

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
BLUEPAC - Blue Cross Blue Shield Association PAC

ADDRESS (number and street) 1310 G Street NW
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00194746
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 07 01 2009 through 12 31 2009

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 01 13 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
BLUEPAC - Blue Cross Blue Shield Association PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		45451.80
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	43603.43									
(c) Total Receipts (from Line 19)	178305.26	383372.89								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	221908.69	428824.69								
7. Total Disbursements (from Line 31)	183125.00	390041.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38783.69	38783.69								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

BLUEPAC - Blue Cross Blue Shield Association PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	65125.96	112125.08
(ii) Unitemized	14567.46	41556.53
(iii) TOTAL (add Lines 11(a)(i) and (ii)	79693.42	153681.61
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	79693.42	153681.61
12. Transfers From Affiliated/Other Party Committees	97354.00	228408.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1250.00	1250.00
17. Other Federal Receipts (Dividends, Interest, etc.)	7.84	33.28
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	178305.26	383372.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	178305.26	383372.89

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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	116.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	116.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	183125.00	389925.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	183125.00	390041.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	183125.00	390041.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	79693.42	153681.61
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	79693.42	153681.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	116.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	116.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 130
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)
James S. Adamson, Jr.

Mailing Address 1310 G Street, N.w.

City Washington State DC Zip Code 20005

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

Name of Employer Bc/bc Of Arkansas Occupation Health Insurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 07 / 2009

Transaction ID: 00113.C143441

Amount of Each Receipt this Period 110.00

Receipt

Payroll Deduction: (10.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Cynthia Alston

Mailing Address 1441 Lynwood Ct

City Flossmoor State IL Zip Code 60422-1930

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

Name of Employer B/bs Association Occupation Med Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 00113.C142904

Amount of Each Receipt this Period 220.00

Receipt

Payroll Deduction: (20.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Calvin L. Anderson

Mailing Address 1655 Carr Ave.

City Memphis State TN Zip Code 38104

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

Name of Employer Blue Cross Blue Shield Of Tenn Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 09 / 2009

Transaction ID: 00113.C144803

Amount of Each Receipt this Period 300.00

Receipt

Payroll Deduction: (50.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **630.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)
Doug Armstrong

Mailing Address 1310 G St NW

City Washington State DC Zip Code 20005-3000

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

Name of Employer Blue Cross & Blue Shield Assoc
Occupation Senior Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 00113.C142936

Amount of Each Receipt this Period 195.00

Receipt

Payroll Deduction: (15.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Richard Austgen

Mailing Address 6620 Chick Evans Ln

City Woodridge State IL Zip Code 60517-1478

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

Name of Employer Blue Cross & Blue Shield Assoc
Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 00113.C142934

Amount of Each Receipt this Period 143.00

Receipt

Payroll Deduction: (11.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mara Baer

Mailing Address 1310 G Street, NW

City Washington State DC Zip Code 20005-3000

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

Name of Employer Blue Cross & Blue Shield Assoc
Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 00113.C142947

Amount of Each Receipt this Period 195.00

Receipt

Payroll Deduction: (15.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **533.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) Edgar Black	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 1310 G St NW	Transaction ID: 00113.C142938
	City State Zip Code Washington DC 20005-3000	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Blue Cross & Blue Shield Assoc	Occupation Manager	Payroll Deduction: (25.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) Christopher Booth	Date of Receipt MM / DD / YYYY 11 / 20 / 2009
	Mailing Address 10 Northstone Rise	Transaction ID: 00113.C143128
	City State Zip Code Pittsford NY 14534-3064	Amount of Each Receipt this Period 2667.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Excellus BlueCross BlueShield	Occupation EVP & CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2667.00	

C.	Full Name (Last, First, Middle Initial) Thomas Boyd	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 120 Beechwood Hill	Transaction ID: 00113.C143092
	City State Zip Code Exeter RI 02822	Amount of Each Receipt this Period 247.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer BCBS of Rhode Island	Occupation E.v.p.	Payroll Deduction: (19.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

SUBTOTAL of Receipts This Page (optional)	3239.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial) Dan Bradfield		Date of Receipt MM / DD / YYYY 07 / 10 / 2009
Mailing Address 18405 Bishopstone Court		Transaction ID: 00113.C142874
City Montgomery Village	State MD	Zip Code 20886
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 455.00
Name of Employer Bluepac	Occupation Health Insurer	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 845.00	Payroll Deduction: (35.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial) Jerry W. Bradshaw		Date of Receipt MM / DD / YYYY 08 / 07 / 2009
Mailing Address 1310 G Street, N.w.		Transaction ID: 00113.C143443
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 220.00
Name of Employer Bc/bs Of Arkansas	Occupation Health Insurer	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Payroll Deduction: (20.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial) William A. Breskin		Date of Receipt MM / DD / YYYY 07 / 10 / 2009
Mailing Address 1703 Hunts End Ct.		Transaction ID: 90722.C135749
City Vienna	State VA	Zip Code 22182
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 360.00
Name of Employer Blue Cross/blue Shield As- socio	Occupation Chief Wash Counsel	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	Payroll Deduction: (40.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	1035.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) William A. Breskin	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 1703 Hunts End Ct.	Transaction ID: 00113.C142875
	City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period 180.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: Blue Cross/blue Shield As-socia Occupation: Chief Wash Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1060.00	Payroll Deduction: (45.00- /Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Michael W. Brown	Date of Receipt MM / DD / YYYY 08 / 07 / 2009
	Mailing Address PO Box 8084	Transaction ID: 00113.C143465
	City State Zip Code Little Rock AR 72203-8084	Amount of Each Receipt this Period 220.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: Bc/bc Of Arkansas Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	Payroll Deduction: (20.00- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Paul F. Brown	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 406 16th Street	Transaction ID: 00113.C142929
	City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: Blue Cross Blue Shield As-socia Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00	Payroll Deduction: (50.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 130

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)
Cynthia W Buckels

Mailing Address 1310 G Street NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
BCBS of Tennessee Manager

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2009

Transaction ID: 00113.C144773

Amount of Each Receipt this Period

150.00

Receipt

Payroll Deduction: (25.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Amber J. Cambron

Mailing Address 1310 G Street N.w.

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
Bc/bs Of Tennessee Health Insurer

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2009

Transaction ID: 00113.C144759

Amount of Each Receipt this Period

150.00

Receipt

Payroll Deduction: (25.00-
/Bi-Weekly)

C.

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

Mailing Address 902 Marion Avenue

City State Zip Code
Highland Park IL 60035

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1170.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2009

Transaction ID: 00113.C142879

Amount of Each Receipt this Period

585.00

Receipt

Payroll Deduction: (45.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

885.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 130
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

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

Mailing Address 902 Marion Avenue

City Highland Park State IL Zip Code 60035

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1270.00

Date of Receipt 10 / 16 / 2009

Transaction ID: 91110.C141332

Amount of Each Receipt this Period 100.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Martha Carlson

Mailing Address 1310 G St NW

City Washington State DC Zip Code 20005-3000

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

Name of Employer Arkansas Blue Cross Blue
Shiel Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 08 / 07 / 2009

Transaction ID: 00113.C143457

Amount of Each Receipt this Period 220.00

Receipt

Payroll Deduction: (20.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Thomas Cauthorn

Mailing Address 21 Ridgefield Ct

City N Kingstown State RI Zip Code 02852-3511

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

Name of Employer BCBS of Rhode Island Occupation Cheif Sales Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 00113.C143093

Amount of Each Receipt this Period 162.50

Receipt

Payroll Deduction: (12.50-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 482.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

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

Mailing Address 1310 G Street, N.w.

City Washington State DC Zip Code 20005

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 00113.C142880

Amount of Each Receipt this Period 390.00

Receipt

Payroll Deduction: (30.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Joseph A. Cheatham III

Mailing Address 1310 G St NW

City Washington State DC Zip Code 20005-3000

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

Name of Employer B/bs Association Occupation Manager

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 00113.C142959

Amount of Each Receipt this Period 325.00

Receipt

Payroll Deduction: (25.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Paul Cholette

Mailing Address 225 N Michigan Ave

City Chicago State IL Zip Code 60601-6014

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

Name of Employer Blue Cross & Blue Shield Assoc Occupation Director

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

Date of Receipt 07 / 10 / 2009

Transaction ID: 90722.C135812

Amount of Each Receipt this Period 90.00

Receipt

Payroll Deduction: (15.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 805.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
 Paul Cholette
 Mailing Address 225 N Michigan Ave
 City State Zip Code
 Chicago IL 60601-6014
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 6 / 2 0 0 9
Transaction ID: 91110.C141321
 Amount of Each Receipt this Period
 165.00
 Receipt
 Name of Employer Occupation
 Blue Cross & Blue Shield Director
 Assoc
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

