

**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 PAC

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

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00194746 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M3)	Jun 20 (M6)	X Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
April 15 Quarterly Report(Q1)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)	
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)	
October 15 Quarterly Report(Q3)	Convention (12C)	Special (12S)			
January 31 Quarterly Report(YE)	Election on				in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
Termination Report (TER)	Election on				in the State of

5. Covering Period 08 01 2002 through 08 31 2002

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 09 18 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

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

Report Covering the Period: From: 08 01 2002 To: 08 31 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		89170.04
(b) Cash on Hand at Beginning of Reporting Period	81717.64	
(c) Total Receipts (from Line 19)	21254.69	229337.67
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	102972.33	318507.71
7. Total Disbursements (from Line 30)	11500.00	227035.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	91472.33	91472.33
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	
	0.3 0.5 2002	

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**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

BLUEPAC - BLUE CROSS/BLUE SHIELD PAC

Report Covering the Period: From: ^{MM}08 ^{DD}01 ^{YYYY}2002 To: ^{MM}08 ^{DD}31 ^{YYYY}2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	7880.56	
(ii) Unitemized	9163.74	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17044.30	126849.03
(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 32, page 4)	17044.30	126849.03
12. Transfers From Affiliated/Other Party Committees	4135.00	101080.00
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 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	75.39	408.64
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	21254.69	229337.67
20. Total Federal Receipts (subtract Line 18 from Line 19)	21254.69	229337.67

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

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	54.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	54.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	225419.56
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	1561.62
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d), and 29)..... ▶	11500.00	227035.38
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	11500.00	227035.38
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	17044.30	126849.03
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	17044.30	126849.03
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	54.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	54.00

**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 5 / 65

11a 11b 11c 12
 13 14 15 16 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 PAC

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER AASLAND

Mailing Address
13790 GUILD AVE.

City State Zip Code
APPLE VALLEY MN 55124

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2002

Amount of Each Receipt this Period
15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 285.00

Transaction ID: B000604S000001L11A1

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

Mailing Address
13790 GUILD AVE.

City State Zip Code
APPLE VALLEY MN 55124

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2002

Amount of Each Receipt this Period
15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 285.00

Transaction ID: B000607S000001L11A1

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

Mailing Address
13790 GUILD AVE.

City State Zip Code
APPLE VALLEY MN 55124

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

Amount of Each Receipt this Period
15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 285.00

Transaction ID: B000616S000001L11A1

SUBTOTAL of Receipts This Page (optional) ▶ 45.00

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 6 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
KAY L. ANDREWS

Mailing Address
514 PRESTWICK DRIVE

City State Zip Code
FLORENCE SC 29501

Date of Receipt
 M / D / Y Y Y Y
08 / 16 / 2002

Amount of Each Receipt this Period
28.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA VICE PRESIDENT TRICARE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **560.00**

Transaction ID: **B0006206000005L11A1**

B. Full Name (Last, First, Middle Initial)
KAY L. ANDREWS

Mailing Address
514 PRESTWICK DRIVE

City State Zip Code
FLORENCE SC 29501

Date of Receipt
 M / D / Y Y Y Y
08 / 16 / 2002

Amount of Each Receipt this Period
28.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA VICE PRESIDENT TRICARE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **560.00**

Transaction ID: **B0006215000005L11A1**

C. Full Name (Last, First, Middle Initial)
PETER J. BABIN

Mailing Address
1310 G STREET, NW

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 M / D / Y Y Y Y
08 / 05 / 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MONTANA PRESIDENT & CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **255.00**

Transaction ID: **B0006039000001L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **81.00**

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 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
PETER J. BABIN

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 M / D / Y Y Y Y
08 / 16 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
25.00

Name of Employer Occupation
BC/BS OF MONTANA PRESIDENT & CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **255.00**

Transaction ID: **B000614S000001L11A1**

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

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20001

Date of Receipt
 M / D / Y Y Y Y
08 / 05 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
25.00

Name of Employer Occupation
BC/BS OF WESTERN NEW YORK HEALTH INSURER

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

Transaction ID: **B000605S0000019L11A1**

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

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20001

Date of Receipt
 M / D / Y Y Y Y
08 / 12 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
25.00

Name of Employer Occupation
BC/BS OF WESTERN NEW YORK HEALTH INSURER

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

Transaction ID: **B000609S0000019L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. MARK W. BANKS Full Name (Last, First, Middle Initial) Date of Receipt
 Mailing Address N M / D E / Y Y Y Y
 4634 EDGEBROOK PL. 0 8 / 0 5 / 2 0 0 2
 City State Zip Code
 EDIN MN 55424 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 40.00

Name of Employer BC/BS OF MINNESOTA	Occupation HEALTH INSURER
--	------------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1260.00

Transaction ID: B000604S000002L11A1

B. MARK W. BANKS Full Name (Last, First, Middle Initial) Date of Receipt
 Mailing Address N M / D E / Y Y Y Y
 4634 EDGEBROOK PL. 0 8 / 1 2 / 2 0 0 2
 City State Zip Code
 EDIN MN 55424 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 40.00

Name of Employer BC/BS OF MINNESOTA	Occupation HEALTH INSURER
--	------------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1260.00

Transaction ID: B000607S000002L11A1

C. MARK W. BANKS Full Name (Last, First, Middle Initial) Date of Receipt
 Mailing Address N M / D E / Y Y Y Y
 4634 EDGEBROOK PL. 0 8 / 1 6 / 2 0 0 2
 City State Zip Code
 EDIN MN 55424 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 40.00

Name of Employer BC/BS OF MINNESOTA	Occupation HEALTH INSURER
--	------------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1260.00

Transaction ID: B000616S000002L11A1

SUBTOTAL of Receipts This Page (optional)	120.00
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 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. CAROLYN BLAKELY Date of Receipt
Mailing Address: 2105 MT. VERNON COURT N M / D E / Y Y Y Y
0 8 / 0 5 / 2 0 0 2
City: PINE BLUFF State: AR Zip Code: 71603 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee: 200.00
Name of Employer: ARKANSAS BLUE CROSS BLUE SHIELD Occupation: HEALTH INSURER
Receipt For: Primary General Aggregate Year-to-Date ▼ 800.00
Other (specify) ▼

Transaction ID: B0005896000003L11A1

B. ROBERT BODEN Date of Receipt
Mailing Address: 1310 G STREET, N.W. N M / D E / Y Y Y Y
0 8 / 0 5 / 2 0 0 2
City: WASHINGTON State: DC Zip Code: 20001 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee: 15.00
Name of Employer: BC/BS OF WESTERN NEW YORK Occupation: HEALTH INSURER
Receipt For: Primary General Aggregate Year-to-Date ▼ 300.00
Other (specify) ▼

Transaction ID: B00060560000020L11A1

C. ROBERT BODEN Date of Receipt
Mailing Address: 1310 G STREET, N.W. N M / D E / Y Y Y Y
0 8 / 1 2 / 2 0 0 2
City: WASHINGTON State: DC Zip Code: 20001 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee: 15.00
Name of Employer: BC/BS OF WESTERN NEW YORK Occupation: HEALTH INSURER
Receipt For: Primary General Aggregate Year-to-Date ▼ 300.00
Other (specify) ▼

Transaction ID: B00060960000020L11A1

SUBTOTAL of Receipts This Page (optional) ▶ **230.00**
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 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Date of Receipt
 M / D / Y
08 / 12 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF ARKANSAS HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **360.00**

Transaction ID: **B0006106000005L11A1**

B. Full Name (Last, First, Middle Initial)
ROBERT V. BROTHERS

Mailing Address
816 SYCAMORE TRACE

City State Zip Code
LOWELL AR 72745-9064

Date of Receipt
 M / D / Y
08 / 05 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS BLUE SHIELD OF ARKANSAS BOARD OF DIRECTORS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **600.00**

Transaction ID: **B0006990000004L11A1**

C. Full Name (Last, First, Middle Initial)
ALLAN J. BROWN

Mailing Address
108 WESTERN POINTE DRIVE

City State Zip Code
COLUMBIA SC 29229

Date of Receipt
 M / D / Y
08 / 16 / 2002

Amount of Each Receipt this Period
15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION MANAGER, BUSINESS SERVICES

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **300.00**

Transaction ID: **B0006200000025L11A1**

SUBTOTAL of Receipts This Page (optional) **255.00**

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 / 65	
	<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 PAC

A. Full Name (Last, First, Middle Initial)
ALLAN J. BROWN

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

Mailing Address
108 WESTERN POINTE DRIVE

City State Zip Code
COLUMBIA SC 29229

Amount of Each Receipt this Period
15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION MANAGER, BUSINESS SERVICES

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **300.00**

Transaction ID: **B0006216000025L11A1**

B. Full Name (Last, First, Middle Initial)
ROBERT D. CABE

Date of Receipt
 N M / D E / Y Y Y Y
 0 8 / 1 2 / 2 0 0 2

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF ARKANSAS HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **360.00**

Transaction ID: **B0006106000006L11A1**

C. Full Name (Last, First, Middle Initial)
ROSLYN G. CATOE

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

Mailing Address
520 WOTAN RD.

