REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 16 A 9:42

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
Harrisburg, PA 17106

2. FEC IDENTIFICATION NUMBER
C00270967

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

4. TYPE OF REPORT

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

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

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 07-01-2000 through 09-30-2000		
6. (a) Cash on Hand January 1, 19 2000		$ 16,940.43
(b) Cash on Hand at Beginning of Reporting Period	$ 6,009.86	
(c) Total Receipts (from Line 19)	$ 26,688.29	$ 83,470.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 32,698.15	$ 100,411.15
7. Total Disbursements (from Line 30)	$ 23,930.00	$ 91,643.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 8,768.15	$ 8,768.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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

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

Type or Print Name of Treasurer
Linda Melusky

Signature of Treasurer
Linda Melusky

Date
10/13/00

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

FEC FORM 3X
(revised 9/93)

FFCJANC001

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

(revised 1/1/91)

NAME OF COMMITTEE: BluePAC

REPORT COVERING PERIOD FROM 07-01-2000 TO: 09-30-2000

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	11,333.54	29,703.72	11(a)(i)
ii. Unitemized	15,354.75	51,767.00	11(a)(ii)
iii. Total (add i and ii) ➤	26,688.29	81,470.72	11(a)(iii)
b. Political Party Committees	0.00	2,000.00	11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	26,688.29	83,470.72	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	26,688.29	83,470.72	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤			20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	2,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	2,108.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)	0.00	5,000.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	5,000.00	28(d)
29. Other Disbursements	22,930.00	82,535.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	23,930.00	91,643.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	26,688.29	83,470.72	32
33. Total Contribution Refunds (from line 28d)	0.00	5,000.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	26,688.29	78,470.72	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	0.00	37

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 10
	FOR LINE NUMBER 11.a .i.

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
A. Butler, Christopher 1 Brampton Road Malvern, Pa 19355 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Senior Vice President Aggregate Year-to-Date > $ 780.00		$ 240.00 ($40 bi-weekly)
B. Deddis, John 6 Glenstone Drive Medford, NJ 08055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Senior Vice President Aggregate Year-to-Date > $ 730.94		$ 230.82 ($38.47 bi-weekly)
C. Dibona, G. Fred Jr. 887 Heather Lane Bryn Mawr, Pa 19010 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross President Aggregate Year-to-Date > $ 2,657.78		$ 807.72 ($134.62 bi-weekly)
D. Fasda, Robert J. 9 Summer Hill Lane Medford, NJ 08055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Senior Vice President Aggregate Year-to-Date > $ 650.00		$ 300.00 ($50 bi-weekly)
E. Foos, John G. 1016 Lorien Drive Gwynedd Valley, Pa 19437 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Chief Financial Officer Aggregate Year-to-Date > $ 1,140.00		$ 360.00 ($60 bi-weekly)
F. Cashman, Christopher 7320 Hole Road Philadelphia, PA 19128 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Sr VP Corp. & Public Affairs Aggregate Year-to-Date > $ 1,534.00		$ 516.00 ($86 bi-weekly)
G. Hobson, Michael 31 Oxford Road Wayne, PA 19087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Acct. Exec. KHP East Aggregate Year-to-Date > $ 731.50		$ 231.00 ($38.50 bi-weekly)

SUBTOTAL	of Receipts This Page (optional) ..... >	$ 2,685.54
TOTAL	This Period (last page this line number only) ..... >	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Park, Rosemary 210 Carlton Avenue Westmont, NJ 08108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Senior Vice President Rating Aggregate Year-to-Date > $ 850.00		$ 300.00 ($50 bi-weekly)
McMillen, Mary Ellen 5487 Grouse Drive Harrisburg, Pa 17111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Vice President Aggregate Year-to-Date > $ 731.50		$ 231.00 ($38.50 bi-weekly)
Pappalardo, Thomas 240 Tall Pines Drive East Sewell, NJ 08080 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Senior Vice President Aggregate Year-to-Date > $ 700.00		$ 240.00 ($40 bi-weekly)
Pedrlani, Daniel 1604 Schoolhouse Lane Gwynedd Valley, Pa 19437 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Senior Vice President Aggregate Year-to-Date > $ 1,140.00		$ 360.00 ($60 bi-weekly)
Brennan, Martin 1 Tanglewood Circle Rose Valley, PA 19086 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Chief Info. Officer Aggregate Year-to-Date > $ 760.00		$ 240.00 ($40 bi-weekly)
Farley, Kathryn 315 Valley Forge Road Devon, PA 19333 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Vice President Aggregate Year-to-Date > $ 760.00		$ 240.00 ($40 bi-weekly)
Frick, Joseph A. 7 Moore Circle Media, PA 19063 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Vice President Aggregate Year-to-Date > $ 760.00		$ 240.00 ($40 bi-weekly)