B. Full Name (Last, First, Middle Initial)
 Laurreta A Clark
 Mailing Address 1213 Bluebill Bay Rd
 City State Zip Code
 Burnsville MN 55306-5162
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 0 9 / 2 0 0 9
Transaction ID: 90722.C136059
 Amount of Each Receipt this Period
 75.00
 Receipt
 Name of Employer Occupation
 BCBS of Minnesota VP Enterprise Transactions
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 285.00
 Payroll Deduction: (15.00-
 /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 William James Colbourne
 Mailing Address 551 Woodvale Ave
 City State Zip Code
 Deerfield IL 60015-2364
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 9
Transaction ID: 00113.C142881
 Amount of Each Receipt this Period
 845.00
 Receipt
 Name of Employer Occupation
 Blue Cross/blue Shield As- Director
 socia
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1690.00
 Payroll Deduction: (65.00-
 /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1085.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 15 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
 William James Colbourne
 Mailing Address 551 Woodvale Ave
 City State Zip Code
 Deerfield IL 60015-2364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross/blue Shield As- socia Occupation Director
 Receipt For: Primary General Aggregate Year-to-Date ▼
 Other (specify) ▼ 1855.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 6 / 2 0 0 9
Transaction ID: 91110.C141322
 Amount of Each Receipt this Period
 165.00
 Receipt

B. Full Name (Last, First, Middle Initial)
 Jay Michael Cook
 Mailing Address 1310 G Street, NW
 City State Zip Code
 Washington DC 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bc/bs Association Occupation Health Insurer
 Receipt For: Primary General Aggregate Year-to-Date ▼
 Other (specify) ▼ 650.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 9
Transaction ID: 00113.C142882
 Amount of Each Receipt this Period
 325.00
 Receipt
 Payroll Deduction: (25.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 Terrence J. Cooney
 Mailing Address 615 W. Park St.
 City State Zip Code
 Arlington Heights IL 60005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bcbs Association Occupation Director
 Receipt For: Primary General Aggregate Year-to-Date ▼
 Other (specify) ▼ 470.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 9
Transaction ID: 00113.C142883
 Amount of Each Receipt this Period
 260.00
 Receipt
 Payroll Deduction: (20.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **750.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 130

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)
Terrence J. Cooney

Mailing Address 615 W. Park St.

City State Zip Code
Arlington Heights IL 60005

FEC ID number of contributing federal political committee. C

Name of Employer Bcbs Association Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt MM / DD / YYYY
10 / 16 / 2009

Transaction ID: 91110.C141323

Amount of Each Receipt this Period 165.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Frank Cote

Mailing Address 426 S Montana Ave

City State Zip Code
Helena MT 59601-5163

FEC ID number of contributing federal political committee. C

Name of Employer Bc/bc Of Montana Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt MM / DD / YYYY
07 / 09 / 2009

Transaction ID: 00113.C143345

Amount of Each Receipt this Period 100.00

Receipt

Payroll Deduction: (20.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Frank Cote

Mailing Address 426 S Montana Ave

City State Zip Code
Helena MT 59601-5163

FEC ID number of contributing federal political committee. C

Name of Employer Bc/bc Of Montana Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 710.00

Date of Receipt MM / DD / YYYY
09 / 15 / 2009

Transaction ID: 90922.C139571

Amount of Each Receipt this Period 30.00

Receipt

Payroll Deduction: (30.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) 295.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)
Steven Coulter

Mailing Address 1310 G Street, Nw

City Washington State DC Zip Code 37402

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

Name of Employer Bluecross Blueshield Of Tennes Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 09 / 2009

Transaction ID: 00113.C144801

Amount of Each Receipt this Period 300.00

Receipt

Payroll Deduction: (50.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Karen Cox

Mailing Address 225 N Michigan Ave

City Chicago State IL Zip Code 60601-6014

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

Name of Employer Bc/bs Association Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 00113.C142950

Amount of Each Receipt this Period 260.00

Receipt

Payroll Deduction: (20.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Frank Coyne

Mailing Address 2612 Partlow Drive

City Naperville State IL Zip Code 60564

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

Name of Employer Blue Cross Blue Shield As- socia Occupation Vp, Inter-plan Programs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt 10 / 16 / 2009

Transaction ID: 91110.C141337

Amount of Each Receipt this Period 50.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **610.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
 Frank Coyne
 Mailing Address 2612 Partlow Drive
 City State Zip Code
 Naperville IL 60564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Blue Cross Blue Shield As-socia
 Occupation: Vp, Inter-plan Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00
 Date of Receipt: 12 / 15 / 2009
Transaction ID: 00113.C144445
 Amount of Each Receipt this Period: 500.00
 Receipt

B. Full Name (Last, First, Middle Initial)
 Tim J. Crilly
 Mailing Address 3726 McComb Ave.
 City State Zip Code
 Cheyenne WY 82001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: BCBS of Wyoming
 Occupation: President & Ceo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00
 Date of Receipt: 11 / 20 / 2009
Transaction ID: 00113.C143130
 Amount of Each Receipt this Period: 500.00
 Receipt

C. Full Name (Last, First, Middle Initial)
 Kathy Didawick
 Mailing Address 3015 S 7th Street
 City State Zip Code
 Arlington DC 22204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Blue Cross Blue Shield As-socia
 Occupation: Treasurer, Blue Pac
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00
 Date of Receipt: 07 / 10 / 2009
Transaction ID: 00113.C142884
 Amount of Each Receipt this Period: 600.00
 Receipt
 Payroll Deduction: (50.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1600.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) Kathy Didawick	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 3015 S 7th Street	Transaction ID: 00113.C144819
	City State Zip Code Arlington DC 22204	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (60.00- /Bi-Weekly)
Name of Employer Blue Cross Blue Shield As- socia	Occupation Treasurer, Blue Pac	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1310.00	

B.	Full Name (Last, First, Middle Initial) Charles Dubois	Date of Receipt MM / DD / YYYY 07 / 09 / 2009
	Mailing Address 18076 Gladstone Blvd N	Transaction ID: 00113.C142821
	City State Zip Code Osseo MN 55311-1104	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (20.00- /Bi-Weekly)
Name of Employer BCBS of Minnesota	Occupation Vp Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

C.	Full Name (Last, First, Middle Initial) Emil (Zeke) Duda	Date of Receipt MM / DD / YYYY 11 / 20 / 2009
	Mailing Address 23 Old Westfall Drive	Transaction ID: 00113.C143127
	City State Zip Code Rochester NY 14625	Amount of Each Receipt this Period 2667.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Excellus BlueCross BlueSh- ield	Occupation Sr. EVP & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2667.00	

SUBTOTAL of Receipts This Page (optional)	2987.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 130

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)

Kathy Dunmire

Mailing Address 9079 Alger Ct

City State Zip Code
Inver Grove Height MN 55077-3552

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

Name of Employer Occupation
BCBS of Minnesota Vp Major Accounts

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 405.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2009

Transaction ID: 00113.C142831

Amount of Each Receipt this Period

195.00

Receipt

Payroll Deduction: (15.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Kathy Ellingson

Mailing Address 3037 19th Street, S

City State Zip Code
Fargo ND 58103

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2009

Transaction ID: 00113.C142784

Amount of Each Receipt this Period

120.00

Receipt

Payroll Deduction: (20.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Jim Eppel

Mailing Address 4118 Sunnyside Rd

City State Zip Code
Minneapolis MN 55424-1214

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

Name of Employer Occupation
BCBS of Minnesota VP Network Management

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 675.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2009

Transaction ID: 00113.C142820

Amount of Each Receipt this Period

325.00

Receipt

Payroll Deduction: (25.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

640.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 130

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) John T. Ericksen Mailing Address 1310 G Street, N.w. City State Zip Code Washington DC 20005 FEC ID number of contributing federal political committee. C Name of Employer Blue Cross/blue Shield As-socia Occupation Exec. Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00	Date of Receipt M M / D D / Y Y Y Y Y 07 / 10 / 2009 Transaction ID: 00113.C142885 Amount of Each Receipt this Period 650.00 Receipt Payroll Deduction: (50.00- /Bi-Weekly)
B.	Full Name (Last, First, Middle Initial) Garry M. Ewing Mailing Address 3453 N. 13th Street City State Zip Code Arlington VA 22201 FEC ID number of contributing federal political committee. C Name of Employer Blue Cross Blue Shield As-socia Occupation Director, Leg & Reg Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	Date of Receipt M M / D D / Y Y Y Y Y 07 / 10 / 2009 Transaction ID: 00113.C142887 Amount of Each Receipt this Period 325.00 Receipt Payroll Deduction: (25.00- /Bi-Weekly)
C.	Full Name (Last, First, Middle Initial) Stacey Fahrner Mailing Address 1310 G St NW City State Zip Code Washington DC 20005-3000 FEC ID number of contributing federal political committee. C Name of Employer B/bs Association Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	Date of Receipt M M / D D / Y Y Y Y Y 07 / 10 / 2009 Transaction ID: 00113.C142948 Amount of Each Receipt this Period 325.00 Receipt Payroll Deduction: (25.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

1300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)
Regina H. Favors

Mailing Address 1310 G Street, N.w.

City Washington State DC Zip Code 20005

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

Name of Employer Bc/bc Of Arkansas Occupation Health Insurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt 08 / 07 / 2009

Transaction ID: 90828.C136881

Amount of Each Receipt this Period 10.00

Receipt

Payroll Deduction: (10.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Regina H. Favors

Mailing Address 1310 G Street, N.w.