City State Zip Code
COLUMBIA SC 29229

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **400.00**

Transaction ID: **B0006206000041L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
RDSLYN C. GATOE

Mailing Address
520 WOTAN RD.

City State Zip Code
COLUMBIA SC 29229

Date of Receipt
 M / D / Y Y Y Y
08 16 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **400.00**

Transaction ID: **B000621S000041L11A1**

B. Full Name (Last, First, Middle Initial)
WILLIAM JAMES COLBOURNE

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 M / D / Y Y Y Y
08 02 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION SENIOR VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **360.00**

Transaction ID: **B000806S000010L11A1**

C. Full Name (Last, First, Middle Initial)
WILLIAM JAMES COLBOURNE

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 M / D / Y Y Y Y
08 16 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION SENIOR VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **360.00**

Transaction ID: **B000622S000010L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**

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 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
WILLIAM JAMES COLBOURNE

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 M M / D D / Y Y Y Y
08 30 2002

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION SENIOR VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **360.00**

Transaction ID: **B000630S000010L11A1**

B. Full Name (Last, First, Middle Initial)
TAYLOR I. COOK

Mailing Address
2108 CITATION COURT

City State Zip Code
MOUNT PLEASANT SC 29464

Date of Receipt
 M M / D D / Y Y Y Y
08 16 2002

Amount of Each Receipt this Period
13.85

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA CHIEF MEDICAL OFFICER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **277.00**

Transaction ID: **B000620S000051L11A1**

C. Full Name (Last, First, Middle Initial)
TAYLOR I. COOK

Mailing Address
2108 CITATION COURT

City State Zip Code
MOUNT PLEASANT SC 29464

Date of Receipt
 M M / D D / Y Y Y Y
08 16 2002

Amount of Each Receipt this Period
13.85

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA CHIEF MEDICAL OFFICER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **277.00**

Transaction ID: **B000621S000051L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **52.70**

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 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 PAC

A. Full Name (Last, First, Middle Initial)
JUDITH M. DAVIS

Mailing Address
1309 WELLINGTON DRIVE

City State Zip Code
COLUMBIA SC 29204

Date of Receipt
 M M / D D / Y Y Y Y
08 16 2002

Amount of Each Receipt this Period
16.92

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA VP & CORP GENERAL COUNSEL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **338.40**

Transaction ID: **B0006206000058L11A1**

B. Full Name (Last, First, Middle Initial)
JUDITH M. DAVIS

Mailing Address
1309 WELLINGTON DRIVE

City State Zip Code
COLUMBIA SC 29204

Date of Receipt
 M M / D D / Y Y Y Y
08 16 2002

Amount of Each Receipt this Period
16.92

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA VP & CORP GENERAL COUNSEL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **338.40**

Transaction ID: **B0006215000058L11A1**

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

Mailing Address
3015 S 7TH STREET

City State Zip Code
ARLINGTON DC 22204

Date of Receipt
 M M / D D / Y Y Y Y
08 02 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS BLUE SHIELD ASSOCIATION TREASURER, BLUE PAC

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **720.00**

Transaction ID: **B0006069000013L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **73.84**

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 15 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 PAC

A. Full Name (Last, First, Middle Initial)
 KATHY DIDAWICK

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 16 / 2002

Mailing Address
 3D15 S 7TH STREET

City State Zip Code
 ARLINGTON DC 22204

Amount of Each Receipt this Period
 40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 BLUE CROSS BLUE SHIELD ASSOCIATION TREASURER, BLUE PAC

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 720.00

Transaction ID: B0006226000013L11A1

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

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 30 / 2002

Mailing Address
 3D15 S 7TH STREET

City State Zip Code
 ARLINGTON DC 22204

Amount of Each Receipt this Period
 40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 BLUE CROSS BLUE SHIELD ASSOCIATION TREASURER, BLUE PAC

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 720.00

Transaction ID: B0006306000013L11A1

C. Full Name (Last, First, Middle Initial)
 JOHN T. ERICKSEN

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 02 / 2002

Mailing Address
 1310 G STREET, N.W.

City State Zip Code
 WASHINGTON DC 20005

Amount of Each Receipt this Period
 20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 BLUE CROSS/BLUE SHIELD ASSOCIATION EXEC. DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 315.00

Transaction ID: B0006066000014L11A1

SUBTOTAL of Receipts This Page (optional) ▶ **100.00**

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 / 65

11a 11b 11c 12
 13 14 15 16 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 PAC

A. Full Name (Last, First, Middle Initial)
JOHNT. ERICKSEN

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION EXEC. DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 315.00

Amount of Each Receipt this Period 20.00

Transaction ID: B0006226000014L11A1

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

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
M M / D D / Y Y Y Y
08 / 30 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION EXEC. DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 315.00

Amount of Each Receipt this Period 20.00

Transaction ID: B000630S000014L11A1

C. Full Name (Last, First, Middle Initial)
JORDAN D. EVANS

Mailing Address
2618 HARLESTON GREEN

City State Zip Code
FLORENCE SC 29505

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA ASST. VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Amount of Each Receipt this Period 15.00

Transaction ID: B000620S000067L11A1

SUBTOTAL of Receipts This Page (optional) ▶ **55.00**

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 17 / 65

(check only one)

11a 11b 11c 12
 13 14 15 16 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 PAC

Full Name (Last, First, Middle Initial)

A. JORDAN D. EVANS

Date of Receipt

Mailing Address

2618 HARLESTON GREEN

N M / D E / Y Y Y Y
08 / 16 / 2002

City

State

Zip Code

FLORENCE

SC

29505

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

15.00

Name of Employer
BC/BS OF SOUTH CAROLINA

Occupation

ASST. VICE PRESIDENT

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: B0006216000067L11A1

Full Name (Last, First, Middle Initial)

B. THOMAS FENTER

Date of Receipt

Mailing Address

1310 G STREET, N.W.

N M / D E / Y Y Y Y
08 / 16 / 2002

City

State

Zip Code

WASHINGTON

DC

20005

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

80.00

Name of Employer
BC/BS OF MISSISSIPPI

Occupation

HEALTH INSURER

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Transaction ID: B0006166000008L11A1

Full Name (Last, First, Middle Initial)

C. ALISSA T. FOX

Date of Receipt

Mailing Address

1310 G STREET, N.W.

N M / D E / Y Y Y Y
08 / 02 / 2002

City

State

Zip Code

WASHINGTON

DC

20005

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

20.00

Name of Employer
BLUE CROSS/BLUE SHIELD ASSOCIATION

Occupation

EXEC. DIRECTOR

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Transaction ID: B0006066000015L11A1

SUBTOTAL of Receipts This Page (optional) ▶ **95.00**

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 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
 ALISSA T. FOX
 Mailing Address
 1310 G STREET, N.W.
 City State Zip Code
 WASHINGTON DC 20005
 Date of Receipt
 M / D / Y
 08 / 16 / 2002
 Amount of Each Receipt this Period
 20.00
 Name of Employer Occupation
 BLUE CROSS/BLUE SHIELD ASSOCIATION EXEC. DIRECTOR
 Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 360.00
 Transaction ID: B0006226000015L11A1

