address PO Box 225		Amount of Each Disbursement this Period 2500.00 DIRECT CONTRIBUTION	
City Colonia	State NJ		Zip Code 07067-0225
Purpose of Disbursement DIRECT CONTRIBUTION			Category/ Type
Candidate Name MIKE FERGUSON			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NJ District: 07			

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Committee to Re-Elect Vito Fossella		Transaction ID: 70202.E1621 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7
Mailing Address P.O. Box 131403		Amount of Each Disbursement this Period 2500.00
City Staten Island State NY Zip Code 10027-	Category/ Type DIRECT CONTRIBUTION - 06 GENERAL DE	
Purpose of Disbursement DIRECT CONTRIBUTION - 06 GENERAL DE		
Candidate Name VITO MR. FOSSELLA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jim Gerlach for Congress Committee		Transaction ID: 70510.E1716 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 911 Welsh Ayres Way		Amount of Each Disbursement this Period 500.00
City Dowingtown State PA Zip Code 19335-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name JIM GERLACH		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Gordon for Congress		Transaction ID: 70510.E1706 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 2008		Amount of Each Disbursement this Period 1000.00
City Murfreesboro State TN Zip Code 37133-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name BARTON JENNINGS GORDON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. White Mountain Pac		Transaction ID: 70413.E1659 Date of Disbursement 03 / 14 / 2007	
Mailing Address P.O. Box 1772		Amount of Each Disbursement this Period 2500.00	
City Concord State NH Zip Code 03302-1812	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	DIRECT CONTRIBUTION	

Full Name (Last, First, Middle Initial) B. White Mountain Pac		Transaction ID: 70510.E1698 Date of Disbursement 04 / 18 / 2007	
Mailing Address P.O. Box 1772		Amount of Each Disbursement this Period 2500.00	
City Concord State NH Zip Code 03302-1812	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	DIRECT CONTRIBUTION	

Full Name (Last, First, Middle Initial) C. Citizens for Harkin		Transaction ID: 70413.E1685 Date of Disbursement 04 / 06 / 2007	
Mailing Address 426 C Street, NE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Hastert for Congress		Transaction ID: 70413.E1680 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 335 N. River Street Suite 203		Amount of Each Disbursement this Period 2500.00
City Batavia State IL Zip Code 60510-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name DENNIS J. HASTERT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Brian Higgins for Congress		Transaction ID: 70413.E1682 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address P.O. Box 28		Amount of Each Disbursement this Period 500.00
City Buffalo State NY Zip Code 14220-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name BRIAN M. HIGGINS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Darlene Hooley for Congress		Transaction ID: 70705.E1768 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 38 Ivy Street		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name DARLENE HOOLEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

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

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. AMERIPAC		Transaction ID: 70312.E1637 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address 499 South Capitol Street, SW Suite 414		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER		
State: District:		

Full Name (Last, First, Middle Initial) B. Friends of Jim Inhofe		Transaction ID: 70705.E1765 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address 406 Virginia Ave		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22302-2908	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OK District: 00		

Full Name (Last, First, Middle Initial) C. Friends of Jim Inhofe		Transaction ID: 70413.E1669 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 406 Virginia Ave		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22302-2908	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OK District: 00		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Jesse Jackson, Jr. for U.S. Congress		Transaction ID: 70413.E1657 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 499 South Capitol St SW #412		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name JESSE LOUIS JR JACKSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tim Johnson for South Dakota, Inc.		Transaction ID: 70705.E1766 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 120 Maryland Ave NE		Amount of Each Disbursement this Period -1000.00
City Washington State DC Zip Code 20002-5610	Category/ Type VOID	
Purpose of Disbursement VOID		
Candidate Name TIM JOHNSON		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tim Johnson for South Dakota, Inc.		Transaction ID: 70413.E1656 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 120 Maryland Ave NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002-5610	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name TIM JOHNSON		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

<p>A. Full Name (Last, First, Middle Initial) Ron Kind for Congress Committee</p>		<p>Transaction ID: 70510.E1694 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	8		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	8		2	0	7															
<p>Mailing Address 38 Ivy Street, SE</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>1500.00</td> </tr> </table> </p>		1500.00																			
1500.00																							
<p>City Washington State DC Zip Code 20003-</p>	<p>Purpose of Disbursement DIRECT CONTRIBUTION</p>	<p>Category/ Type</p>																					
<p>Candidate Name RON KIND</p>	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 03</p>																						
		<p>DIRECT CONTRIBUTION</p>																					

<p>B. Full Name (Last, First, Middle Initial) Rick Larsen for Congress</p>		<p>Transaction ID: 70606.E1719 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	2		2	0	7															
<p>Mailing Address PO Box 326</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> </p>		1000.00																			
1000.00																							
<p>City Everett State WA Zip Code 98206-0326</p>	<p>Purpose of Disbursement DIRECT CONTRIBUTION</p>	<p>Category/ Type</p>																					
<p>Candidate Name RICK LARSEN</p>	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 2</p>																						
		<p>DIRECT CONTRIBUTION</p>																					