SUBTOTAL of Receipts This Page (optional) > $ 1,851.00

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

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 3 OF 10

FOR LINE NUMBER 11.a .i.

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Boyer, Dennis L. 113 Red Stone Ridge Delran, NJ 08075	Independence Blue Cross		$ 120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Senior Vice President, Rating		
	Aggregate Year-to-Date > $	380.00	($20 bi-weekly)
Brown, Royal E. 1428 S 15th Street Philadelphia, PA 17149	Independence Blue Cross		$ 120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President		
	Aggregate Year-to-Date > $	380.00	($20 bi-weekly)
Henry, Joseph P. 207 Leona Avenue Huntingdon Valley, PA 19006	Independence Blue Cross		$ 120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Senior Vice President		
	Aggregate Year-to-Date > $	380.00	($20 bi-weekly)
Keefe, Katherine M. 316 Yarrow Avenue Swarthmore, PA 19081	Independence Blue Cross		$ 96.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Senior Vice President		
	Aggregate Year-to-Date > $	304.00	($16 bi-weekly)
Rhodes, James H. 5105 N Park Drive, Suite 1401 Pennsauken, NJ 08018	Independence Blue Cross		$ 120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chief Info. Officer		
	Aggregate Year-to-Date > $	380.00	($20 bi-weekly)
Roberts, Michael Kevin 902 Dogwood Lane Collegeville, PA 19426	Independence Blue Cross		$ 120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President		
	Aggregate Year-to-Date > $	380.00	($20 bi-weekly)
Carey, Lee M. 100 Mulberry Lane Media, PA 19063	Independence Blue Cross		$ 108.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President		
	Aggregate Year-to-Date > $	342.00	($18 bi-weekly)

SUBTOTAL of Receipts This Page (optional) > $ 904.00

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

SCHEDULE A — ITEMIZED RECEIPTS

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PAGE 4 OF 10

FOR LINE NUMBER 11-a .i.

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NAME OF COMMITTEE (in Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Douglas, John 105 Cascades Court Blue Bell, PA 19422 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Senior Vice President Rating Aggregate Year-to-Date > $ 360.00		$ 120.00 ($20 bi-weekly)
Eskridge, Karen W. 114A East Providence Road Yeadon, PA 19050 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Vice President Aggregate Year-to-Date > $ 904.00		$ 90.00 ($15 bi-weekly)
Lessin, Karen 908 Golf Hills Road Havertown, PA 19083 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Senior Vice President Aggregate Year-to-Date > $ 360.00		$ 120.00 ($20 bi-weekly)
Nolan, Joseph F. 2938 Sunset Avenue Norristown, PA 19403 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Senior Vice President Aggregate Year-to-Date > $ 570.00		$ 100.00 ($30 bi-weekly)
Piccioli, Vincent J. 14 Fisler Drive Clayton, NJ 08312 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Chief Info. Officer Aggregate Year-to-Date > $ 342.00		$ 108.00 ($18 bi-weekly)
Post, R. Scott 285 Stormfield Drive Harleysville, PA 19438 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Vice President Aggregate Year-to-Date > $ 360.00		$ 120.00 ($20 bi-weekly)
Reilley, Lawrence 1304 Fairbourne Ct. Lansdale, PA 19446 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Vice President Aggregate Year-to-Date > $ 360.00		$ 120.00 ($20 bi-weekly)

SUBTOTAL of Receipts This Page (optional) ..... > $ 894.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11.a .L