B. Full Name (Last, First, Middle Initial)
 ALISSA T. FOX
 Mailing Address
 1310 G STREET, N.W.
 City State Zip Code
 WASHINGTON DC 20005
 Date of Receipt
 M / D / Y
 08 / 30 / 2002
 Amount of Each Receipt this Period
 20.00
 Name of Employer Occupation
 BLUE CROSS/BLUE SHIELD ASSOCIATION EXEC. DIRECTOR
 Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 360.00
 Transaction ID: B0006306000015L11A1

C. Full Name (Last, First, Middle Initial)
 STEPHEN GAMMARINO
 Mailing Address
 1310 G STREET, N.W.
 City State Zip Code
 WASHINGTON DC 20005
 Date of Receipt
 M / D / Y
 08 / 02 / 2002
 Amount of Each Receipt this Period
 45.00
 Name of Employer Occupation
 BLUE CROSS/BLUE SHIELD ASSOCIATION VICE PRESIDENT
 Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ 440.00
 Transaction ID: B0006066000016L11A1

SUBTOTAL of Receipts This Page (optional) ▶ **85.00**
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 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
STEPHEN GAMMARINO

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 N M / D E / Y Y Y Y
08 16 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ **440.00**

Amount of Each Receipt this Period
45.00

Transaction ID: **B0006226000016L11A1**

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

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 N M / D E / Y Y Y Y
08 30 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ **440.00**

Amount of Each Receipt this Period
45.00

Transaction ID: **B0006306000016L11A1**

C. Full Name (Last, First, Middle Initial)
JOYCE D. GANDY

Mailing Address
2106 ELDERBERRY DRIVE

City State Zip Code
FLORENCE SC 29505

Date of Receipt
 N M / D E / Y Y Y Y
08 16 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA DIRECTOR, MEDICAL AFFAIRS

Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ **400.00**

Amount of Each Receipt this Period
20.00

Transaction ID: **B0006206000083L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **110.00**

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 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
JOYCE C. GANDY

Mailing Address
2108 ELDERBERRY DRIVE

City State Zip Code
FLORENCE SC 29505

Date of Receipt
 M / D / Y
08 / 16 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA DIRECTOR, MEDICAL AFFAIRS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **400.00**

Transaction ID: **B000621S000083L11A1**

B. Full Name (Last, First, Middle Initial)
JOAN M. GARDNER

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 M / D / Y
08 / 02 / 2002

Amount of Each Receipt this Period
22.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION EX. DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **396.00**

Transaction ID: **B000806S000017L11A1**

C. Full Name (Last, First, Middle Initial)
JOAN M. GARDNER

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 M / D / Y
08 / 16 / 2002

Amount of Each Receipt this Period
22.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION EX. DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **396.00**

Transaction ID: **B000622S000017L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **64.00**

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 / 65

11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JOAN M. GARDNER

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
M M / D D / Y Y Y Y
08 / 30 / 2002

Amount of Each Receipt this Period
22.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION EX. DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 396.00

Transaction ID: B0006306000017L11A1

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

Mailing Address
P.O. BOX 1043

City State Zip Code
JACKSON MS 39215-1043

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MISSISSIPPI HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 320.00

Transaction ID: B0006165000004L11A1

C. Full Name (Last, First, Middle Initial)
STEVEN JAMES GLOWIAK

Mailing Address
1310 G STREET, NW

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS ASSOCIATION HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: B0006066000020L11A1

SUBTOTAL of Receipts This Page (optional) ▶ **92.00**

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 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 PAC

A. Full Name (Last, First, Middle Initial)
STEVEN JAMES GLOWIAK

Mailing Address
1310 G STREET, NW

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 M / D / Y Y Y Y
08 / 16 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS ASSOCIATION HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **300.00**

Amount of Each Receipt this Period
30.00

Transaction ID: **B0006226000020L11A1**

B. Full Name (Last, First, Middle Initial)
STEVEN JAMES GLOWIAK

Mailing Address
1310 G STREET, NW

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 M / D / Y Y Y Y
08 / 30 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS ASSOCIATION HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **300.00**

Amount of Each Receipt this Period
30.00

Transaction ID: **B0006305000020L11A1**

C. Full Name (Last, First, Middle Initial)
WILLIAM R. GOLD

Mailing Address
1717 DUPONT AVE. S.

City State Zip Code
MINNEAPOLIS MN 55405

Date of Receipt
 M / D / Y Y Y Y
08 / 05 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **333.00**

Amount of Each Receipt this Period
7.00

Transaction ID: **B0006049000004L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **67.00**

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 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 PAC

A. Full Name (Last, First, Middle Initial)
WILLIAM R. GOLD

Mailing Address
1717 DUPONT AVE. S.

City State Zip Code
MINNEAPOLIS MN 55403

Date of Receipt
 M M / D D / Y Y Y Y
08 12 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **333.00**

Amount of Each Receipt this Period
7.00

Transaction ID: **B0006076000004L11A1**

B. Full Name (Last, First, Middle Initial)
WILLIAM R. GOLD

Mailing Address
1717 DUPONT AVE. S.

City State Zip Code
MINNEAPOLIS MN 55403

Date of Receipt
 M M / D D / Y Y Y Y
08 12 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **333.00**

Amount of Each Receipt this Period
7.00

Transaction ID: **B0006186000004L11A1**

C. Full Name (Last, First, Middle Initial)
VICKY B. GREGG

Mailing Address
1310 G STREET N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 M M / D D / Y Y Y Y
08 12 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF TENNESSEE HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **600.00**

Amount of Each Receipt this Period
75.00

Transaction ID: **B00061160000035L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **89.00**

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 24 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 PAC

A. Full Name (Last, First, Middle Initial)
WILLIAMM. GRIGGS

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

Mailing Address
8 WHEATSTONE CT.

City State Zip Code
COLUMBIA SC 29229

Amount of Each Receipt this Period
8.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 235.00

Transaction ID: B0006206000087L11A1

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

Mailing Address
8 WHEATSTONE CT.

City State Zip Code
COLUMBIA SC 29229

Amount of Each Receipt this Period
8.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 235.00

Transaction ID: B0006215000087L11A1

C. Full Name (Last, First, Middle Initial)
GARY D. HACKLEY

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

Mailing Address
1310 G STREET, NW

City State Zip Code
WASHINGTON DC 20005

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF ILLINOIS HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 340.00

Transaction ID: B0006169000017L11A1

SUBTOTAL of Receipts This Page (optional) ▶ **56.00**

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 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. MICHAEL HAMERLIK Date of Receipt
 Mailing Address: 1310 G STREET, N.W. 08 / 26 / 2002
 City: WASHINGTON State: DC Zip Code: 20005 Amount of Each Receipt this Period: 25.00
 Name of Employer: NORIDIAN-BC/BS OF NORTH DAKOTA Occupation: HEALTH INSURER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00
 Transaction ID: B0006236000016L11A1

B. SYBIL JORDAN HAMPTON Date of Receipt
 Mailing Address: 1409 S. ARCH STREET 08 / 05 / 2002
 City: LITTLE ROCK State: AR Zip Code: 72202-4835 Amount of Each Receipt this Period: 200.00
 Name of Employer: BLUE CROSS BLUE SHIELD OF ARKANSAS Occupation: BOARD OF DIRECTORS
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00
 Transaction ID: B0006999000007L11A1

C. THOMAS HARTNETT Date of Receipt
 Mailing Address: 1310 G STREET, N.W. 08 / 05 / 2002
 City: WASHINGTON State: DC Zip Code: 20001 Amount of Each Receipt this Period: 34.75
 Name of Employer: BC/BS OF WESTERN NEW YORK Occupation: HEALTH INSURER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 695.00
 Transaction ID: B0006059000009L11A1

SUBTOTAL of Receipts This Page (optional) ▶ **259.75**
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 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 PAC

A. THOMASHARTNETT

Full Name (Last, First, Middle Initial)
 Mailing Address
 1310 G STREET, N.W.
 City State Zip Code
 WASHINGTON DC 20001

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 12 / 2002

Amount of Each Receipt this Period
 34.75

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 BC/BS OF WESTERN NEW YORK HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 895.00

Transaction ID: B000609S000009L11A1

B. MICHAEL A. HAYES

Full Name (Last, First, Middle Initial)
 Mailing Address
 1310 G STREET, N.W.
 City State Zip Code
 WASHINGTON DC 20005

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 12 / 2002

Amount of Each Receipt this Period
 30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 BC/BS OF LOUISIANA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Transaction ID: B000608S000006L11A1

C. WILLIAM ANDREW HENSLEY

Full Name (Last, First, Middle Initial)
 Mailing Address
 1310 G STREET, N.W.
 City State Zip Code
 WASHINGTON DC 20005

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 02 / 2002

Amount of Each Receipt this Period
 22.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 BLUE CROSS/BLUE SHIELD ASSOCIATION VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 396.00

Transaction ID: B000606S000028L11A1

SUBTOTAL of Receipts This Page (optional) ▶ **86.75**

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 27 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
 WILLIAM ANDREW HENSLEY

Mailing Address
 1310 G STREET, N.W.

