

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
BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA FEDERAL GOVT PROGRAMS PAC

ADDRESS (number and street) INTERSTATE 20 @ ALPINE ROAD
 Check if different than previously reported. (ACC)
COLUMBIA SC 29219

2. **FEC IDENTIFICATION NUMBER** C00406850
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 04 01 2006 through 04 30 2006

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 JAMES HOEBERLING
Signature of Treasurer Electronically Filed by JAMES HOEBERLING Date 05 08 2006

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
BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA FEDERAL GOVT PROGRAMS PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		24721.76
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	35579.48									
(c) Total Receipts (from Line 19)	7949.87	23307.59								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	43529.35	48029.35								
7. Total Disbursements (from Line 31)	1000.00	5500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42529.35	42529.35								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA FEDERAL GOVT PROGRAMS PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	2316.00	4296.00
(i) Itemized (use Schedule A)	5633.87	19011.59
(ii) Unitemized	7949.87	23307.59
(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)	7949.87	23307.59
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	7949.87	23307.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7949.87	23307.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	5500.00
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))..	1000.00	5500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1000.00	5500.00

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)	7949.87	23307.59
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7949.87	23307.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA FEDERAL GOVT PROGRAMS PAC

A. Full Name (Last, First, Middle Initial) Kay L. Andrews Mailing Address 514 Prestwick Drive City State Zip Code Florence SC 29501 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6 Transaction ID: 60508.C87784 Amount of Each Receipt this Period 105.00 Receipt Payroll Deduction: (105.0-0/Pay Period)
Name of Employer Occupation Blue Cross Blue Shield Of Vice President Tricare Sout Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 305.00		

B. Full Name (Last, First, Middle Initial) Vincent Batten Mailing Address 119 Duchess Trail City State Zip Code Lexington SC 29073 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6 Transaction ID: 60508.C87790 Amount of Each Receipt this Period 90.00 Receipt Payroll Deduction: (90.00-/Pay Period)
Name of Employer Occupation Bcbs Of South Carolina Director Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 210.00		

C. Full Name (Last, First, Middle Initial) Judith M. Davis Mailing Address 5123 Lakeshore Drive City State Zip Code Columbia SC 29206 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6 Transaction ID: 60508.C88000 Amount of Each Receipt this Period 75.00 Receipt Payroll Deduction: (75.00-/Pay Period)
Name of Employer Occupation Blue Cross Blue Shield Of Vp & Corp General Counsel Sout Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 224.24		

SUBTOTAL of Receipts This Page (optional)	270.00
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 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA FEDERAL GOVT PROGRAMS PAC

A. Full Name (Last, First, Middle Initial)
 Jim Deyling

Mailing Address 81 Redbay Road

City State Zip Code
 Elgin SC 29045

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

Name of Employer
 Blue Cross Blue Shield Of South Carolina
 Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 215.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 8 / 2 0 0 6

Transaction ID: 60508.C87827

Amount of Each Receipt this Period
 75.00

Receipt

Payroll Deduction: (75.00- /Pay Period)

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

Mailing Address 11800 S State Hwy 34

City State Zip Code
 Scurry TX 75158

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

Name of Employer
 Blue Cross Blue Shield Of South Carolina
 Occupation Vp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 8 / 2 0 0 6

Transaction ID: 60508.C87774

Amount of Each Receipt this Period
 225.00

Receipt

Payroll Deduction: (225.0- 0/Pay Period)

C. Full Name (Last, First, Middle Initial)
 Charles L. Higgins

Mailing Address 505 Meadow Brook Road

City State Zip Code
 Columbia SC 29223

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

Name of Employer
 Blue Cross Blue Shield Of South Carolina
 Occupation Ethics Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 8 / 2 0 0 6

Transaction ID: 60508.C87859

Amount of Each Receipt this Period
 90.00

Receipt

Payroll Deduction: (90.00- /Pay Period)

SUBTOTAL of Receipts This Page (optional)	390.00
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 8 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA FEDERAL GOVT PROGRAMS PAC

A. Full Name (Last, First, Middle Initial) Cathy Huddle Mailing Address 132 Water Links Drive City State Zip Code Chapin SC 29036 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6 Transaction ID: 60508.C87869 Amount of Each Receipt this Period 75.00 Receipt Payroll Deduction: (75.00- /Pay Period)
Name of Employer Bluecross Blueshield Of South Occupation Vp, Services Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 215.00		

B. Full Name (Last, First, Middle Initial) Robert W. Johnson Mailing Address 408 Cedar Road City State Zip Code Windsor SC 29856 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6 Transaction ID: 60508.C87875 Amount of Each Receipt this Period 165.00 Receipt Payroll Deduction: (165.0- 0/Pay Period)
Name of Employer Blue Cross Blue Shield Of Sout Occupation Vp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 485.00		