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Gregus, Barbara J. 210 Fawn Drive Harleysville, PA 19438	Independence Blue Cross Occupation: Senior Vice President Retiring		$ 120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	360.00	($20 bi-weekly)
Hughes, Robert P. 904 Westdale Avenue Swarthmore, PA 19081	Independence Blue Cross Occupation: Vice President		$ 120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	360.00	($20 bi-weekly)
Pearson MD, Vincent 109 Irick Road Mount Holly, NJ 08060	Independence Blue Cross Occupation: Senior Vice President		$ 150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	475.00	($25 bi-weekly)
Riggins, Stacy L. 717 W. Fisher Avenue Philadelphia, PA 19120	Independence Blue Cross Occupation: Senior Vice President		$ 120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	360.00	($20 bi-weekly)
Bright, Yvette 739 Westview Avenue Philadelphia, PA 19119	Independence Blue Cross Occupation: Chief Info. Officer		$ 120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	360.00	($20 bi-weekly)
Herdman, Bruce 154 Quinton-Hancocks Road Salem, NJ 08079	Independence Blue Cross Occupation: Vice President		$ 120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	360.00	($20 bi-weekly)
Haggan, William F. 333 Elm Avenue Haddonfield, NJ 08033	Independence Blue Cross Occupation: Vice President		$ 150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	475.00	($25 bi-weekly)

SUBTOTAL of Receipts This Page (optional) ..... > $ 900.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 8 OF 10
	FOR LINE NUMBER 11.a .i.

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Liskey, Donald J. 2800 Bomoo Drive Moon Township, PA 15108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Independence Blue Cross Occupation: Senior Vice President Rating Aggregate Year-to-Date > $	Payroll Deduction 380.00	$ 120.00 ($20 bi-weekly)
B. Full Name, Mailing Address and ZIP Code Gannon, George W. 1405 Springton Lane West Chester, PA 19380 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Independence Blue Cross Occupation: Vice President Aggregate Year-to-Date > $	Payroll Deduction 380.00	$ 120.00 ($20 bi-weekly)
C. Full Name, Mailing Address and ZIP Code Jewett, Constance 311 Devonshire Drive Stroudsburg, PA 18360 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Blue Cross of Northeastern PA Occupation: Vice President Aggregate Year-to-Date > $	Payroll Deduction 260.00	$ - ($0 bi-weekly)
D. Full Name, Mailing Address and ZIP Code Rashid, M. 6 Dickson Drive Medford, NJ 08055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Independence Blue Cross Occupation: Senior Vice President Aggregate Year-to-Date > $	Payroll Deduction 600.00	$ - ($0 bi-weekly)
E. Full Name, Mailing Address and ZIP Code McGinley, Michael 211 Indian Creek Drive Mechanicsburg, PA 17055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Capital Blue Cross Occupation: Senior Vice President Aggregate Year-to-Date > $	Payroll Deduction 300.00	$ 105.00 ($15 bi-weekly)
F. Full Name, Mailing Address and ZIP Code Vanvalkenburg, Lee 2901 Rathton Road Camp Hill, PA 17011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Capital Blue Cross Occupation: Vice President Aggregate Year-to-Date > $	Payroll Deduction 400.00	$ 140.00 ($20 bi-weekly)
G. Full Name, Mailing Address and ZIP Code Carocci, Vincent 813 Mandy Lane Camp Hill, PA 17011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Capital Blue Cross Occupation: Mgr-Gov't Relations Aggregate Year-to-Date > $	Payroll Deduction 400.00	$ 140.00 ($20 bi-weekly)

SUBTOTAL	of Receipts This Page (optional) >	$ 625.00
TOTAL	This Period (last page this line number only) >	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 10