City State Zip Code
 WASHINGTON DC 20005

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 16 / 2002

Amount of Each Receipt this Period
 22.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 BLUE CROSS/BLUE SHIELD ASSOCIATION VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 396.00

Transaction ID: B0006226000028L11A1

B. Full Name (Last, First, Middle Initial)
 WILLIAM ANDREW HENSLEY

Mailing Address
 1310 G STREET, N.W.

City State Zip Code
 WASHINGTON DC 20005

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 30 / 2002

Amount of Each Receipt this Period
 22.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 BLUE CROSS/BLUE SHIELD ASSOCIATION VP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 396.00

Transaction ID: B000630S000028L11A1

C. Full Name (Last, First, Middle Initial)
 CHARLES L. HIGGINS

Mailing Address
 505 MEADOW BROOK ROAD

City State Zip Code
 COLUMBIA SC 29225

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 16 / 2002

Amount of Each Receipt this Period
 20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 BC/BS OF SOUTH CAROLINA ETHICS OFFICER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Transaction ID: B000620S000100L11A1

SUBTOTAL of Receipts This Page (optional) ▶ **64.00**

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 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. CHARLES L. HIGGINS Date of Receipt

Mailing Address N M / D E / Y Y Y Y
 505 MEADOW BROOK ROAD 08 16 2002

City State Zip Code Amount of Each Receipt this Period
 COLUMBIA SC 29223 20.00

FEC ID number of contributing federal political committee.

Name of Employer BC/BS OF SOUTH CAROLINA	Occupation ETHICS OFFICER
---	------------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General 400.00
 Other (specify) ▼

Transaction ID: B000621S000100L11A1

B. CHERYL HOWE Date of Receipt

Mailing Address N M / D E / Y Y Y Y
 1901 MAIN STREET 08 05 2002

City State Zip Code Amount of Each Receipt this Period
 BUFFALO NY 14240 10.00

FEC ID number of contributing federal political committee.

Name of Employer BC/BS OF WESTERN NEW YORK	Occupation HEALTH INSURER
---	------------------------------

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

Transaction ID: B000605S000010L11A1

C. CHERYL HOWE Date of Receipt

Mailing Address N M / D E / Y Y Y Y
 1901 MAIN STREET 08 12 2002

City State Zip Code Amount of Each Receipt this Period
 BUFFALO NY 14240 10.00

FEC ID number of contributing federal political committee.

Name of Employer BC/BS OF WESTERN NEW YORK	Occupation HEALTH INSURER
---	------------------------------

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

Transaction ID: B000609S000010L11A1

SUBTOTAL of Receipts This Page (optional)	40.00
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 / 65

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

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

A. Full Name (Last, First, Middle Initial)
CHERYL HOWE

Date of Receipt
M M / D D / Y Y Y Y
08 / 26 / 2002

Mailing Address
1801 MAIN STREET

City State Zip Code
BUFFALO NY 14240

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF WESTERN NEW YORK HEALTH INSURER

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

Transaction ID: B000624S000061L11A1

B. Full Name (Last, First, Middle Initial)
BRUCE W. HUGHES

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

Mailing Address
124 COVE COURT

City State Zip Code
IRMO SC 29063

Amount of Each Receipt this Period
16.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA EXEC VP COO, PGBA

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 320.00

Transaction ID: B000620S000107L11A1

C. Full Name (Last, First, Middle Initial)
BRUCE W. HUGHES

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

Mailing Address
124 COVE COURT

City State Zip Code
IRMO SC 29063

Amount of Each Receipt this Period
16.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA EXEC VP COO, PGBA

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 320.00

Transaction ID: B000621S000107L11A1

SUBTOTAL of Receipts This Page (optional) ▶ **332.00**

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 30 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
STEVEN R. HUNT

Mailing Address
1128N JULIANA ST.

City State Zip Code
PARKERSBURG WV 26101-4317

Date of Receipt
 M / D / Y Y Y Y
08 / 12 / 2002

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MOUNTAIN STATE BLUECROSS BLUESHIELD HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **400.00**

Transaction ID: **B0006016000002L11A1**

B. Full Name (Last, First, Middle Initial)
BRADLEY D. JESSON

Mailing Address
5515 S. CLIFF DR.

City State Zip Code
FORT SMITH AR 72903

Date of Receipt
 M / D / Y Y Y Y
08 / 05 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS BLUE SHIELD OF ARKANSAS BOARD OF DIRECTORS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **600.00**

Transaction ID: **B0006996000001L11A1**

C. Full Name (Last, First, Middle Initial)
GEORGE L. JOHNSON

Mailing Address
217 WHITE BIRCH CIRCLE

City State Zip Code
COLUMBIA SC 29225

Date of Receipt
 M / D / Y Y Y Y
08 / 16 / 2002

Amount of Each Receipt this Period
15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BCBS OF SOUTH CAROLINA VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **300.00**

Transaction ID: **B0006206000114L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **615.00**

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 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
GEORGE L. JOHNSON

Mailing Address
217 WHITE BIRCH CIRCLE

City State Zip Code
COLUMBIA SC 29223

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

Amount of Each Receipt this Period
15.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: B000621S000114L11A1

B. Full Name (Last, First, Middle Initial)
ROBERT W. JOHNSON

Mailing Address
408 CEDAR ROAD

City State Zip Code
WINDSOR SC 29856

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

Amount of Each Receipt this Period
15.39

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA VP

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 307.80

Transaction ID: B000620S000116L11A1

C. Full Name (Last, First, Middle Initial)
ROBERT W. JOHNSON

Mailing Address
408 CEDAR ROAD

City State Zip Code
WINDSOR SC 29856

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

Amount of Each Receipt this Period
15.39

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA VP

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 307.80

Transaction ID: B000621S000116L11A1

SUBTOTAL of Receipts This Page (optional) ▶ **45.78**

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 32 / 65

11a 11b 11c 12
 13 14 15 16 17

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

A. JAMES V. KELLEY Date of Receipt
 Mailing Address N M / D E / Y Y Y Y
 1827 ALLYSON 08 05 2002
 City State Zip Code
 TUPELO MS 38804-1045
 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 200.00
 Name of Employer Occupation
 BLUE CROSS BLUE SHIELD OF ARKANSAS BOARD OF DIRECTORS
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00
 Transaction ID: B0005896000005L11A1

B. THOMAS KINSER Date of Receipt
 Mailing Address N M / D E / Y Y Y Y
 1310 G STREET N.W. 08 12 2002
 City State Zip Code
 WASHINGTON DC 20005
 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 35.00
 Name of Employer Occupation
 BC/BS OF TENNESSEE HEALTH INSURER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 280.00
 Transaction ID: B000811S000059L11A1

C. ROGER W. KLEPPE Date of Receipt
 Mailing Address N M / D E / Y Y Y Y
 2901 MEAD CT. 08 05 2002
 City State Zip Code
 BURNSVILLE MN 55337
 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 14.00
 Name of Employer Occupation
 BC/BS OF MINNESOTA HEALTH INSURER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 466.00
 Transaction ID: B000804S000008L11A1

SUBTOTAL of Receipts This Page (optional) ▶ **249.00**
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 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
 ROGER W. KLEPPE

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 12 / 2002

Mailing Address
 2901 MEAD CT.

City State Zip Code
 BURNSVILLE MN 55337

Amount of Each Receipt this Period
 14.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 466.00

Transaction ID: B0006076000006L11A1

B. Full Name (Last, First, Middle Initial)
 ROGER W. KLEPPE

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 16 / 2002

Mailing Address
 2901 MEAD CT.