City Washington State DC Zip Code 20005

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

Name of Employer Bc/bc Of Arkansas Occupation Health Insurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 08 / 07 / 2009

Transaction ID: 00113.C143466

Amount of Each Receipt this Period 500.00

Receipt

Payroll Deduction: (50.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Thomas Fenter

Mailing Address 108 Dumain Place

City Madison State MS Zip Code 39110

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

Name of Employer BCBS of Mississippi Occupation Medical Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 09 / 2009

Transaction ID: 00113.C144477

Amount of Each Receipt this Period 120.00

Receipt

Payroll Deduction: (20.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **630.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 130

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)
Ray Flachbart

Mailing Address 1175 W Ashbourne Dr

City State Zip Code
Eagle ID 83616-6444

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

Name of Employer Occupation
Blue Cross Of Idaho President & Ceo

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 02 / 2009

Transaction ID: 90922.C138404

Amount of Each Receipt this Period

416.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Carole R. Flamm

Mailing Address 1310 G Street, NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
Bcbs Association Director

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2009

Transaction ID: 00113.C142921

Amount of Each Receipt this Period

195.00

Receipt

Payroll Deduction: (15.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
William Florio

Mailing Address 84 Sagamore Rd

City State Zip Code
Cranston RI 02920-4636

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

Name of Employer Occupation
BCBS of Rhode Island Director

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2009

Transaction ID: 00113.C143095

Amount of Each Receipt this Period

130.00

Receipt

Payroll Deduction: (10.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

741.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 130
(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 Association 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 M / D D / Y Y Y Y Y
 07 / 10 / 2009
Transaction ID: 00113.C142954
 Amount of Each Receipt this Period
 1105.00
 Receipt
 Payroll Deduction: (85.00-
 /Bi-Weekly)
 Name of Employer Occupation
 Blue Cross/blue Shield As- Exec. Director
 socia
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2190.00

B. Full Name (Last, First, Middle Initial)
 Robert Fox
 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 Y
 07 / 09 / 2009
Transaction ID: 00113.C144772
 Amount of Each Receipt this Period
 180.00
 Receipt
 Payroll Deduction: (30.00-
 /Bi-Weekly)
 Name of Employer Occupation
 Bc/bs Of Tennessee Health Insurer
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 360.00

C. Full Name (Last, First, Middle Initial)
 Kaylin Frappier
 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 Y
 07 / 09 / 2009
Transaction ID: 00113.C142785
 Amount of Each Receipt this Period
 120.00
 Receipt
 Payroll Deduction: (20.00-
 /Bi-Weekly)
 Name of Employer Occupation
 Noridian-bc/bs Of North Health Insurer
 Dakota
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

SUBTOTAL of Receipts This Page (optional) ► 1405.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 25 / 130
(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 Association PAC

A. Full Name (Last, First, Middle Initial)
 John Frick
 Mailing Address 725 Woodbine Ave
 City State Zip Code
 Oak Park IL 60302-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer B/bs Association Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00
 Date of Receipt 07 / 10 / 2009
Transaction ID: 00113.C142958
 Amount of Each Receipt this Period 330.00
 Receipt
 Payroll Deduction: (30.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 Stephen Gammarino
 Mailing Address 17109 Flatwood Dr.
 City State Zip Code
 Rockville MD 20855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield As- socia Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00
 Date of Receipt 07 / 10 / 2009
Transaction ID: 00113.C142889
 Amount of Each Receipt this Period 650.00
 Receipt
 Payroll Deduction: (50.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 Elizabeth Gant
 Mailing Address 1310 G St NW
 City State Zip Code
 Washington DC 20005-3000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross & Blue Shield Assoc Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00
 Date of Receipt 07 / 10 / 2009
Transaction ID: 00113.C142939
 Amount of Each Receipt this Period 130.00
 Receipt
 Payroll Deduction: (10.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1110.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 26 / 130
(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 Association 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross/blue Shield As-socia Occupation Ex. Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ **572.00**
 Date of Receipt **07 / 10 / 2009**
Transaction ID: 00113.C142890
 Amount of Each Receipt this Period **286.00**
 Receipt
 Payroll Deduction: (22.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 Eric Gasbarro
 Mailing Address 90 Mohawk TR
 City State Zip Code
Cranston RI 02921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBS of Rhode Island Occupation Vp
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ **208.00**
 Date of Receipt **07 / 10 / 2009**
Transaction ID: 00113.C143097
 Amount of Each Receipt this Period **104.00**
 Receipt
 Payroll Deduction: (8.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 Zelda Geyer-Syliva
 Mailing Address 1845 E Spring Meadow Ln
 City State Zip Code
Boise ID 83706-6125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBS of Idaho Occupation E.v.p.
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ **204.00**
 Date of Receipt **09 / 02 / 2009**
Transaction ID: 90922.C138406
 Amount of Each Receipt this Period **204.00**
 Receipt

SUBTOTAL of Receipts This Page (optional) ► **594.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)
John Giblin

Mailing Address 801 Pine St

City State Zip Code
Chattanooga TN 37402-2517

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

Name of Employer BC/bS Of Tennessee Occupation EVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2009

Transaction ID: 00113.C144750

Amount of Each Receipt this Period
300.00

Receipt

Payroll Deduction: (50.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Jennifer Gillespie

Mailing Address 10853 Falling Water Ln Unit D

City State Zip Code
Saint Paul MN 55129-5287

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

Name of Employer BCBS of Minnesota Occupation Vp, Actuarial & Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2009

Transaction ID: 00113.C142822

Amount of Each Receipt this Period
195.00

Receipt

Payroll Deduction: (15.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Barbara J. Grant

Mailing Address 26w177 Tomahawk Drive

City State Zip Code
Wheaton IL 60187

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 364.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2009

Transaction ID: 00113.C142891

Amount of Each Receipt this Period
182.00

Receipt

Payroll Deduction: (14.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **677.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 130

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)
Kathi Grant

Mailing Address 1310 G Street NW

City	State	Zip Code
Washington	DC	20005

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

Name of Employer BCBS of Tennessee	Occupation Manager
---------------------------------------	-----------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt
MM / DD / YYYY
07 / 09 / 2009

Transaction ID: 00113.C144774

Amount of Each Receipt this Period
150.00

Receipt

Payroll Deduction: (25.00-
/Bi-Weekly)

B.

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

Mailing Address 1310 G Street N.w.

City	State	Zip Code
Washington	DC	20005

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

Name of Employer Bc/bs Of Tennessee	Occupation Health Insurer
----------------------------------------	------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt
MM / DD / YYYY
07 / 09 / 2009

Transaction ID: 00113.C144797

Amount of Each Receipt this Period
450.00

Receipt

Payroll Deduction: (75.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Kris Haltmeyer

Mailing Address 1310 G Street, NW

City	State	Zip Code
Washington	DC	20005

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

Name of Employer Blue Cross Blue Shield As- sn.	Occupation Manager
-------------------------------------------------------	-----------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt
MM / DD / YYYY
07 / 10 / 2009

Transaction ID: 00113.C142928

Amount of Each Receipt this Period
195.00

Receipt

Payroll Deduction: (15.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

795.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
 Michael Hamerlik
 Mailing Address 1310 G Street, N.w.
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Noridian-bc/bs Of North Dakota Occupation Health Insurer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00
 Date of Receipt 07 / 09 / 2009
Transaction ID: 00113.C142787
 Amount of Each Receipt this Period 300.00
 Receipt
 Payroll Deduction: (50.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 Justine Handelman
 Mailing Address 3304 Ferndale Avenue
 City Kensington State MD Zip Code 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield As- socia Occupation Executive Representative
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1275.00
 Date of Receipt 07 / 10 / 2009
Transaction ID: 00113.C142893
 Amount of Each Receipt this Period 650.00
 Receipt
 Payroll Deduction: (50.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 Melvin D. Hardy
 Mailing Address 1310 G Street, N.w.
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bc/bs Of Arkansas Occupation Health Insurer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 200.00
 Date of Receipt 08 / 07 / 2009
Transaction ID: 00113.C143447
 Amount of Each Receipt this Period 88.00
 Receipt
 Payroll Deduction: (8.00/- Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1038.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 30 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
 Joan Harp
 Mailing Address 1310 G Street NW
 City State Zip Code
 Washington DC 20005
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 09 / 2009
Transaction ID: 00113.C144775
 Amount of Each Receipt this Period
 300.00
 Receipt
 Payroll Deduction: (50.00-
 /Bi-Weekly)
 Name of Employer Occupation
 BCBS of Tennessee Manager
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

B. Full Name (Last, First, Middle Initial)
 Laura Harper
 Mailing Address 1310 G St NW
 City State Zip Code
 Washington DC 20005-3000
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 10 / 2009
Transaction ID: 00113.C142949
 Amount of Each Receipt this Period
 300.00
 Receipt
 Payroll Deduction: (25.00-
 /Bi-Weekly)
 Name of Employer Occupation
 Bcbc Association Political Affairs
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

C. Full Name (Last, First, Middle Initial)
 Laura Harper
 Mailing Address 1310 G St NW
 City State Zip Code
 Washington DC 20005-3000
 Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 24 / 2009
Transaction ID: 00113.C144884
 Amount of Each Receipt this Period
 30.00
 Receipt
 Payroll Deduction: (30.00-
 /Bi-Weekly)
 Name of Employer Occupation
 Bcbc Association Political Affairs
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 530.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)
Ron Harr

Mailing Address 1310 G Street N.w.