<p>C. Full Name (Last, First, Middle Initial) Larson for Congress</p>		<p>Transaction ID: 70510.E1691 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	8		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	8		2	0	7															
<p>Mailing Address 200 East Jefferson Street</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> </p>		1000.00																			
1000.00																							
<p>City Falls Church State VA Zip Code 22046-</p>	<p>Purpose of Disbursement DIRECT CONTRIBUTION</p>	<p>Category/ Type</p>																					
<p>Candidate Name JOHN B LARSON</p>	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 01</p>																						
		<p>DIRECT CONTRIBUTION</p>																					

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>3500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Ron Lewis for Congress Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 307 City Elizabethtown State KY Zip Code 42702-		Transaction ID: 70510.E1718 Date of Disbursement 05 / 10 / 2007
Purpose of Disbursement DIRECT CONTRIBUTION		Amount of Each Disbursement this Period 2000.00
Candidate Name RON LEWIS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

B. Linder For Congress Full Name (Last, First, Middle Initial) Mailing Address P.o. Box 4026 City Duluth State GA Zip Code 30096-		Transaction ID: 70608.E1741 Date of Disbursement 06 / 08 / 2007
Purpose of Disbursement DIRECT CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name JOHN LINDER		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

C. Matheson For Congress Full Name (Last, First, Middle Initial) Mailing Address P.o. Box 636 City Annandale State VA Zip Code 22003-		Transaction ID: 70608.E1754 Date of Disbursement 06 / 08 / 2007
Purpose of Disbursement DIRECT CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name JAMES DAVID MATHESON		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial)
The McConnell Senate Committee

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
MITCH MCCONNELL

Office Sought: House
 Senate
 President
State: KY District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 70608.E1744
Date of Disbursement

/ /

Amount of Each Disbursement this Period

DIRECT CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Re-Elect McGovern Committee

Mailing Address P.O. Box 60405

City Worcester State MA Zip Code 01606-0405

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
JIM P MCGOVERN

Office Sought: House
 Senate
 President
State: MA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 70705.E1764
Date of Disbursement

/ /

Amount of Each Disbursement this Period

DIRECT CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Meeks For Congress

Mailing Address 1831 basy st se
219-10 S. Conduit Avenue

City Washington State DC Zip Code 20003-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
GREGORY W MEEKS

Office Sought: House
 Senate
 President
State: NY District: 6

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 70413.E1658
Date of Disbursement

/ /

Amount of Each Disbursement this Period

DIRECT CONTRIBUTION

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Charlie Melancon Campaign Committee		Transaction ID: 70413.E1684 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 511 Congress Street		Amount of Each Disbursement this Period 1000.00 DIRECT CONTRIBUTION
City Napoleonville State LA Zip Code 70390-		
Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name CHARLIE JR. MELANCON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Miller for Congress		Transaction ID: 70705.E1761 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address 499 South Capitol Street, SW Suite 412		Amount of Each Disbursement this Period 1000.00 DIRECT CONTRIBUTION
City Washington State DC Zip Code 20003-		
Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name BRAD MILLER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Harry Mitchell for Congress		Transaction ID: 70510.E1704 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address PO Box 23748		Amount of Each Disbursement this Period 1000.00 DIRECT CONTRIBUTION
City Tempe State AZ Zip Code 85285-3748		
Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name HARRY E MITCHELL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Lisa Murkowski For Senate		Transaction ID: 70608.E1745 Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address PO Box 100847		Amount of Each Disbursement this Period 1000.00	
City Anchorage State AK Zip Code 99510-0847	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name LISA MURKOWSKI	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AK District: 00	DIRECT CONTRIBUTION		

Full Name (Last, First, Middle Initial) B. Tim Murphy for Congress		Transaction ID: 70510.E1717 Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2007	
Mailing Address P.O. Box 2776		Amount of Each Disbursement this Period 500.00	
City Arlington State VA Zip Code 22202-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name TIM MURPHY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA District: 18	DIRECT CONTRIBUTION		

Full Name (Last, First, Middle Initial) C. Richard Neal For Congress		Transaction ID: 70608.E1750 Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address P.o. Box 15096		Amount of Each Disbursement this Period 2500.00	
City Chevy Chase State MD Zip Code 20835-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name RICHARD E MR. NEAL	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MA District: 02	DIRECT CONTRIBUTION		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Earl Pomeroy for Congress		Transaction ID: 70608.E1753 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address P.O. Box 75214		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">3000.00</div>
City Washington State DC Zip Code 20013-		
Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name EARL RALPH POMEROY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial) B. Earl Pomeroy for Congress		Transaction ID: 70413.E1652 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address P.O. Box 75214		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2000.00</div>
City Washington State DC Zip Code 20013-		
Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name EARL RALPH POMEROY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial) C. Jon Porter For Congress		Transaction ID: 70608.E1743 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 7840 Red Leaf Dr		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2000.00</div>
City Las Vegas State NV Zip Code 89131-5005		
Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name JON C SR PORTER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; text-align: center;">7000.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px;"></div>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Mark Pryor for U.S. Senate		Transaction ID: 70312.E1630 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7	
Mailing Address 420 C Street, NE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name MARK L PRYOR	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AR District: 00	DIRECT CONTRIBUTION		