City State Zip Code
 BURNSVILLE MN 55337

Amount of Each Receipt this Period
 14.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 466.00

Transaction ID: B0006186000006L11A1

C. Full Name (Last, First, Middle Initial)
 ALLAN M. KORN

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 02 / 2002

Mailing Address
 1310 G STREET, N.W.

City State Zip Code
 WASHINGTON DC 20005

Amount of Each Receipt this Period
 45.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 BLUE CROSS/BLUE SHIELD ASSOCIATION CHIEF MEDICAL DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Transaction ID: B00060660000034L11A1

SUBTOTAL of Receipts This Page (optional) ▶ **73.00**

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 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
 ALLAN M. KORN

Mailing Address
 1310 G STREET, N.W.

City State Zip Code
 WASHINGTON DC 20005

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 16 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 BLUE CROSS/BLUE SHIELD ASSOCIATION CHIEF MEDICAL DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 850.00

Amount of Each Receipt this Period
 45.00

Transaction ID: B0006226000034L11A1

B. Full Name (Last, First, Middle Initial)
 ALLAN M. KORN

Mailing Address
 1310 G STREET, N.W.

City State Zip Code
 WASHINGTON DC 20005

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 30 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 BLUE CROSS/BLUE SHIELD ASSOCIATION CHIEF MEDICAL DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 850.00

Amount of Each Receipt this Period
 45.00

Transaction ID: B0006306000034L11A1

C. Full Name (Last, First, Middle Initial)
 MARY N. LEHNARD

Mailing Address
 1310 G STREET, N.W.

City State Zip Code
 WASHINGTON DC 20005

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 02 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 BLUE CROSS/BLUE SHIELD ASSOCIATION SENIOR V.P.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2070.00

Amount of Each Receipt this Period
 115.00

Transaction ID: B0006066000040L11A1

SUBTOTAL of Receipts This Page (optional) ▶ **205.00**

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 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 PAC

Full Name (Last, First, Middle Initial)
A. MARY N. LEHNARD

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 N M / D E / Y Y Y Y
08 16 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION SENIOR V.P.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **2070.00**

Amount of Each Receipt this Period
115.00

Transaction ID: **B0006226000040L11A1**

Full Name (Last, First, Middle Initial)
B. MARY N. LEHNARD

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 N M / D E / Y Y Y Y
08 30 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION SENIOR V.P.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **2070.00**

Amount of Each Receipt this Period
115.00

Transaction ID: **B000630S000040L11A1**

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

Mailing Address
287 WATEREE RIVER ROAD

City State Zip Code
SURFSIDE BEACH SC 29675

Date of Receipt
 N M / D E / Y Y Y Y
08 16 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **400.00**

Amount of Each Receipt this Period
20.00

Transaction ID: **B000620S000133L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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 37 / 65

(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 PAC

A. Full Name (Last, First, Middle Initial)
DEBORAH BURN MADSEN

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

Mailing Address
1124 ORCHARD PLACE

City State Zip Code
MENDOTA HEIGHTS MN 55118

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 285.00

Amount of Each Receipt this Period 15.00

Transaction ID: B0006186000008L11A1

B. Full Name (Last, First, Middle Initial)
MAHLON O. MARIS

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 0 2

Mailing Address
P.O. BOX 1597

City State Zip Code
HARRISON AR 72601

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ARKANSAS BLUE CROSS BLUE SHIELD BOARD MEMBER

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 600.00

Amount of Each Receipt this Period 200.00

Transaction ID: B0006999000012L11A1

C. Full Name (Last, First, Middle Initial)
J. THOMAS MAY

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 0 2

Mailing Address
2111 COUNTRY CLUB LN.

City State Zip Code
PINE BLUFF AR 71603

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS BLUE SHIELD OF ARKANSAS BOARD OF DIRECTORS

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 600.00

Amount of Each Receipt this Period 200.00

Transaction ID: B0006999000008L11A1

SUBTOTAL of Receipts This Page (optional) ▶ **415.00**

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 38 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
RAYMOND F. MCCASKEY

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20001

Date of Receipt
 N M / D E / Y Y Y Y
08 16 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF ILLINOIS HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **425.00**

Transaction ID: **B000616S000032L11A1**

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

Mailing Address
2737 CYPRESS BEND ROAD

City State Zip Code
FLORENCE SC 29506

Date of Receipt
 N M / D E / Y Y Y Y
08 16 2002

Amount of Each Receipt this Period
58.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA SR VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **1160.00**

Transaction ID: **B000620S000152L11A1**

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

Mailing Address
2737 CYPRESS BEND ROAD

City State Zip Code
FLORENCE SC 29506

Date of Receipt
 N M / D E / Y Y Y Y
08 16 2002

Amount of Each Receipt this Period
58.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA SR VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **1160.00**

Transaction ID: **B000621S000152L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **166.00**

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 39 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
GEORGE K. MITCHELL MD

Mailing Address
1511 NORTH FILLMORE

City State Zip Code
LITTLE ROCK AR 72207

Date of Receipt
 N M / D E / Y Y Y Y
08 05 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS BLUE SHIELD OF ARKANSAS BOARD OF DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **800.00**

Transaction ID: **B0005896000008L11A1**

B. Full Name (Last, First, Middle Initial)
PATRICIA E. MONAHAN

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 N M / D E / Y Y Y Y
08 02 2002

Amount of Each Receipt this Period
14.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **252.00**

Transaction ID: **B00080680000042L11A1**

C. Full Name (Last, First, Middle Initial)
PATRICIA E. MONAHAN

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 N M / D E / Y Y Y Y
08 16 2002

Amount of Each Receipt this Period
14.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **252.00**

Transaction ID: **B00062280000042L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **228.00**

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 40 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
PATRICIA E. MDNAHAN

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 N M / D E / Y Y Y Y
08 30 2002

Amount of Each Receipt this Period
14.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **252.00**

Transaction ID: **B000630S000042L11A1**

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

Mailing Address
392 STONERIDGE COURT

City State Zip Code
BLYTHEWOOD SC 29016

Date of Receipt
 N M / D E / Y Y Y Y
08 16 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA MANAGER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **1000.00**

Transaction ID: **B000620S000158L11A1**

C. Full Name (Last, First, Middle Initial)
HELEN B. MURRAY

Mailing Address
392 STONERIDGE COURT

City State Zip Code
BLYTHEWOOD SC 29016

Date of Receipt
 N M / D E / Y Y Y Y
08 16 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA MANAGER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **1000.00**

Transaction ID: **B000621S000158L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **114.00**

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 41 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
KENNETH M. NELSON

Mailing Address
124 WHITE BIRCH CIRCLE

City State Zip Code
COLUMBIA SC 29223

Date of Receipt
 M M / D D / Y Y Y Y
08 16 2002

Amount of Each Receipt this Period
12.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA ASSOC MEDICAL DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **240.00**

Transaction ID: **B000620S000160L11A1**

B. Full Name (Last, First, Middle Initial)
KENNETH M. NELSON

Mailing Address
124 WHITE BIRCH CIRCLE

City State Zip Code
COLUMBIA SC 29223

Date of Receipt
 M M / D D / Y Y Y Y
08 16 2002

Amount of Each Receipt this Period
12.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA ASSOC MEDICAL DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **240.00**

Transaction ID: **B000621S000160L11A1**

C. Full Name (Last, First, Middle Initial)
NANCY F. NELSON

Mailing Address
1781 TAMBERWOOD TR.

City State Zip Code
WOODBURY MN 55125

Date of Receipt
 M M / D D / Y Y Y Y
08 05 2002

Amount of Each Receipt this Period
18.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **342.00**

Transaction ID: **B000604S000014L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **42.00**

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 42 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
NANCY F. NELSON

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 12 / 2002

Mailing Address
1781 TAMBERWOOD TR.

City State Zip Code
WOODBURY MN 55125

Amount of Each Receipt this Period
18.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **342.00**

Transaction ID: **B000607S000014L11A1**

B. Full Name (Last, First, Middle Initial)
NANCY F. NELSON

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 16 / 2002

Mailing Address
1781 TAMBERWOOD TR.