FOR LINE NUMBER 11.a .A

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NAME OF COMMITTEE (in Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
A. Green, Michael A. 517 Brights Lane Penllyn, PA 19422 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Independence Blue Cross Occupation: Vice President Aggregate Year-to-Date > $ 950.00		$ 300.00 ($50 bi-weekly)
B. Zemzow, John 1150 Grandview Terrace Radnor, Pa 19087 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Independence Blue Cross Occupation: Senior Vice President Aggregate Year-to-Date > $ 665.00		$ 210.00 ($35 bi-weekly)
C. Lister, Kathleen 2029 Delancey Place Philadelphia, PA 19103 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Independence Blue Cross Occupation: Vice President Aggregate Year-to-Date > $ 950.00		$ 300.00 ($50 bi-weekly)
D. McKeown, Robert A. 508 Bryn Mawr Avenue Haddonfield, NJ 08033-1119 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Independence Blue Cross Occupation: Senior VP Aggregate Year-to-Date > $ 950.00		$ 300.00 ($50 bi-weekly)
E. Udupihayi, Stephen M.D. 1085 Wyndtree Lane Malvern, PA 19355 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Independence Blue Cross Occupation: Sr. VP & Chief Med. Off. Aggregate Year-to-Date > $ 760.00		$ 240.00 ($40 bi-weekly)
F. Markel, Robert 521 9th Street New Cumberland, PA 17070 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Capital Blue Cross Occupation: SR V.P. and Treasurer Aggregate Year-to-Date > $ 800.00		$ 280.00 ($40 bi-weekly)
G. Mead, James 201 Hearth Road Camp Hill, PA 17011 Receipt For: [ ] Primary [ ] General [ ] Other (specify).	Capital Blue Cross Occupation: President Aggregate Year-to-Date > $ 1000.00		$ 350.00 ($50 bi-weekly)

SUBTOTAL of Receipts This Page (optional) > $ 1,980.00

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

SCHEDULE A — ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
A. Brown, Nadine M. 301 N. Progress Avenue J-12 Harrisburg, PA 17109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Capital Blue Cross Occupation: Analyst Aggregate Year-to-Date > $ 300.00		$ 105.00 ($15 bi-weekly)
B. Spirth, Gregg 1708 Wyoming Avenue Forty Fort, PA 18704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blue Cross of Northeastern PA Occupation: Corp. Director, MA Aggregate Year-to-Date > $ 300.00		$ 105.00 ($15 bi-weekly)
C. W.J. Phelps 8 Deer Meadow Drive Dallas, PA 18612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blue Cross of Northeastern PA Occupation: Vice President Aggregate Year-to-Date > $ 285.00		$ 105.00 ($15 bi-weekly)
D. Eric L. Dove 4006 Stratford Rd Richmond, VA 23225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Blue Cross of Northeastern PA Occupation: VP Sales Aggregate Year-to-Date > $ 250.00		$ 250.00 ($0 bi-weekly)
E. Tracy E. Noll 4701 N. Clearview Drive Camp Hill, PA 17011 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Capital Blue Cross Occupation: DCS Specialist Aggregate Year-to-Date > $ 270.00		$ 105.00 ($15 bi-weekly)
F. William J. Blount 6811 Upland Way Philadelphia, PA 19131 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Senior Director Aggregate Year-to-Date > $ 228.00		$ 72.00 ($0 bi-weekly)
G. Bonnie Ciocco 710 Duke Drive Wenonah, NJ 08090 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Director Aggregate Year-to-Date > $ 304.00		$ 96.00 ($15 bi-weekly)

SUBTOTAL of Receipts This Page (optional) > $ 638.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11.a .i.

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Denise M. Dodd 112 East Madison Avenue Collingswood, NJ 08108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Corp Research Consultant Aggregate Year-to-Date > $ 268.00	Payroll Deduction	$ 84.00 ($14 bi-weekly)
B. Neal I. Freedman 1500 Locust Street #2007 Philadelphia, PA 19102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Associate Actuary Aggregate Year-to-Date > $ 228.00	Payroll Deduction	$ 72.00 ($12 bi-weekly)
C. Thomas J. Helms 604 Dolores Drive Broomhall, PA 19008 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Manager Aggregate Year-to-Date > $ 228.00	Payroll Deduction	$ 72.00 ($12 bi-weekly)
D. Henry M. Kearney 4019 K Street Philadelphia, PA 19124 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Manager Aggregate Year-to-Date > $ 247.00	Payroll Deduction	$ 78.00 ($13 bi-weekly)
E. Livia Maleni 0 Luis Drive Linwood, NJ 08221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Director Aggregate Year-to-Date > $ 228.00	Payroll Deduction	$ 72.00 ($12 bi-weekly)
F. Richard A. Doran 318 S. Lawrence Street Philadelphia, PA 19106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: V.P. Communications Aggregate Year-to-Date > $ 285.00	Payroll Deduction	$ 90.00 ($15 bi-weekly)
G. Robert Mayfield Jr. 201 Hedgemere Drive Devon, PA 19333 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Independence Blue Cross Occupation: Vice President Aggregate Year-to-Date > $ 268.00	Payroll Deduction	$ 84.00 ($14 bi-weekly)