City Washington State DC Zip Code 20005

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

Name of Employer Bc/bc Of Tennessee Occupation Health Insurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 09 / 2009

Transaction ID: 00113.C144795

Amount of Each Receipt this Period 300.00

Receipt

Payroll Deduction: (50.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Robert Harris

Mailing Address 1310 G St NW

City Washington State DC Zip Code 20005-3000

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

Name of Employer B/bs Association Occupation Executive Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 00113.C142932

Amount of Each Receipt this Period 325.00

Receipt

Payroll Deduction: (25.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Michael W. Harty

Mailing Address 5838 N. Natoma

City Chicago State IL Zip Code 60631

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 00113.C142894

Amount of Each Receipt this Period 325.00

Receipt

Payroll Deduction: (25.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 950.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial) Philip Hays		Date of Receipt MM / DD / YYYY 07 / 10 / 2009
Mailing Address 1310 G Street, NW		Transaction ID: 00113.C142935
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 650.00
Name of Employer Bcbs Association	Occupation Manager	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1225.00	Payroll Deduction: (50.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial) Mitchell J. Helfand		Date of Receipt MM / DD / YYYY 07 / 10 / 2009
Mailing Address 2544 Buckland		Transaction ID: 00113.C142896
City Northbrook	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer Blue Cross Blue Shield As- socio	Occupation Health Insurer	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	Payroll Deduction: (10.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial) Mitchell J. Helfand		Date of Receipt MM / DD / YYYY 10 / 16 / 2009
Mailing Address 2544 Buckland		Transaction ID: 91110.C141324
City Northbrook	State IL	Zip Code 60062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 165.00
Name of Employer Blue Cross Blue Shield As- socio	Occupation Health Insurer	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional)	▶	945.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 33 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
 William Andrew Hensley
 Mailing Address 1310 G Street, N.w.
 City State Zip Code
 Washington DC 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross/blue Shield As-socia Occupation Vp
 Receipt For: Primary General Aggregate Year-to-Date 1300.00
 Other (specify) ▼

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 10 / 2009
Transaction ID: 00113.C142897
 Amount of Each Receipt this Period
 650.00
 Receipt
 Payroll Deduction: (50.00-
 /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 Patrick B Herson
 Mailing Address 4952 Thomas Ave S
 City State Zip Code
 Minneapolis MN 55410-1804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBS of Minnesota Occupation Vp, Medical Director
 Receipt For: Primary General Aggregate Year-to-Date 405.00
 Other (specify) ▼

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 09 / 2009
Transaction ID: 00113.C142823
 Amount of Each Receipt this Period
 195.00
 Receipt
 Payroll Deduction: (15.00-
 /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 John Hollis
 Mailing Address 1310 G St NW
 City State Zip Code
 Washington DC 20005-3000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross Blue Shield As-soc. Occupation Manager
 Receipt For: Primary General Aggregate Year-to-Date 495.00
 Other (specify) ▼

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 10 / 2009
Transaction ID: 00113.C142940
 Amount of Each Receipt this Period
 260.00
 Receipt
 Payroll Deduction: (20.00-
 /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1105.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 130

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)
Cheryl Howe

Mailing Address 1901 Main Street

City State Zip Code
Buffalo NY 14240

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

Name of Employer Occupation
Bc/bs Of Western New York Health Insurer

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

Date of Receipt
MM / DD / YYYY
07 / 09 / 2009

Transaction ID: 00113.C143133

Amount of Each Receipt this Period

130.00

Receipt

Payroll Deduction: (10.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Christopher H Hunter

Mailing Address 1310 G Street NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
BCBS of Tennessee Manager

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

Date of Receipt
MM / DD / YYYY
07 / 09 / 2009

Transaction ID: 00113.C144776

Amount of Each Receipt this Period

180.00

Receipt

Payroll Deduction: (30.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
William W. Hurst

Mailing Address 1310 G Street N.w.

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
Bc/bs Of Tennessee Health Insurer

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2009

Transaction ID: 90722.C136111

Amount of Each Receipt this Period

75.00

Receipt

Payroll Deduction: (25.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

385.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
 Robert G. Iadicicco
 Mailing Address 1310 G Street, Nw
 City State Zip Code
Washington DC 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bc/bs Association Occupation Health Insurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **650.00**
 Date of Receipt **07 / 10 / 2009**
Transaction ID: 00113.C142898
 Amount of Each Receipt this Period **325.00**
 Receipt
 Payroll Deduction: (25.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 Robert Imes
 Mailing Address 1310 G St NW
 City State Zip Code
Washington DC 20005-3000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross & Blue Shield Assoc Occupation Senior Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **260.00**
 Date of Receipt **07 / 10 / 2009**
Transaction ID: 00113.C142937
 Amount of Each Receipt this Period **130.00**
 Receipt
 Payroll Deduction: (10.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 Don Ingalls
 Mailing Address 1310 G Street, N.w.
 City State Zip Code
Washington DC 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bc/bs Of Western New York Occupation Health Insurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **260.00**
 Date of Receipt **07 / 09 / 2009**
Transaction ID: 00113.C143135
 Amount of Each Receipt this Period **130.00**
 Receipt
 Payroll Deduction: (10.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **585.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)
Christine Anne Izui

Mailing Address 1310 G Street, Nw

City Washington State DC Zip Code 20005

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

Name of Employer Bc/bs Association Occupation Health Insurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 00113.C142899

Amount of Each Receipt this Period 130.00

Receipt

Payroll Deduction: (10.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Janet J Jorge (Shook)

Mailing Address 1310 G Street NW

City Washington State DC Zip Code 20005

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

Name of Employer BCBS of Tennessee Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 09 / 2009

Transaction ID: 00113.C144781

Amount of Each Receipt this Period 150.00

Receipt

Payroll Deduction: (25.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
John Michael Joyce, Jr.

Mailing Address 1310 G Street, N.w.

City Washington State DC Zip Code 20005

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 801.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 00113.C142900

Amount of Each Receipt this Period 403.00

Receipt

Payroll Deduction: (31.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 683.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 130

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)
Mark J. Judson

Mailing Address 16444 82nd PI N

City State Zip Code
Osseo MN 55311-1858

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

Name of Employer Occupation
BCBS of Minnesota Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 675.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2009

Transaction ID: 00113.C142818

Amount of Each Receipt this Period
325.00

Receipt
Payroll Deduction: (25.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Calvin E. Kellogg

Mailing Address 1310 G Street, N.w.

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
Bc/bs Of Arkansas Health Insurer

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 07 / 2009

Transaction ID: 00113.C143451

Amount of Each Receipt this Period
110.00

Receipt
Payroll Deduction: (10.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Peter Kelly

Mailing Address 1316 Davis

City State Zip Code
Evanston IL 60201

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

Name of Employer Occupation
Bcbs Association Chief Employee Benefits

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2009

Transaction ID: 00113.C142877

Amount of Each Receipt this Period
520.00

Receipt
Payroll Deduction: (40.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

955.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
James P. Kinser

Mailing Address 1310 G Street, Nw

City State Zip Code
Washington DC 20005

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

Name of Employer: Blue Cross Blue Shield Of Tenn
 Occupation: **Manager**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **07 / 09 / 2009**

Transaction ID: 00113.C144789

Amount of Each Receipt this Period: **150.00**

Receipt

Payroll Deduction: (25.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Douglas E. Kittredge

Mailing Address 1310 G Street, Nw

City State Zip Code
Washington DC 20005

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

Name of Employer: Bc/bs Association
 Occupation: **Health Insurer**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **364.00**

Date of Receipt: **07 / 10 / 2009**

Transaction ID: 00113.C142901

Amount of Each Receipt this Period: **182.00**

Receipt

Payroll Deduction: (14.00- /Bi-Weekly)

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

Mailing Address 62 Meadow Cove Road

City State Zip Code
Pittsford NY 14534

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

Name of Employer: Excellus BlueCross BlueShield
 Occupation: **President & Ceo**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt: **11 / 20 / 2009**

Transaction ID: 00113.C143129

Amount of Each Receipt this Period: **3000.00**

Receipt

SUBTOTAL of Receipts This Page (optional) ► **3332.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 130

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)
Robert Kolodgy

Mailing Address 545 N Dearborn St

City State Zip Code
Chicago IL 60610-7469

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

Name of Employer Bc/bs Association Occupation
Bc/bs Association Svp

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 10 / 2009

Transaction ID: 00113.C142946

Amount of Each Receipt this Period

780.00

Receipt

Payroll Deduction: (60.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Robert Kolodgy

Mailing Address 545 N Dearborn St

City State Zip Code
Chicago IL 60610-7469

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

Name of Employer Bc/bs Association Occupation
Bc/bs Association Svp

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1425.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2009

Transaction ID: 91110.C141335

Amount of Each Receipt this Period

165.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Allan M. Korn

Mailing Address 1310 G Street, N.w.