City State Zip Code
WOODBURY MN 55125

Amount of Each Receipt this Period
18.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **342.00**

Transaction ID: **B000618S000014L11A1**

C. Full Name (Last, First, Middle Initial)
RICHARD M. NIEMIED

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 05 / 2002

Mailing Address
4239 HARRIET AVE.

City State Zip Code
MINNEAPOLIS MN 55409

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **1450.00**

Transaction ID: **B000604S000016L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **86.00**

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 / 65	
	<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 PAC

A. Full Name (Last, First, Middle Initial)
RICHARD M. NIEMIEC

Mailing Address
4239 HARRIET AVE.

City State Zip Code
MINNEAPOLIS MN 55409

Date of Receipt
 M M / D D / Y Y Y Y
08 12 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **1450.00**

Transaction ID: **B000607S000016L11A1**

B. Full Name (Last, First, Middle Initial)
RICHARD M. NIEMIEC

Mailing Address
4239 HARRIET AVE.

City State Zip Code
MINNEAPOLIS MN 55409

Date of Receipt
 M M / D D / Y Y Y Y
08 18 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **1450.00**

Transaction ID: **B000618S000016L11A1**

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

Mailing Address
1314 MARQUETTE AVE. #3105

City State Zip Code
MINNEAPOLIS MN 55403

Date of Receipt
 M M / D D / Y Y Y Y
08 05 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **380.00**

Transaction ID: **B000604S000017L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **120.00**

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 44 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
JOHN. DUNJIAN

Mailing Address
1314 MARQUETTE AVE. #31 D5

City State Zip Code
MINEAPOLIS MN 55403

Date of Receipt
 N M / D E / Y Y Y Y
0 8 / 1 2 / 2 0 0 2

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **380.00**

Amount of Each Receipt this Period
20.00

Transaction ID: **B000607S000017L11A1**

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

Mailing Address
1314 MARQUETTE AVE. #31 D5

City State Zip Code
MINEAPOLIS MN 55403

Date of Receipt
 N M / D E / Y Y Y Y
0 8 / 1 2 / 2 0 0 2

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **380.00**

Amount of Each Receipt this Period
20.00

Transaction ID: **B000618S000017L11A1**

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

Mailing Address
517 STROUD DR.

City State Zip Code
JONESBORO AR 72401

Date of Receipt
 N M / D E / Y Y Y Y
0 8 / 0 5 / 2 0 0 2

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS BLUE SHIELD OF ARKANSAS BOARD OF DIRECTORS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **600.00**

Amount of Each Receipt this Period
200.00

Transaction ID: **B000599S000011L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **240.00**

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 / 65	
	<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 PAC

A. Full Name (Last, First, Middle Initial)
BRITTIE S. PEARCY

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

Mailing Address
43 POLO RIDGE CIRCLE

City State Zip Code
COLUMBIA SC 29223

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **400.00**

Transaction ID: **B0006206000173L11A1**

B. Full Name (Last, First, Middle Initial)
BRITTIE S. PEARCY

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

Mailing Address
43 POLO RIDGE CIRCLE

City State Zip Code
COLUMBIA SC 29223

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **400.00**

Transaction ID: **B0006215000173L11A1**

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

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 0 5 / 2 0 0 2

Mailing Address
19865 ANDOVER PLACE

City State Zip Code
DEEPHAVEN MN 55331

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **390.00**

Transaction ID: **B0006049000018L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **50.00**

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 / 65

11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
TIMOTHY PETERSON

Mailing Address
18865 ANDOVER PLACE

City State Zip Code
DEEPHAVEN MN 55331

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 390.00

Amount of Each Receipt this Period
10.00

Transaction ID: B0006076000018L11A1

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

Mailing Address
18865 ANDOVER PLACE

City State Zip Code
DEEPHAVEN MN 55331

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 390.00

Amount of Each Receipt this Period
10.00

Transaction ID: B0006186000018L11A1

C. Full Name (Last, First, Middle Initial)
W. PAT PHILLIPS, MD

Mailing Address
8208 CLEBURNE COURT

City State Zip Code
FORT SMITH AR 72903

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS BLUE SHIELD OF ARKANSAS BOARD OF DIRECTORS

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 600.00

Amount of Each Receipt this Period
200.00

Transaction ID: B0006996000009L11A1

SUBTOTAL of Receipts This Page (optional) ▶ **220.00**

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 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
LOUIS L. RAMSAY, JR.

Mailing Address
2001 COUNTRY CLUB LANE

City State Zip Code
PINE BUFF AR 71603-6922

Date of Receipt
 M M / D D / Y Y Y Y
08 05 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS BLUE SHIELD OF ARKANSAS BOARD OF DIRECTORS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **800.00**

Transaction ID: **B0005896000010L11A1**

B. Full Name (Last, First, Middle Initial)
COLLEEN FOLE REITAN

Mailing Address
295 MACALESTER ST.

City State Zip Code
ST. PAUL MN 55105

Date of Receipt
 M M / D D / Y Y Y Y
08 05 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **390.00**

Transaction ID: **B0008040000019L11A1**

C. Full Name (Last, First, Middle Initial)
COLLEEN FOLE REITAN

Mailing Address
295 MACALESTER ST.

City State Zip Code
ST. PAUL MN 55105

Date of Receipt
 M M / D D / Y Y Y Y
08 12 2002

Amount of Each Receipt this Period
10.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF MINNESOTA HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **390.00**

Transaction ID: **B0008070000019L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **220.00**

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 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 PAC

A. COLLEEN FOLE REITAN Date of Receipt
 Mailing Address: 295 MACALESTER ST. 08 / 16 / 2002
 City: ST. PAUL State: MN Zip Code: 55105 Amount of Each Receipt this Period: 10.00
 Name of Employer: BC/BS OF MINNESOTA Occupation: HEALTH INSURER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00
 Transaction ID: B000618S000019L11A1

B. MIKE H. REITZ Date of Receipt
 Mailing Address: 1310 G STREET, N.W. 08 / 12 / 2002
 City: WASHINGTON State: DC Zip Code: 20005 Amount of Each Receipt this Period: 80.00
 Name of Employer: BC/BS OF LOUISIANA Occupation: HEALTH INSURER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00
 Transaction ID: B000808S000011L11A1

C. WAYNE T. ROBERTS Date of Receipt
 Mailing Address: 109 EAST SPRINGS ROAD 08 / 16 / 2002
 City: COLUMBIA State: SC Zip Code: 29225 Amount of Each Receipt this Period: 13.00
 Name of Employer: BC/BS OF SOUTH CAROLINA Occupation: VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00
 Transaction ID: B000620S000189L11A1

SUBTOTAL of Receipts This Page (optional) ▶ **83.00**
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 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 PAC

A. Full Name (Last, First, Middle Initial)
WAYNE T. ROBERTS

Mailing Address
108 EAST SPRINGS ROAD

City State Zip Code
COLUMBIA SC 29223

Date of Receipt
 M / D / Y Y Y Y
08 / 16 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
13.00

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **260.00**

Transaction ID: **B000621S000189L11A1**

B. Full Name (Last, First, Middle Initial)
ROBERT D. ROSECRANS, JR.

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 M / D / Y Y Y Y
08 / 02 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
25.00

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION MANAGING DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **450.00**

Transaction ID: **B000806S000043L11A1**

C. Full Name (Last, First, Middle Initial)
ROBERT D. ROSECRANS, JR.

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 M / D / Y Y Y Y
08 / 16 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
25.00

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION MANAGING DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **450.00**

Transaction ID: **B000622S000043L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **63.00**

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 50 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 PAC

A. Full Name (Last, First, Middle Initial)
ROBERT D. ROSECRANS, JR.

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 M / D / Y Y Y Y
08 / 30 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION MANAGING DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **450.00**

Amount of Each Receipt this Period
25.00

Transaction ID: **B000630S000043L11A1**

B. Full Name (Last, First, Middle Initial)
WILLIAM F. ROWELL

Mailing Address
112 SILVER LAKE ROAD EAST

City State Zip Code
COLUMBIA SC 29223

Date of Receipt
 M / D / Y Y Y Y
08 / 16 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA ASST VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **210.00**