SUBTOTAL of Receipts This Page (optional) > $ 552.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 10 OF 10

FOR LINE NUMBER 11.a .i

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code Daniel C. Lyons M.D. 5 Narcotryn Road Sellersville, PA 18960 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Independence Blue Cross Occupation Vice President Aggregate Year-to-Date > $ 228.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 72.00 ($12 bi-weekly)
B. Full Name, Mailing Address and ZIP Code Franklin D. Foster 83 North Gate Village Burlington, NJ 08016 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Independence Blue Cross Occupation Director of Medicaid Aggregate Year-to-Date > $ 285.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 90.00 ($15 bi-weekly)
C. Full Name, Mailing Address and ZIP Code Laura L. Landman 801 Yardley Drive Dowington, PA 19335 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Independence Blue Cross Occupation Director Provider Relations Aggregate Year-to-Date > $ 220.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $ 72.00 ($12 bi-weekly)
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period ($0 bi-weekly)
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period ($0 bi-weekly)
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period ($0 bi-weekly)
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period ($0 bi-weekly)

SUBTOTAL	of Receipts This Page (optional) >	$ 234.00
TOTAL	This Period (last page this line number only) >	$ 11,333.54

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11.b

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
AmeriPAC 8000 Midlantic Drive, Suite 333 Mt Laurel, NJ 08054-1580	Political Action Committee		$ -
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,000.00		($0 bi-weekly)
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		($0 bi-weekly)
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		($0 bi-weekly)
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		($0 bi-weekly)
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		($0 bi-weekly)
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		($0 bi-weekly)
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		($0 bi-weekly)

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 18

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NAME OF COMMITTEE (in Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

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

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

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

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

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

SUBTOTAL of Disbursements This Page (optional) ..... >	50.00
TOTAL This Period (last page this line number only) ..... >	50.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code Santorum Victory Committee 1206 Locust Street, Suite 100 Philadelphia, PA 19107	Purpose of Disbursement Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 09/07/2000	Amount of Each Disbursement This Period $1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution - Scott, Pa. Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) ..... >	$1,000.00
TOTAL This Period (last page this line number only) ..... >	$1,000.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1 FOR LINE NUMBER 28c

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NAME OF COMMITTEE (In Full)

BluePAC Pennsylvania Blue Cross Plans PAC

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1	OF 5
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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code The Jeff Coy Committee 9620 Forest Ridge Road Shippensburg, PA 17257	Purpose of Disbursement Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/08/2000	Amount of Each Disbursement This Period $300.00
B. Full Name, Mailing Address and ZIP Code Pat Toomey Republican Majority Fund P.O. Box 545 Harrisburg, PA 17108	Purpose of Disbursement Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/18/2000	Amount of Each Disbursement This Period $326.65
C. Full Name, Mailing Address and ZIP Code Salvatore for Senate P.O. Box 792 Harrisburg, PA 17108	Purpose of Disbursement Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/18/2000	Amount of Each Disbursement This Period $300.00
D. Full Name, Mailing Address and ZIP Code Greenleaf for Congress P.O. Box 669 Blue Bell, PA 19422	Purpose of Disbursement Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/18/2000	Amount of Each Disbursement This Period $500.00
E. Full Name, Mailing Address and ZIP Code Philadelphia for Green 1315 Walnut Street, 2nd Floor Philadelphia, PA 19107	Purpose of Disbursement Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/18/2000	Amount of Each Disbursement This Period $250.00
F. Full Name, Mailing Address and ZIP Code Committee to Elect Karen Martynick 702 Sycamore Drive West Chester, PA 19380	Purpose of Disbursement Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/18/2000	Amount of Each Disbursement This Period $500.00
G. Full Name, Mailing Address and ZIP Code Friends of John Bailey Committee 192 Chestnut Grove Road Conestoga, PA 17516	Purpose of Disbursement Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/18/2000	Amount of Each Disbursement This Period $500.00
H. Full Name, Mailing Address and ZIP Code Casey for Auditor General Penn National Insurance Tower 2 North Second Street Harrisburg, PA 17101	Purpose of Disbursement Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/18/2000	Amount of Each Disbursement This Period $500.00
I. Full Name, Mailing Address and ZIP Code The House Democratic Campaign Committee W.I.L.L. Project P.O. Box 555 Harrisburg, PA 17108	Purpose of Disbursement Contribution State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/18/2000	Amount of Each Disbursement This Period $250.00