City State Zip Code
Washington DC 20005

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

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

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 10 / 2009

Transaction ID: 00113.C142902

Amount of Each Receipt this Period

845.00

Receipt

Payroll Deduction: (65.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1790.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)
Carl Labus

Mailing Address 1130 Hickory Creek Dr

City State Zip Code
New Lenox IL 60451-3599

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

Name of Employer Bcbs Association Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2009

Transaction ID: 00113.C142956

Amount of Each Receipt this Period
130.00

Receipt

Payroll Deduction: (10.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Shirley S. Lady

Mailing Address 1310 G Street, Nw

City State Zip Code
Washington DC 20005

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

Name of Employer Bd/bs Association Occupation Health Insurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 364.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2009

Transaction ID: 00113.C142903

Amount of Each Receipt this Period
182.00

Receipt

Payroll Deduction: (14.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Donald W. Lawhorn

Mailing Address 1310 G Street N.w.

City State Zip Code
Washington DC 20005

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

Name of Employer Bc/bs Of Tennessee Occupation Health Insurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2009

Transaction ID: 00113.C144756

Amount of Each Receipt this Period
300.00

Receipt

Payroll Deduction: (50.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **612.00**

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

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

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

FOR LINE NUMBER: PAGE 41 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
 Robert A. Leahey, Jr.
 Mailing Address 3015 Red Oak Dr.
 City State Zip Code
Harvard IL 60033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Blue Cross Blue Shield As-socia
 Occupation: Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **390.00**
 Date of Receipt: **07 / 10 / 2009**
Transaction ID: 00113.C142931
 Amount of Each Receipt this Period: **195.00**
 Receipt
 Payroll Deduction: (15.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 Robert A. Leahey, Jr.
 Mailing Address 3015 Red Oak Dr.
 City State Zip Code
Harvard IL 60033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Blue Cross Blue Shield As-socia
 Occupation: Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **555.00**
 Date of Receipt: **10 / 16 / 2009**
Transaction ID: 91110.C141326
 Amount of Each Receipt this Period: **165.00**
 Receipt

C. Full Name (Last, First, Middle Initial)
 Michele Lederberg
 Mailing Address 92 Laurel Avenue
 City State Zip Code
Providence RI 02906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: BCBS of Rhode Island
 Occupation: Svp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **390.00**
 Date of Receipt: **07 / 10 / 2009**
Transaction ID: 00113.C143099
 Amount of Each Receipt this Period: **195.00**
 Receipt
 Payroll Deduction: (15.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **555.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 42 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
 Thomas P. Leibensperger, Jr.
 Mailing Address 5275 Bradgen Court
 City State Zip Code
 Springfield VA 22151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Blue Cross Blue Shield Assn.
 Occupation: Manager, Grassroots & Advoc Pr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 755.00
 Date of Receipt: 07 / 10 / 2009
Transaction ID: 00113.C142905
 Amount of Each Receipt this Period: 390.00
 Receipt
 Payroll Deduction: (30.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 Dana G Lein
 Mailing Address 14371 Fridley Way
 City State Zip Code
 Saint Paul MN 55124-5085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: BCBS of Minnesota
 Occupation: VP Process & Performance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00
 Date of Receipt: 07 / 09 / 2009
Transaction ID: 00113.C142824
 Amount of Each Receipt this Period: 260.00
 Receipt
 Payroll Deduction: (20.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 David Ramsey Locke
 Mailing Address 1310 G Street NW
 City State Zip Code
 Washington DC 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: BCBS of Tennessee
 Occupation: Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00
 Date of Receipt: 07 / 09 / 2009
Transaction ID: 00113.C144777
 Amount of Each Receipt this Period: 120.00
 Receipt
 Payroll Deduction: (20.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **770.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 43 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
 Robert A. Long
 Mailing Address 834 Sund Drive
 City State Zip Code
 Northbrook IL 60062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Blue Cross Blue Shield As- socia
 Occupation: Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 910.00
 Date of Receipt: 07 / 10 / 2009
Transaction ID: 00113.C142906
 Amount of Each Receipt this Period: 455.00
 Receipt
 Payroll Deduction: (35.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 Mary E. Lynch
 Mailing Address 1310 G Street, NW
 12th Floor
 City State Zip Code
 Washington DC 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: BCBS of Tennessee
 Occupation: Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00
 Date of Receipt: 07 / 09 / 2009
Transaction ID: 00113.C144747
 Amount of Each Receipt this Period: 150.00
 Receipt
 Payroll Deduction: (25.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 Scott B Lynch
 Mailing Address 22966 Forest Ridge Dr
 City State Zip Code
 Lakeville MN 55044-8006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: BCBS of Minnesota
 Occupation: SVP, Chief Legal Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00
 Date of Receipt: 07 / 09 / 2009
Transaction ID: 00113.C142825
 Amount of Each Receipt this Period: 260.00
 Receipt
 Payroll Deduction: (20.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **865.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

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

Mailing Address 1124 Orchard Place

City State Zip Code
Mendota Heights MN 55118

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

Name of Employer
Bc/bc Of Minnesota

Occupation
Health Insurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
405.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2009

Transaction ID: 00113.C142813

Amount of Each Receipt this Period
195.00

Receipt

Payroll Deduction: (15.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
David Manuszak

Mailing Address 1310 G Street, Nw

City State Zip Code
Washington DC 20005

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

Name of Employer
Blue Cross Blue Shield As-
socio

Occupation
Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2009

Transaction ID: 00113.C142908

Amount of Each Receipt this Period
104.00

Receipt

Payroll Deduction: (8.00/-
Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Shanna Marzilli

Mailing Address 89 Mesa Dr

City State Zip Code
N Kingstown RI 02852-1667

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

Name of Employer
BCBS of Rhode Island

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2009

Transaction ID: 00113.C143104

Amount of Each Receipt this Period
130.00

Receipt

Payroll Deduction: (10.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **429.00**

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

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

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

FOR LINE NUMBER: PAGE 45 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
 John P. McBride
 Mailing Address 6010 Osage Avenue
 City State Zip Code
 Cheyenne WY 82009
 Date of Receipt
 11 / 20 / 2009
Transaction ID: 00113.C143131
 Amount of Each Receipt this Period
 500.00
 Receipt
 Name of Employer: Blue Cross Blue Shield As-soc. Occupation: Executive
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 500.00

B. Full Name (Last, First, Middle Initial)
 Michael McKuras
 Mailing Address 13512 Granada Ave
 City State Zip Code
 Saint Paul MN 55124-7664
 Date of Receipt
 07 / 09 / 2009
Transaction ID: 00113.C142826
 Amount of Each Receipt this Period
 130.00
 Receipt
 Name of Employer: BCBS of Minnesota Occupation: Vp-itg Infrastructure
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 270.00
 Payroll Deduction: (10.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 Steven Mickelson
 Mailing Address 808 Buttonwood Cir
 City State Zip Code
 Naperville IL 60540-6350
 Date of Receipt
 07 / 10 / 2009
Transaction ID: 00113.C142926
 Amount of Each Receipt this Period
 390.00
 Receipt
 Name of Employer: B/bs Association Occupation: Managing Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 780.00
 Payroll Deduction: (30.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1020.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 130
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)
Steven Mickelson

Mailing Address 808 Buttonwood Cir

City Naperville State IL Zip Code 60540-6350

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

Name of Employer B/bs Association Occupation Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 945.00

Date of Receipt 10 / 16 / 2009

Transaction ID: 91110.C141327

Amount of Each Receipt this Period 165.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Kelly Miller

Mailing Address 1734 P Street, NW #46

City Washington State DC Zip Code 20036-1320

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

Name of Employer Bcbs Association Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 00113.C142923

Amount of Each Receipt this Period 195.00

Receipt

Payroll Deduction: (15.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Toni Mills

Mailing Address 837 N. Forest

City Oak Park State IL Zip Code 60302

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

Name of Employer Bluepac Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 00113.C142909

Amount of Each Receipt this Period 130.00

Receipt

Payroll Deduction: (10.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 490.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
 Kathleen Ann Mock
 Mailing Address 1830 Eagle Ridge Dr Apt 3002
 City State Zip Code
 Saint Paul MN 55118-4202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBS of Minnesota VP Public Affairs
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 405.00
 Date of Receipt: 07 / 09 / 2009
Transaction ID: 00113.C142815
 Amount of Each Receipt this Period: 195.00
 Receipt
 Payroll Deduction: (15.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 David Moroney
 Mailing Address 1310 G Street NW
 City State Zip Code
 Washington DC 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBS of Tennessee Manager
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00
 Date of Receipt: 07 / 09 / 2009
Transaction ID: 00113.C144778
 Amount of Each Receipt this Period: 180.00
 Receipt
 Payroll Deduction: (30.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 Michael J. Morrow
 Mailing Address 3744 Huntington Av. S.
 City State Zip Code
 St. Louis Park MN 55416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBS of Minnesota EVP Finance & Business Develop
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
 Date of Receipt: 07 / 09 / 2009
Transaction ID: 90722.C136054
 Amount of Each Receipt this Period: 90.00
 Receipt
 Payroll Deduction: (15.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **465.00**
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 48 / 130
(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 Association PAC