Amount of Each Receipt this Period
10.50

Transaction ID: **B000620S000192L11A1**

C. Full Name (Last, First, Middle Initial)
WILLIAM F. ROWELL

Mailing Address
112 SILVER LAKE ROAD EAST

City State Zip Code
COLUMBIA SC 29223

Date of Receipt
 M / D / Y Y Y Y
08 / 16 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA ASST VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **210.00**

Amount of Each Receipt this Period
10.50

Transaction ID: **B000621S000192L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **46.00**

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 51 / 65	
	<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 PAC

A. Full Name (Last, First, Middle Initial)
JOSEPH M. RUBANO

Mailing Address
1310 G STREET, NW

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 N M / D E / Y Y Y Y
08 16 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF ILLINOIS HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **255.00**

Transaction ID: **B000616S000046L11A1**

B. Full Name (Last, First, Middle Initial)
RONALD L. RUSHTON

Mailing Address
106 W BUTLER AVE

City State Zip Code
SALUDA SC 29138

Date of Receipt
 N M / D E / Y Y Y Y
08 16 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **400.00**

Transaction ID: **B000620S000194L11A1**

C. Full Name (Last, First, Middle Initial)
RONALD L. RUSHTON

Mailing Address
106 W BUTLER AVE

City State Zip Code
SALUDA SC 29138

Date of Receipt
 N M / D E / Y Y Y Y
08 16 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **400.00**

Transaction ID: **B000621S000194L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**

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 52 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
SCOTT P. SEROTA

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 M M / D D / Y Y Y Y
08 02 2002

FEC ID number of contributing federal political committee.
 Amount of Each Receipt this Period
197.30

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **3551.40**

Transaction ID: **B000606S000047L11A1**

B. Full Name (Last, First, Middle Initial)
SCOTT P. SEROTA

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 M M / D D / Y Y Y Y
08 16 2002

FEC ID number of contributing federal political committee.
 Amount of Each Receipt this Period
197.30

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **3551.40**

Transaction ID: **B000622S000047L11A1**

C. Full Name (Last, First, Middle Initial)
SCOTT P. SEROTA

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 M M / D D / Y Y Y Y
08 30 2002

FEC ID number of contributing federal political committee.
 Amount of Each Receipt this Period
197.30

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **3551.40**

Transaction ID: **B000630S000047L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **591.90**

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 53 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. ROBERT L. SHOPTAW Date of Receipt
 Mailing Address: 21 RIVER RIDGE CIRCLE
 City: LITTLE ROCK State: AR Zip Code: 72227 Amount of Each Receipt this Period: 70.00

FEC ID number of contributing federal political committee: _____

Name of Employer: BC/BS OF ARKANSAS Occupation: CHIEF EXECUTIVE OFFICER

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 830.00

Transaction ID: B0006106000025L11A1

B. MICHAEL J. SKARUPA Date of Receipt
 Mailing Address: 2668 TROTTER ROAD
 City: FLORENCE State: SC Zip Code: 29501 Amount of Each Receipt this Period: 38.50

FEC ID number of contributing federal political committee: _____

Name of Employer: BC/BS OF SOUTH CAROLINA Occupation: VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 770.00

Transaction ID: B000620S000201L11A1

C. MICHAEL J. SKARUPA Date of Receipt
 Mailing Address: 2668 TROTTER ROAD
 City: FLORENCE State: SC Zip Code: 29501 Amount of Each Receipt this Period: 38.50

FEC ID number of contributing federal political committee: _____

Name of Employer: BC/BS OF SOUTH CAROLINA Occupation: VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 770.00

Transaction ID: B000621S000201L11A1

SUBTOTAL of Receipts This Page (optional) ▶ **147.00**

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 54 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
GREGORY K. SMITH

Mailing Address
P.O. BOX 387

City State Zip Code
SAINT MARYS WV 26170-0367

Date of Receipt
 M / D / Y Y Y Y
08 / 12 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MOUNTAIN STATE BLUECROSS BLUESHIELD HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **250.00**

Transaction ID: **B000601S000004L11A1**

B. Full Name (Last, First, Middle Initial)
PATTY F. SMITH

Mailing Address
1301 COUNTRY CLUB LANE

City State Zip Code
TEXARKANA AR 71854

Date of Receipt
 M / D / Y Y Y Y
08 / 05 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS BLUE SHIELD OF ARKANSAS BOARD OF DIRECTORS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **600.00**

Transaction ID: **B000599S000002L11A1**

C. Full Name (Last, First, Middle Initial)
SHATON T. STRATTON-DOUGHE

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20001

Date of Receipt
 M / D / Y Y Y Y
08 / 16 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BCBS OF ILLINOIS HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **340.00**

Transaction ID: **B000616S000052L11A1**

SUBTOTAL of Receipts This Page (optional) **490.00**

TOTAL This Period (last page this line number only) **490.00**

**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 55 / 65

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

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 PAC

A. Full Name (Last, First, Middle Initial)
KATHRYN M. SULLIVAN

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2002

Mailing Address
14314 COTTINGHAM CT.

City State Zip Code
BATON ROUGE LA 70817-3539

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF LOUISIANA HEALTH INSURER

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

Transaction ID: B000608S000009L11A1

B. Full Name (Last, First, Middle Initial)
BERNARD M. TALBERT

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Amount of Each Receipt this Period
12.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 216.00

Transaction ID: B000608S0000052L11A1

C. Full Name (Last, First, Middle Initial)
BERNARD M. TALBERT

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Amount of Each Receipt this Period
12.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 216.00

Transaction ID: B000622S0000052L11A1

SUBTOTAL of Receipts This Page (optional) ▶ **64.00**

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 56 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 PAC

A. Full Name (Last, First, Middle Initial)
BERNARD M. TALBERT

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 M M / D D / Y Y Y Y
08 30 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **216.00**

Amount of Each Receipt this Period
12.00

Transaction ID: **B0006306000052L11A1**

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

Mailing Address
1310 G STREET N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 M M / D D / Y Y Y Y
08 02 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION MANAGER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **305.00**

Amount of Each Receipt this Period
20.00

Transaction ID: **B0006066000054L11A1**

C. Full Name (Last, First, Middle Initial)
JAMES B. TRIMBLE

Mailing Address
1310 G STREET N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 M M / D D / Y Y Y Y
08 16 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION MANAGER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **305.00**

Amount of Each Receipt this Period
20.00

Transaction ID: **B0006226000054L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **52.00**

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 57 / 65

11a 11b 11c 12
 13 14 15 16 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 PAC

A. JAMES B. TRIMBLE Date of Receipt
Mailing Address
1310 G STREET N.W. 08 / 30 / 2002
City State Zip Code
WASHINGTON DC 20005 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 20.00
Name of Employer Occupation
BLUE CROSS/BLUE SHIELD ASSOCIATION MANAGER
Receipt For: Aggregate Year-to-Date ▼
Primary General 305.00
Other (specify) ▼ Transaction ID: B000630S000054L11A1

B. MICHAEL UNHJEM Date of Receipt
Mailing Address
1310 G STREET, N.W. 08 / 28 / 2002
City State Zip Code
WASHINGTON DC 20005 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 75.00
Name of Employer Occupation
NORIDIAN-BC/BS OF NORTH DAKOTA HEALTH INSURER
Receipt For: Aggregate Year-to-Date ▼
Primary General 650.00
Other (specify) ▼ Transaction ID: B000623S000037L11A1

C. STEVE VONFANGE Date of Receipt
Mailing Address
217 EAST SPRINGS ROAD 08 / 18 / 2002
City State Zip Code
COLUMBIA SC 29225 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 11.50
Name of Employer Occupation
BC/BS OF SOUTH CAROLINA VICE PRESIDENT
Receipt For: Aggregate Year-to-Date ▼
Primary General 230.00
Other (specify) ▼ Transaction ID: B000620S000220L11A1

SUBTOTAL of Receipts This Page (optional) ▶ **106.50**
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 58 / 65	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
STEVE VONFANGE

Mailing Address
217 EAST SPRINGS ROAD

City State Zip Code
COLUMBIA SC 29223

Date of Receipt
 M / D / Y Y Y Y
08 / 16 / 2002

Amount of Each Receipt this Period
11.50

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **230.00**

Transaction ID: **B000621S000220L11A1**

B. Full Name (Last, First, Middle Initial)
PAUL M. WHITE

Mailing Address
1310 G STREET, N.W.