SUBTOTAL of Disbursements This Page (optional) ..... > $3,400.00

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

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 5
			FOR LINE NUMBER 2 9

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NAME OF COMMITTEE (in Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Congressman Tim Holden P.O. Box 37 St. Clair, PA 17970-0037	Contribution - State, Pa Disbursement for: Primary General Other (specify)	07/27/2000 08/29/2000	$40.00 $175.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Bob Mellow 624 Main Street, P.O. Box 8 Peckville, PA 18452	Contribution - State, Pa Disbursement for: Primary General Other (specify)	07/27/2000 09/14/2000	$300.00 $400.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
People with Hart c/o Robert S. Taylor Suite 425, One Plymouth Meeting Plymouth Meeting, PA 19462	Contribution - State, Pa Disbursement for: Primary General Other (specify)	07/27/2000	$500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Re-Elect Keinard 87 Crescent Drive Holland, PA 18966	Contribution - State, Pa Disbursement for: Primary General Other (specify)	07/27/2000	$500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Senate Republican Campaign Committee P.O. Box 792 Harrisburg, PA 17108	Contribution - State, Pa Disbursement for: Primary General Other (specify)	07/27/2000 08/10/12000 08/10/2000	$1,500.00 $1,500.00 $500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Mike Fisher Committee, Inc 1205 Locust Street Philadelphia, PA 19107	Contribution - State, Pa Disbursement for: Primary General Other (specify)	07/27/2000 09/21/2000	$250.00 $1,250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee To Elect John A. Lawless P.O. Box 7024 Audubon, PA 19407	Contribution - State, Pa Disbursement for: Primary General Other (specify)	07/27/2000 09/21/2000	$150.00 $200.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Leanna M. Washington P.O. Box 27013 Philadelphia, PA 19118	Contribution - State, Pa Disbursement for: Primary General Other (specify)	07/27/2000	$150.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends to Elect Nailor 506 Cocklin Street Mechanicsburg, PA 17055	Contribution - State, Pa Disbursement for: Primary General Other (specify)	08/03/2000	$100.00

SUBTOTAL of Disbursements This Page (optional) >	$7,515.00
TOTAL This Period (last page this line number only) >	

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 5
			FOR LINE NUMBER 2 9

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NAME OF COMMITTEE (in Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Senator Jubelirer Committee P.O. Box 2051 Altoona, PA 16603	Contribution - State, Pa Disbursement for: Primary General Other (specify)	08/03/2000	$375.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Delaware County Republican Finance Committee 323 West Front Street Media, PA 19063	Contribution - State, Pa Disbursement for: Primary General Other (specify)	08/10/2000 08/22/2000	$400.00 $100.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of John Perzel P.O. Box 29572 Philadelphia, PA 19149-9998	Contribution - State, Pa Disbursement for: Primary General Other (specify)	08/10/2000	$1,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ridge Leadership Fund P.O. Box 11667 Harrisburg, PA 17108-1667	Contribution - State, Pa Disbursement for: Primary General Other (specify)	08/22/2000	$1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Kenny for Council Vitale, 4747 South Broad Street Philadelphia, PA 19112	Contribution - State, Pa Disbursement for: Primary General Other (specify)	08/22/2000	$1,600.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Republican City Committee 1151 Norwalk Road Philadelphia, PA 19115	Contribution - State, Pa Disbursement for: Primary General Other (specify)	08/22/2000	$450.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Senator Brightbill P.O. Box 822 Lebanon, PA 17042	Contribution - State, Pa Disbursement for: Primary General Other (specify)	08/22/2000	$100.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Tomlinson Senate Committee 1232 Dorrus Drive Bellefonte, PA 16823	Contribution - State, Pa Disbursement for: Primary General Other (specify)	08/22/2000	$175.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Citizens for Mowery P.O. Box 692 Camp Hill, Pam 17001-0692	Contribution - State, Pa Disbursement for: Primary General Other (specify)	08/22/2000	$200.00