A. Full Name (Last, First, Middle Initial)
 Jack Myers
 Mailing Address 2370 N. Aldercrest Place
 City State Zip Code
Eagle ID 83616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blue Cross Of Idaho Sr. Vp & Cfo
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **204.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
09 02 2009
Transaction ID: 90922.C138432
 Amount of Each Receipt this Period
204.00
 Receipt

B. Full Name (Last, First, Middle Initial)
 Nancy F. Nelson
 Mailing Address 1781 Tamberwood Tr.
 City State Zip Code
Woodbury MN 55125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bc/bc Of Minnesota Health Insurer
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **486.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
07 09 2009
Transaction ID: 00113.C142816
 Amount of Each Receipt this Period
234.00
 Receipt
 Payroll Deduction: (18.00-
 /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 Sonya K. Nelson
 Mailing Address 1310 G Street, Nw
 City State Zip Code
Washington DC 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bluecross Blueshield Of Tennes Executive
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **360.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
07 09 2009
Transaction ID: 00113.C144800
 Amount of Each Receipt this Period
180.00
 Receipt
 Payroll Deduction: (30.00-
 /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **618.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)
Richard P. Neuner

Mailing Address 5005 Newton Ave. S.

City State Zip Code
Minneapolis MN 55419

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

Name of Employer
Bc/bs Of Minnesota

Occupation
Health Insurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2009

Transaction ID: 00113.C142817

Amount of Each Receipt this Period
130.00

Receipt

Payroll Deduction: (10.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
William OLoughlin

Mailing Address 1310 G St NW

City State Zip Code
Washington DC 20005-3000

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

Name of Employer
Blue Cross Blue Shield As-
soc.

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2009

Transaction ID: 00113.C142951

Amount of Each Receipt this Period
650.00

Receipt

Payroll Deduction: (50.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Robert Ormsby

Mailing Address 1310 G Street, Nw
12th Floor

City State Zip Code
Washington DC 20005

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

Name of Employer
Blue Cross Blue Shield As-
socia

Occupation
Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
870.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2009

Transaction ID: 00113.C142910

Amount of Each Receipt this Period
455.00

Receipt

Payroll Deduction: (35.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1235.00**

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

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

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

FOR LINE NUMBER: PAGE 50 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
 John Orner
 Mailing Address 1490 Wellington Way
 City State Zip Code
 Saint Paul MN 55122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBS of Minnesota VP Business Dev & Treasury
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 405.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 09 / 2009
Transaction ID: 00113.C142827
 Amount of Each Receipt this Period
 195.00
 Receipt
 Payroll Deduction: (15.00-
 /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 Charles Pace
 Mailing Address 1310 G Street, N.w.
 City State Zip Code
 Washington DC 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bc/bs Of Mississippi Health Insurer
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 09 / 2009
Transaction ID: 00113.C144478
 Amount of Each Receipt this Period
 120.00
 Receipt
 Payroll Deduction: (20.00-
 /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 Shawn Patterson
 Mailing Address 10196 Harmony Cir
 City State Zip Code
 Eden Prairie MN 55347-5031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBS of Minnesota Vp Marketing
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 270.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 09 / 2009
Transaction ID: 00113.C142828
 Amount of Each Receipt this Period
 130.00
 Receipt
 Payroll Deduction: (10.00-
 /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **445.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 51 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
 Paul E. Pedersen
 Mailing Address 6 Bear Cross Road #1
 City State Zip Code
Clancy MT 59634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBS of Montana Health Insurer
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **230.00**
 Date of Receipt
 M M / D D / Y Y Y Y Y
07 09 2009
Transaction ID: 00113.C143343
 Amount of Each Receipt this Period
50.00
 Receipt
 Payroll Deduction: (10.00-
 /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 Paul E. Pedersen
 Mailing Address 6 Bear Cross Road #1
 City State Zip Code
Clancy MT 59634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBS of Montana Health Insurer
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **245.00**
 Date of Receipt
 M M / D D / Y Y Y Y Y
09 15 2009
Transaction ID: 90922.C139569
 Amount of Each Receipt this Period
15.00
 Receipt
 Payroll Deduction: (15.00-
 /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 John Barcla Phillips
 Mailing Address 1310 G Street NW
 City State Zip Code
Washington DC 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBS of Tennessee Manager
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **240.00**
 Date of Receipt
 M M / D D / Y Y Y Y Y
07 09 2009
Transaction ID: 00113.C144780
 Amount of Each Receipt this Period
120.00
 Receipt
 Payroll Deduction: (20.00-
 /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **185.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 52 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
 Fred Plumb
 Mailing Address 1310 G St NW
 City State Zip Code
 Washington DC 20005-3000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer B/bs Association Occupation Ex. Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 369.12
 Date of Receipt: 07 / 10 / 2009
Transaction ID: 90722.C135831
 Amount of Each Receipt this Period: 184.56
 Receipt
 Payroll Deduction: (23.07- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 Doug Porter
 Mailing Address 1310 G St NW Fl 12 12 fl
 City State Zip Code
 Washington DC 20005-3004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross & Blue Shield Assoc Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00
 Date of Receipt: 07 / 10 / 2009
Transaction ID: 00113.C142953
 Amount of Each Receipt this Period: 650.00
 Receipt
 Payroll Deduction: (50.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 Jodi Portnoy
 Mailing Address 1560 Asbury Ave
 City State Zip Code
 Evanston IL 60201-4173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bc/bs Association Occupation Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00
 Date of Receipt: 07 / 10 / 2009
Transaction ID: 00113.C142925
 Amount of Each Receipt this Period: 195.00
 Receipt
 Payroll Deduction: (15.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1029.56**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)
James E Purcell

Mailing Address 6 Elton Rd.

City State Zip Code
Barrington RI 02806

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

Name of Employer Occupation
BCBS of Rhode Island Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1066.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2009

Transaction ID: 00113.C143116

Amount of Each Receipt this Period
533.00

Receipt

Payroll Deduction: (41.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ray Quintero

Mailing Address 1325 15th St NW Apt 809

City State Zip Code
Washington DC 20005-2946

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

Name of Employer Occupation
B/bs Association Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2009

Transaction ID: 00113.C142924

Amount of Each Receipt this Period
455.00

Receipt

Payroll Deduction: (35.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Susan Rachlis

Mailing Address 1310 G Street, NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
Blue Cross Association Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2009

Transaction ID: 00113.C142944

Amount of Each Receipt this Period
130.00

Receipt

Payroll Deduction: (10.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1118.00**

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

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

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

FOR LINE NUMBER: PAGE 54 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
 Karen C. Raley
 Mailing Address 1310 G Street, N.w.
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bc/bs Of Arkansas Occupation Health Insurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 08 / 07 / 2009
Transaction ID: 00113.C143454
 Amount of Each Receipt this Period 110.00
 Receipt
 Payroll Deduction: (10.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 Michael Reitz
 Mailing Address 5525 Reitz Ave
 City Baton Rouge State LA Zip Code 70809-3802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBS of Louisiana Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00
 Date of Receipt 10 / 30 / 2009
Transaction ID: 00113.C142865
 Amount of Each Receipt this Period 200.00
 Receipt
 Payroll Deduction: (50.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 Martha L. Rust
 Mailing Address 3812 County Rd. 17s
 City Fargo State ND Zip Code 58104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bc/bs Of North Dakota Occupation Cfo Government Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00
 Date of Receipt 07 / 09 / 2009
Transaction ID: 00113.C142798
 Amount of Each Receipt this Period 120.00
 Receipt
 Payroll Deduction: (20.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **430.00**
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)
Douglas Saunders

Mailing Address 1310 G St NW

City Washington State DC Zip Code 20005-3000

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

Name of Employer B/bs Association Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 00113.C142873

Amount of Each Receipt this Period 130.00

Receipt

Payroll Deduction: (10.00- /Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Edward Sawica

Mailing Address 1310 G St NW

City Washington State DC Zip Code 20005-3000

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

Name of Employer Blue Cross & Blue Shield Assoc Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 00113.C142941

Amount of Each Receipt this Period 143.00

Receipt

Payroll Deduction: (11.00- /Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Eric L Schindler

Mailing Address 1 Reeders Village Dr

City Helena State MT Zip Code 59601-9684

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

Name of Employer BCBS of Montana Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 07 / 09 / 2009

Transaction ID: 00113.C143340

Amount of Each Receipt this Period 100.00

Receipt

Payroll Deduction: (20.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **373.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 130
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)
Eric L Schindler

Mailing Address 1 Reeders Village Dr

City State Zip Code
Helena MT 59601-9684

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

Name of Employer BCBS of Montana Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 710.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2009

Transaction ID: 90922.C139566

Amount of Each Receipt this Period
30.00

Receipt

Payroll Deduction: (30.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Daniel Schwandt

Mailing Address 1310 G Street, N.w.