City State Zip Code
WASHINGTON DC 20005

Date of Receipt
 M / D / Y Y Y Y
08 / 12 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF ARKANSAS HEALTH INSURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **360.00**

Transaction ID: **B000610S000030L11A1**

C. Full Name (Last, First, Middle Initial)
DWIGHT M. WICKER

Mailing Address
1813 BRIGADOONE LANE

City State Zip Code
FLORENCE SC 29505

Date of Receipt
 M / D / Y Y Y Y
08 / 16 / 2002

Amount of Each Receipt this Period
28.92

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BC/BS OF SOUTH CAROLINA VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **538.40**

Transaction ID: **B000620S000228L11A1**

SUBTOTAL of Receipts This Page (optional) ▶ **78.42**

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 59 / 65	
	<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 PAC

Full Name (Last, First, Middle Initial)
A. DWIGHT M. WICKER

Mailing Address
1B13 BRIGADOONE LANE

City State Zip Code
FLORENCE SC 29505

Date of Receipt
 M M / D D / Y Y Y Y
08 / 16 / 2002

FEC ID number of contributing federal political committee.
 Amount of Each Receipt this Period
26.92

Name of Employer BC/BS OF SOUTH CAROLINA	Occupation VICE PRESIDENT
--	-------------------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **538.40**

Transaction ID: **B0006216000228L11A1**

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	26.92
TOTAL This Period (last page this line number only)	▶	7880.56

**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 60 / 65
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. CAREPAC OF KANSAS BLUE CROSS BLUE SHIELD

Mailing Address
1133 TOPEKA BOULEVARD, SW

City State Zip Code
TOPEKA KS 66620

Date of Receipt
 N M / D E / Y Y Y Y
08 26 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Amount of Each Receipt this Period
635.00

Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ **5080.00**

Transaction ID: **B0006276000001L12**

Full Name (Last, First, Middle Initial)
B. FL HEALTH POLITICAL ACTION COMMITTEE

Mailing Address
P.O. BOX 6936

City State Zip Code
JACKSONVILLE FL 32236-6936

Date of Receipt
 N M / D E / Y Y Y Y
08 05 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Amount of Each Receipt this Period
3500.00

Receipt For: Aggregate Year-to-Date ▼
 Primary General Other (specify) ▼ **10500.00**

Transaction ID: **B0008026000001L12**

C.

SUBTOTAL of Receipts This Page (optional)	▶	4135.00
TOTAL This Period (last page this line number only)	▶	4135.00

**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)

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11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
COMERICA BANK

Mailing Address
P.O. BOX 75000

City State Zip Code
DETROIT MI 48375-2250

Date of Receipt
M M / D D / Y Y Y Y
08 / 01 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
JULY INTEREST INCOME

Amount of Each Receipt this Period
75.39

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 408.64

Transaction ID: B0005886000001L17

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	75.39
TOTAL This Period (last page this line number only)	▶	75.39

**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				

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

Full Name (Last, First, Middle Initial) A. BOND FOR CONGRESS		Date of Disbursement 08 / 05 / 2002	
Mailing Address P.O. BOX 2776 City State Zip Code ARLINGTON VA 22202		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement 2002 GENERAL ELECTION		24K Category/ Type	
Candidate Name MARY BONO			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: CA District: 44	Transaction ID: B000597S000002L23		

Full Name (Last, First, Middle Initial) B. FRIENDS OF CHRIS DODD 2004		Date of Disbursement 08 / 05 / 2002	
Mailing Address P.O. BOX 270701 City State Zip Code WEST HARTFORD CT 06127		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement 2004 PRIMARY ELECTION		24K Category/ Type	
Candidate Name CHRISTOPHER DODD			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: CT District:	Transaction ID: B000597S000004L23		

Full Name (Last, First, Middle Initial) C. CRAIG FOR U.S. SENATE		Date of Disbursement 08 / 13 / 2002	
Mailing Address P.O. BOX 2754 City State Zip Code BOISE ID 83701		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement 2002 GENERAL ELECTION		24K Category/ Type	
Candidate Name LARRY CRAIG			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: ID District:	Transaction ID: B000600S000002L23		

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)

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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				

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

Full Name (Last, First, Middle Initial) A. MIKE CRAPO FOR SENATE			Date of Disbursement 08 / 05 / 2002	
Mailing Address P.O. BOX 1948 City: BOISE State ID: Zip Code: 83701			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2004 PRIMARY ELECTION		24K Category/ Type		
Candidate Name MIKE CRAPO		Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: ID District:	Transaction ID: B000597S000003L23		

Full Name (Last, First, Middle Initial) B. MIKE CRAPO FOR SENATE			Date of Disbursement 08 / 13 / 2002	
Mailing Address P.O. BOX 1948 City: BOISE State ID: Zip Code: 83701			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement 2004 PRIMARY ELECTION		24K Category/ Type		
Candidate Name MIKE CRAPO		Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: ID District:	Transaction ID: B000600S000001L23		

Full Name (Last, First, Middle Initial) C. MIKE SIMPSON FOR CONGRESS			Date of Disbursement 08 / 05 / 2002	
Mailing Address 131 N. OAK City: BLACKFOOT State ID: Zip Code: 83221			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement 2002 GENERAL ELECTION		24K Category/ Type		
Candidate Name MIKE SIMPSON		Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: ID District: 02	Transaction ID: B000597S000008L23		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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 26	<input type="checkbox"/> 22 27	<input checked="" type="checkbox"/> 23 28a	<input type="checkbox"/> 24 28b	<input type="checkbox"/> 25 28c	<input type="checkbox"/> 29
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NAME OF COMMITTEE (In Full)
BLUEPAC - BLUE CROSS/BLUE SHIELD PAC

<p>Full Name (Last, First, Middle Initial) A. CHRIS JOHN FOR CONGRESS</p> <p>Mailing Address P.O. DRAWER 307 City CROWLEY State LA Zip Code 70527</p> <p>Purpose of Disbursement 2002 PRIMARY ELECTION</p> <p>Candidate Name CHRIS JOHN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>		<p>Date of Disbursement 08 / 05 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: B000597S000005L23</p>
<p>Full Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT FRANK BALLANCE</p> <p>Mailing Address 317 E. MACON STREET City WARRENTON State NC Zip Code 27589</p> <p>Purpose of Disbursement 2002 PRIMARY ELECTION</p> <p>Candidate Name FRANK W. BALLANCE, JR.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01</p> <p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>		<p>Date of Disbursement 08 / 05 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Transaction ID: B000597S000007L23</p>
<p>Full Name (Last, First, Middle Initial) C. JOHN SULLIVAN FOR CONGRESS</p> <p>Mailing Address 6130 S. MAPLEWOOD SUITE B City TULSA State OK Zip Code 74136</p> <p>Purpose of Disbursement 2002 PRIMARY ELECTION</p> <p>Candidate Name JOHN SULLIVAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01</p> <p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>		<p>Date of Disbursement 08 / 05 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: B000597S000008L23</p>

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				

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

Full Name (Last, First, Middle Initial) A. JIM COOPER FOR CONGRESS			Date of Disbursement 08 / 30 / 2002	
Mailing Address P.O. BOX 60750 City: NASHVILLE State: TN Zip Code: 37208			Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement 2002 GENERAL ELECTION			24K Category/ Type	
Candidate Name JIM COOPER				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: B000626S000001L23	
State: TN District: 05				

Full Name (Last, First, Middle Initial) B. LINCOLN DAVIS FOR CONGRESS			Date of Disbursement 08 / 30 / 2002	
Mailing Address P.O. BOX 2002 City: FALL MALL State: TN Zip Code: 38577			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002 GENERAL ELECTION			24K Category/ Type	
Candidate Name LINCOLN DAVIS				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: B000626S000002L23	
State: TN District: 04				

Full Name (Last, First, Middle Initial) C. CUBIN FOR CONGRESS			Date of Disbursement 08 / 05 / 2002	
Mailing Address P.O. BOX 4857 City: CASPER State: WY Zip Code: 82604			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement 2002 PRIMARY ELECTION			24K Category/ Type	
Candidate Name BARBARA CUBIN				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Transaction ID: B000597S000001L23	
State: WY District: 01				

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	11500.00