C. Full Name (Last, First, Middle Initial) Barbara A. Kelly Mailing Address 11 Stockton Court City State Zip Code Blythewood SC 29016 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6 Transaction ID: 60508.C87879 Amount of Each Receipt this Period 75.00 Receipt Payroll Deduction: (75.00- /Pay Period)
Name of Employer Blue Cross Blue Shield Of Sout Occupation Vice President Hr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 215.00		

SUBTOTAL of Receipts This Page (optional)	315.00
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 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA FEDERAL GOVT PROGRAMS PAC

A. Full Name (Last, First, Middle Initial)
 Ken Kerns

Mailing Address 3 Dilton Court

City Richmond State VA Zip Code 23238

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

Name of Employer Blue Cross Blue Shield Of Sout Occupation Avp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 8 / 2 0 0 6

Transaction ID: 60508.C87776

Amount of Each Receipt this Period
 96.00

Receipt

Payroll Deduction: (96.00- /Pay Period)

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

Mailing Address 2737 Cypress Bend Road

City Florence State SC Zip Code 29506

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

Name of Employer Blue Cross Blue Shield Of Sout Occupation Sr Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 8 / 2 0 0 6

Transaction ID: 60508.C87922

Amount of Each Receipt this Period
 450.00

Receipt

Payroll Deduction: (450.0- 0/Pay Period)

C. Full Name (Last, First, Middle Initial)
 Helen B. Murray

Mailing Address 392 Stoneridge Court

City Blythewood State SC Zip Code 29016

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

Name of Employer Blue Cross Blue Shield Of Sout Occupation Manager

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 4 / 1 8 / 2 0 0 6

Transaction ID: 60508.C87929

Amount of Each Receipt this Period
 150.00

Receipt

Payroll Deduction: (150.0- 0/Pay Period)

SUBTOTAL of Receipts This Page (optional)	696.00
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 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA FEDERAL GOVT PROGRAMS PAC

Full Name (Last, First, Middle Initial) A. Terry A. Peace		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 460 Old Ferry Road		Transaction ID: 60508.C87939	
City State Zip Code Chapin SC 29036	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 Of Sout	Occupation Sr Director	Payroll Deduction: (120.0-0/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) B. Ronald L. Rushton		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 106 W Butler Ave		Transaction ID: 60508.C87950	
City State Zip Code Saluda SC 29138	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 Of Sout	Occupation Vice President	Payroll Deduction: (90.00-/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) C. Michael J. Skarupa		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 2668 Trotter Road		Transaction ID: 60508.C87961	
City State Zip Code Florence SC 29501	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 Of Sout	Occupation Vice President	Payroll Deduction: (150.0-0/Pay Period)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

SUBTOTAL of Receipts This Page (optional) ▶	360.00
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 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA FEDERAL GOVT PROGRAMS PAC

A. Full Name (Last, First, Middle Initial) Dwight M. Wicker Mailing Address 1813 Brigadoone Lane City State Zip Code Florence SC 29505 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6 Transaction ID: 60508.C87990 Amount of Each Receipt this Period 75.00 Receipt Payroll Deduction: (75.00- /Pay Period)
Name of Employer Blue Cross Blue Shield Of Sout Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		

B. Full Name (Last, First, Middle Initial) Stephen K. Wiggins Mailing Address 510 Winding Way City State Zip Code Columbia SC 29212 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6 Transaction ID: 60508.C87991 Amount of Each Receipt this Period 120.00 Receipt Payroll Deduction: (120.0- 0/Pay Period)
Name of Employer Blue Cross Blue Shield Of Sout Occupation Sr Vice President & Cio Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		

C. Full Name (Last, First, Middle Initial) Joseph Wright Mailing Address 535 Old Cherokee Road City State Zip Code Lexington SC 29072 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6 Transaction ID: 60508.C87742 Amount of Each Receipt this Period 90.00 Receipt Payroll Deduction: (90.00- /Pay Period)
Name of Employer Blue Cross Blue Shield Of Sout Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional)	285.00
TOTAL This Period (last page this line number only)	2316.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

<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)

BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA FEDERAL GOVT PROGRAMS PAC

Full Name (Last, First, Middle Initial)

A. Lindsey Graham for Senate

Mailing Address P.O. Box 1801

City Columbia State SC Zip Code 29202-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
LINDSEY OLIN GRAHAM

Office Sought: House
 Senate
 President

State: SC District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 60417.E1417

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2006

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00