City State Zip Code
Washington DC 20005

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

Name of Employer Noridian-bc/bs Of North Dakota Occupation Health Insurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2009

Transaction ID: 00113.C142799

Amount of Each Receipt this Period
100.00

Receipt

Payroll Deduction: (20.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mark Peter Selna

Mailing Address 801 Pine St

City State Zip Code
Chattanooga TN 37402-2517

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

Name of Employer Bc/bs Of Tennessee Occupation Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2009

Transaction ID: 00113.C144742

Amount of Each Receipt this Period
300.00

Receipt

Payroll Deduction: (50.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **430.00**

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

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

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

FOR LINE NUMBER: PAGE 57 / 130
(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 Association PAC

A. Full Name (Last, First, Middle Initial)
 Scott P. Serota
 Mailing Address 1310 G Street, NW
 City State Zip Code
 Washington DC 20005
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 10 / 2009
Transaction ID: 00113.C142913
 Amount of Each Receipt this Period
 2499.90
 Receipt
 Payroll Deduction: (192.3-0/Bi-Weekly)
 Name of Employer: Blue Cross Blue Shield As-
 sn.
 Occupation: Ceo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 4999.80

B. Full Name (Last, First, Middle Initial)
 Kevin D. Shanklin
 Mailing Address 1310 G Street, NW
 City State Zip Code
 Washington DC 20005
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 10 / 2009
Transaction ID: 00113.C142914
 Amount of Each Receipt this Period
 195.00
 Receipt
 Payroll Deduction: (15.00-/Bi-Weekly)
 Name of Employer: Blue Cross Blue Shield As-
 socia
 Occupation: Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 390.00

C. Full Name (Last, First, Middle Initial)
 Kevin D. Shanklin
 Mailing Address 1310 G Street, NW
 City State Zip Code
 Washington DC 20005
 Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 16 / 2009
Transaction ID: 91110.C141328
 Amount of Each Receipt this Period
 165.00
 Receipt
 Name of Employer: Blue Cross Blue Shield As-
 socia
 Occupation: Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 555.00

SUBTOTAL of Receipts This Page (optional) ► **2859.90**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) Terence K. Shea	Date of Receipt MM / DD / YYYY 07 / 09 / 2009
	Mailing Address 1310 G Street, Nw	Transaction ID: 00113.C144802
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (50.00- /Bi-Weekly)
Name of Employer Bluecross Blueshield Of Tennes	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Jared Short	Date of Receipt MM / DD / YYYY 07 / 09 / 2009
	Mailing Address 6 Sunset View Dr	Transaction ID: 90722.C136077
	City State Zip Code Clancy MT 59634-9215	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (20.00- /Bi-Weekly)
Name of Employer BCBS of Montana	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

C.	Full Name (Last, First, Middle Initial) Jared Short	Date of Receipt MM / DD / YYYY 10 / 06 / 2009
	Mailing Address 6 Sunset View Dr	Transaction ID: 91110.C141007
	City State Zip Code Clancy MT 59634-9215	Amount of Each Receipt this Period -20.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (-20.0-0 /Bi-Weekly)
Name of Employer BCBS of Montana	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

SUBTOTAL of Receipts This Page (optional)	340.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 59 / 130
(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 Association PAC

A. Full Name (Last, First, Middle Initial)
 Steven J. Short
 Mailing Address 1310 G Street, N.w.
 City State Zip Code
 Washington DC 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bc/bs Of Arkansas Occupation Health Insurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.00
 Date of Receipt 08 / 07 / 2009
Transaction ID: 00113.C143458
 Amount of Each Receipt this Period 187.00
 Receipt
 Payroll Deduction: (17.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 Dana Banks Shull
 Mailing Address 1310 G Street N.w.
 City State Zip Code
 Washington DC 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bc/bs Of Tennessee Occupation Health Insurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00
 Date of Receipt 07 / 09 / 2009
Transaction ID: 00113.C144754
 Amount of Each Receipt this Period 150.00
 Receipt
 Payroll Deduction: (25.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 John L. Shull
 Mailing Address 1310 G Street N.w.
 City State Zip Code
 Washington DC 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bc/bs Of Tennessee Occupation Health Insurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00
 Date of Receipt 07 / 09 / 2009
Transaction ID: 00113.C144790
 Amount of Each Receipt this Period 180.00
 Receipt
 Payroll Deduction: (30.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 517.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)

Annette Shupert

Mailing Address 1310 G St NW

City State Zip Code
Washington DC 20005-3000

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

Name of Employer
Blue Cross & Blue Shield Assoc

Occupation
Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
495.00

Date of Receipt

MM / DD / YYYY
07 / 10 / 2009

Transaction ID: 00113.C142952

Amount of Each Receipt this Period

260.00

Receipt

Payroll Deduction: (20.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Jana L. Skewes

Mailing Address 1310 G Street, NW

City State Zip Code
Washington DC 20005

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

Name of Employer
BCBS of Tennessee

Occupation
Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2009

Transaction ID: 00113.C144746

Amount of Each Receipt this Period

300.00

Receipt

Payroll Deduction: (50.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Joel N. Slackman

Mailing Address P.O. Box 431

City State Zip Code
Barnesville MD 20838

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

Name of Employer
Blue Cross/blue Shield As-
socia

Occupation
Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

MM / DD / YYYY
07 / 10 / 2009

Transaction ID: 00113.C142933

Amount of Each Receipt this Period

195.00

Receipt

Payroll Deduction: (15.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

755.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) Stephen Sloan		Date of Receipt
	Mailing Address 35 Thomas Grv		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Pittsford	NY	14534-3073
	FEC ID number of contributing federal political committee. C		Transaction ID: 00113.C143126
Name of Employer Excellus BlueCross BlueShield		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2667.00
			Receipt

B.	Full Name (Last, First, Middle Initial) George Henry Smith		Date of Receipt
	Mailing Address 1310 G Street NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. C		Transaction ID: 00113.C144783
Name of Employer BCBS of Tennessee		Occupation Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
			Receipt
			Payroll Deduction: (25.00- /Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Jeff Smokler		Date of Receipt
	Mailing Address 22709 Elton Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Crofton	MD	21114
	FEC ID number of contributing federal political committee. C		Transaction ID: 00113.C142927
Name of Employer Bc/bs Association		Occupation Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 520.00
			Receipt
			Payroll Deduction: (40.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3337.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 130
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) David Spalding	Date of Receipt MM / DD / YYYY 07 / 09 / 2009
	Mailing Address 2400 Shadow Creek	Transaction ID: 00113.C142819
	City State Zip Code Saint Paul MN 55125	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation BCBS of Minnesota Vice President	Payroll Deduction: (25.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

B.	Full Name (Last, First, Middle Initial) Steven A. Spaulding	Date of Receipt MM / DD / YYYY 08 / 07 / 2009
	Mailing Address 1310 G Street, N.w.	Transaction ID: 00113.C143460
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 110.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Bc/bs Of Arkansas Health Insurer	Payroll Deduction: (10.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Jim Spencer	Date of Receipt MM / DD / YYYY 07 / 09 / 2009
	Mailing Address 2 Antelope Ct	Transaction ID: 00113.C143347
	City State Zip Code Clancy MT 59634-9220	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation BCBS of Montana Senior Director	Payroll Deduction: (20.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

SUBTOTAL of Receipts This Page (optional)	▶	535.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) Jim Spencer	Date of Receipt 09 / 15 / 2009
	Mailing Address 2 Antelope Ct	Transaction ID: 90922.C139573
	City State Zip Code Clancy MT 59634-9220	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (30.00- /Bi-Weekly)
Name of Employer BCBS of Montana	Occupation Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) James Srite	Date of Receipt 07 / 09 / 2009
	Mailing Address 1310 G St NW	Transaction ID: 00113.C144749
	City State Zip Code Washington DC 20005-3000	Amount of Each Receipt this Period 180.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (30.00- /Bi-Weekly)
Name of Employer Bc/bS Of Tennessee	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) Joyce M. Sterk	Date of Receipt 07 / 10 / 2009
	Mailing Address 4505 W. 101st Place	Transaction ID: 00113.C142915
	City State Zip Code Oak Lawn IL 60453	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	Receipt Payroll Deduction: (25.00- /Bi-Weekly)
Name of Employer Blue Cross Blue Shield As- socia	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	535.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 64 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
Maureen Sullivan

Mailing Address 680 N. Lake Shore Drive

City State Zip Code
Chicago IL 60611

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

Name of Employer: Blue Cross Blue Shield As-socia
Occupation: Svp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt: 07 / 10 / 2009
Transaction ID: 00113.C142943
 Amount of Each Receipt this Period: 455.00

Receipt
 Payroll Deduction: (35.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Bernard M. Talbert

Mailing Address 1310 G Street, N.w.