Full Name (Last, First, Middle Initial) B. Mark Pryor for U.S. Senate		Transaction ID: 70312.E1631 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7	
Mailing Address 420 C Street, NE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002-	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name MARK L PRYOR	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AR District: 00	DIRECT CONTRIBUTION		

Full Name (Last, First, Middle Initial) C. Rangel For Congress		Transaction ID: 70413.E1686 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7	
Mailing Address PO Box 5577		Amount of Each Disbursement this Period 2500.00	
City Manhattanville State NY Zip Code 10027-5570	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type	
Candidate Name CHARLES B RANGEL	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 15	DIRECT CONTRIBUTION		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Pat Roberts For Senate		Transaction ID: 70312.E1640 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address P.O. Box 433		Amount of Each Disbursement this Period 2500.00
City State Zip Code Great Bend KS 67530-	Purpose of Disbursement DIRECT CONTRIBUTION Category/Type	
Candidate Name PAT ROBERTS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial) B. Lucille Roybal-Allard for Congress		Transaction ID: 70510.E1715 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address P.O. Box 582		Amount of Each Disbursement this Period 1000.00
City State Zip Code Kensington MD 20895-	Purpose of Disbursement DIRECT CONTRIBUTION Category/Type	
Candidate Name LUCILLE ROYBAL-ALLARD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

Full Name (Last, First, Middle Initial) C. Ryan for Congress		Transaction ID: 70413.E1663 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address P.O. Box 1919		Amount of Each Disbursement this Period 1000.00
City State Zip Code Janesville WI 53545-	Purpose of Disbursement DIRECT CONTRIBUTION Category/Type	
Candidate Name PAUL D RYAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Schwartz for Congress		Transaction ID: 70413.E1667 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 38 Ivy Street		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name ALLYSON SCHWARTZ		DIRECT CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Solis for Congress		Transaction ID: 70606.E1722 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 1718 M Street, NW #172		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20036-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name HILDA SOLIS		DIRECT CONTRIBUTION
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Stevens For Senate Committee		Transaction ID: 70510.E1700 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address PO Box 1766		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20013-1766	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name THEODORE F (TED) STEVENS		DIRECT CONTRIBUTION
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Team Sununu		Transaction ID: 70608.E1746 Date of Disbursement 06 / 08 / 2007
Mailing Address P.O. Box 500		Amount of Each Disbursement this Period 1000.00 DIRECT CONTRIBUTION
City Rye State NH Zip Code 03870-	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name JOHN E SUNUNU	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Committee to Re-Elect Edolphus Towns		Transaction ID: 70606.E1728 Date of Disbursement 05 / 22 / 2007
Mailing Address 426 C Street, NE		Amount of Each Disbursement this Period 1000.00 DIRECT CONTRIBUTION
City Washington State DC Zip Code 20002-5818	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name EDOLPHUS TOWNS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Committee to Re-Elect Edolphus Towns		Transaction ID: 70705.E1760 Date of Disbursement 06 / 20 / 2007
Mailing Address 426 C Street, NE		Amount of Each Disbursement this Period 1500.00 DIRECT CONTRIBUTION
City Washington State DC Zip Code 20002-5818	Purpose of Disbursement DIRECT CONTRIBUTION	
Candidate Name EDOLPHUS TOWNS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Mark Udall for Congress		Transaction ID: 70510.E1702 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 236 Massachusetts Avenue, NE Suite 508		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20002-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name MARK E. UDALL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District: 2		

Full Name (Last, First, Middle Initial) B. Mark Udall for Congress		Transaction ID: 70413.E1668 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 236 Massachusetts Avenue, NE Suite 508		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20002-	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name MARK E. UDALL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District: 2		

Full Name (Last, First, Middle Initial) C. Victory In November Election PAC		Transaction ID: 70312.E1632 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address 236 Massachusetts Ave NE Suite 508		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20002-4980	Category/ Type DIRECT CONTRIBUTION	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial) A. Whitehouse for Senate		Transaction ID: 70413.E1671 Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address PO Box 40280		Amount of Each Disbursement this Period 250.00 DIRECT CONTRIBUTION
City Providence State RI Zip Code 02940-0280	Category/ Type	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name SHELDON II WHITEHOUSE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Congressman Bill Young Campaign Cmte		Transaction ID: 70510.E1714 Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2007
Mailing Address P.O. Box 47025		Amount of Each Disbursement this Period 1000.00 DIRECT CONTRIBUTION
City Saint Petersburg State FL Zip Code 33743-	Category/ Type	
Purpose of Disbursement DIRECT CONTRIBUTION		
Candidate Name C. W. BILL YOUNG		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

1250.00

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

204750.00