SUBTOTAL of Disbursements This Page (optional) ..... >	$5,300.00
TOTAL This Period (last page this line number only) ..... >	

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 OF 5
			FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code Catherine Baker Knoll, 2000 P.O. Box 44262 Pittsburgh, PA 15205	Purpose of Disbursement Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/07/2000	Amount of Each Disbursement This Period $1,000.00
B. Full Name, Mailing Address and ZIP Code Salvatore for Senate 1154 Norwalk Road Philadelphia, PA 19115	Purpose of Disbursement Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/07/2000	Amount of Each Disbursement This Period $500.00
C. Full Name, Mailing Address and ZIP Code Friends of Nick Micozzie P.O. Box 234 Clifton Heights, PA 19018	Purpose of Disbursement Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/14/2000 09/21/2000	Amount of Each Disbursement This Period $600.00 $300.00
D. Full Name, Mailing Address and ZIP Code Friends of Todd Eachus P.O. Box 2174 Hazleton, PA 18201	Purpose of Disbursement Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/14/2000	Amount of Each Disbursement This Period $200.00
E. Full Name, Mailing Address and ZIP Code Armstrong for Senate P.O. Box 43 Refton, PA 17569	Purpose of Disbursement Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/21/2000	Amount of Each Disbursement This Period $100.00
F. Full Name, Mailing Address and ZIP Code McNaughton for House Committee P.O. Box 60323 Harrisburg, PA 17106-0323	Purpose of Disbursement Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/21/2000	Amount of Each Disbursement This Period $200.00
G. Full Name, Mailing Address and ZIP Code Friends of Jennifer Mann P.O. Box 1001 Allentown, PA 18105-1001	Purpose of Disbursement Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/21/2000	Amount of Each Disbursement This Period $150.00
H. Full Name, Mailing Address and ZIP Code Holl Senate Committee P.O. Box 782 Harrisburg, PA 17108-0782	Purpose of Disbursement Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/21/2000	Amount of Each Disbursement This Period $500.00
I. Full Name, Mailing Address and ZIP Code Citizens for Bishop 2460 N. 59th Street Philadelphia, PA 19131	Purpose of Disbursement Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/21/2000	Amount of Each Disbursement This Period $150.00

SUBTOTAL of Disbursements This Page (optional) ..... >	$3,700.00
TOTAL This Period (last page this line number only) ..... >	

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 OF 5
			FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

> BluePAC Pennsylvania Blue Cross Plans PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Re-Elect Rosita C. Youngblood 8248 Algon Avenue Philadelphia, PA 19152	Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/21/2000	$200.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Godshall for Legislature Committee 316 Godshall Road Souderton, PA 18964	Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/21/2000	$250.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Elinor Z. Taylor Campaign Committee 859 Spruce Avenue West Chester, PA 19382	Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/21/2000	$100.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Voters to Elect Vance P.O. Box 852 Camp Hill, PA 17011	Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/29/2000	$140.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Committee to Re-Elect Rich Grucela P.O. Box 3574 Easton, PA 18043-3574	Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/29/2000	$100.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
The Friends of Senator Jeff Piccola P.O. Box 741 Harrisburg, PA 17108	Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/29/2000	$350.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Committee to Re-Elect John Taylor 3316 Belgrade Street Philadelphia, PA 19134	Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/07/2000	$250.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Unitemized Contributions	Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Various	$1,475.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Contribution - State, Pa Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) ..... >	$3,015.00
TOTAL This Period (last page this line number only) ..... >	$22,930.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	Date of Receipt 10/16/00
☐	First Class Mail	POSTMARKED
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☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

SB
PREPARER

10/16/00
DATE PREPARED

(6/2000)