City State Zip Code
Washington DC 20005

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt: 07 / 10 / 2009
Transaction ID: 00113.C142916
 Amount of Each Receipt this Period: 156.00

Receipt
 Payroll Deduction: (12.00- /Bi-Weekly)

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

Mailing Address 16 Leatherleaf Rd

City State Zip Code
Point Judith RI 02882-2527

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

Name of Employer: BCBS of Rhode Island
Occupation: Cheif Business Solutions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 07 / 10 / 2009
Transaction ID: 00113.C143111
 Amount of Each Receipt this Period: 130.00

Receipt
 Payroll Deduction: (10.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **741.00**

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

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

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

FOR LINE NUMBER: PAGE 65 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
 Patricia Taylor
 Mailing Address 5226 Cahaba Valley Cove
 City State Zip Code
 Miami FL 33242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bc/bc Association Occupation Ex. Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00
 Date of Receipt 07 / 10 / 2009
Transaction ID: 00113.C142919
 Amount of Each Receipt this Period 650.00
 Receipt
 Payroll Deduction: (50.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 Dean S. Todaro
 Mailing Address 1310 G Street, N.w.
 City State Zip Code
 Washington DC 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Cross/blue Shield As- socia Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00
 Date of Receipt 07 / 10 / 2009
Transaction ID: 00113.C142917
 Amount of Each Receipt this Period 260.00
 Receipt
 Payroll Deduction: (20.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 Keith Tolar
 Mailing Address 1310 G Street, N.w.
 City State Zip Code
 Washington DC 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Health Systems, Inc. Occupation Health Insurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00
 Date of Receipt 07 / 09 / 2009
Transaction ID: 00113.C144479
 Amount of Each Receipt this Period 120.00
 Receipt
 Payroll Deduction: (20.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1030.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 66 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
 Bradley Traverse
 Mailing Address Corporate Headquarters
 City State Zip Code
Chattanooga TN 37402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bc/bc Of Tennessee Manager
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **300.00**
 Date of Receipt
 M M / D D / Y Y Y Y Y
07 09 2009
Transaction ID: 00113.C144799
 Amount of Each Receipt this Period
150.00
 Receipt
 Payroll Deduction: (25.00-
 /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 James B. Trimble
 Mailing Address 1310 G Street N.w.
 City State Zip Code
Washington DC 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blue Cross/blue Shield As- Manager, Congressional Communi
 socia
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **1275.00**
 Date of Receipt
 M M / D D / Y Y Y Y Y
07 10 2009
Transaction ID: 00113.C142918
 Amount of Each Receipt this Period
650.00
 Receipt
 Payroll Deduction: (50.00-
 /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 James B. Trimble
 Mailing Address 1310 G Street N.w.
 City State Zip Code
Washington DC 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blue Cross/blue Shield As- Manager, Congressional Communi
 socia
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **1440.00**
 Date of Receipt
 M M / D D / Y Y Y Y Y
10 16 2009
Transaction ID: 91110.C141330
 Amount of Each Receipt this Period
165.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► **965.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 67 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
 Larry Turney
 Mailing Address 800 Vallejo Road
 City Helena State MT Zip Code 59602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBS of Montana Occupation Solution Delivery Team
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00
 Date of Receipt 07 / 09 / 2009
Transaction ID: 00113.C14338
 Amount of Each Receipt this Period 50.00
 Receipt
 Payroll Deduction: (10.00- /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 Larry Turney
 Mailing Address 800 Vallejo Road
 City Helena State MT Zip Code 59602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BCBS of Montana Occupation Solution Delivery Team
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00
 Date of Receipt 09 / 15 / 2009
Transaction ID: 90922.C139564
 Amount of Each Receipt this Period 15.00
 Receipt
 Payroll Deduction: (15.00- /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 Jennifer Vachon
 Mailing Address 1310 G St NW
 City Washington State DC Zip Code 20005-3000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer B/bs Association Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00
 Date of Receipt 07 / 10 / 2009
Transaction ID: 00113.C142955
 Amount of Each Receipt this Period 650.00
 Receipt
 Payroll Deduction: (50.00- /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **715.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 68 / 130
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)
Kedall Vanpool

Mailing Address 4812 30th St S # A-2

City State Zip Code
Arlington VA 22206-1508

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

Name of Employer Occupation
B/bs Association Sr. Federal Affairs Manager

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2009

Transaction ID: 00113.C142942

Amount of Each Receipt this Period
390.00

Receipt
Payroll Deduction: (30.00-
/Bi-Weekly)

B.

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

Mailing Address 2344 Oak Hill Dr.

City State Zip Code
Lisle IL 60532

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

Name of Employer Occupation
Bc/bs Association Executive Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 165.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 16 / 2009

Transaction ID: 91110.C141334

Amount of Each Receipt this Period
165.00

Receipt

C.

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

Mailing Address 2344 Oak Hill Dr.

City State Zip Code
Lisle IL 60532

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

Name of Employer Occupation
Bc/bs Association Executive Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1855.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 12 / 2009

Transaction ID: 00113.C142778

Amount of Each Receipt this Period
1690.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2245.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 130

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)
Jeffrey H. Wakefield

Mailing Address 1014 Reads Lake Road

City State Zip Code
Chattanooga TN 37415

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

Name of Employer Occupation
Bluecross Blueshield Of Vp - National Account
Tennes

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2009

Transaction ID: 00113.C144804

Amount of Each Receipt this Period
180.00

Receipt
Payroll Deduction: (30.00-
/Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Judith M Walker

Mailing Address 1791 Ashland Ave

City State Zip Code
Saint Paul MN 55104-6036

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

Name of Employer Occupation
BCBS of Minnesota Vp Regulatory Compliance

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2009

Transaction ID: 00113.C142830

Amount of Each Receipt this Period
130.00

Receipt
Payroll Deduction: (10.00-
/Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Stephen Walker

Mailing Address 1310 G St NW

City State Zip Code
Washington DC 20005-3000

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

Name of Employer Occupation
Bc/bs Of Tennessee Manager

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2009

Transaction ID: 00113.C144791

Amount of Each Receipt this Period
300.00

Receipt
Payroll Deduction: (50.00-
/Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

610.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

<p>A. Full Name (Last, First, Middle Initial) Lois Wattman</p> <p>Mailing Address 1310 G Street, NW 12th Floor</p> <p>City State Zip Code Washington DC 20005</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation BCBS of Minnesota Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 810.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2009</p> <p>Transaction ID: 00113.C143136</p> <p>Amount of Each Receipt this Period 420.00</p> <p>Receipt</p> <p>Payroll Deduction: (30.00- /Bi-Weekly)</p>
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<p>B. Full Name (Last, First, Middle Initial) Michelle Werr</p> <p>Mailing Address 1018 Crest St</p> <p>City State Zip Code Wheaton IL 60187-6272</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Bcbs Association Managing Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 700.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2009</p> <p>Transaction ID: 00113.C142957</p> <p>Amount of Each Receipt this Period 455.00</p> <p>Receipt</p> <p>Payroll Deduction: (35.00- /Bi-Weekly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Paul M. White</p> <p>Mailing Address 1310 G Street, N.w.</p> <p>City State Zip Code Washington DC 20005</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Bc/bs Of Arkansas Health Insurer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2009</p> <p>Transaction ID: 00113.C143462</p> <p>Amount of Each Receipt this Period 220.00</p> <p>Receipt</p> <p>Payroll Deduction: (20.00- /Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	1095.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
 Richard Whitten
 Mailing Address 1310 G Street, N.w.
 City State Zip Code
 Washington DC 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bc/bc Of North Dakota Health Insurer
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 09 / 2009
Transaction ID: 00113.C142804
 Amount of Each Receipt this Period
 120.00
 Receipt
 Payroll Deduction: (20.00-
 /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 Connie Woodard
 Mailing Address 1310 G Street, NW
 City State Zip Code
 Washington DC 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blue Cross Blue Shield Manager
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 10 / 2009
Transaction ID: 00113.C142920
 Amount of Each Receipt this Period
 325.00
 Receipt
 Payroll Deduction: (25.00-
 /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 Toliver Woodard Jr.
 Mailing Address 1310 G Street NW
 City State Zip Code
 Washington DC 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBS of Tennessee Manager
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 09 / 2009
Transaction ID: 00113.C144784
 Amount of Each Receipt this Period
 150.00
 Receipt
 Payroll Deduction: (25.00-
 /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 595.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 72 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
 Laura Wooster
 Mailing Address 1310 G St NW
 City State Zip Code
 Washington DC 20005-3000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bc/bs Association Director
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 360.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 10 / 2009
Transaction ID: 00113.C142912
 Amount of Each Receipt this Period
 195.00
 Receipt
 Payroll Deduction: (15.00-
 /Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
 Robert E Worthington
 Mailing Address 1310 G Street NW
 City State Zip Code
 Washington DC 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBS of Tennessee Manager
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 09 / 2009
Transaction ID: 00113.C144785
 Amount of Each Receipt this Period
 300.00
 Receipt
 Payroll Deduction: (50.00-
 /Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
 William Wray
 Mailing Address 1310 G St NW
 City State Zip Code
 Washington DC 20005-3000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BCBS of Rhode Island Manager
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 10 / 2009
Transaction ID: 00113.C143118
 Amount of Each Receipt this Period
 260.00
 Receipt
 Payroll Deduction: (20.00-
 /Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 755.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 130
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) Robert Yates		Date of Receipt
	Mailing Address 1310 G St NW		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20005-3000
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Bc/bs Of Tennessee		Occupation Manager	Transaction ID: 00113.C144788 Amount of Each Receipt this Period <input type="text" value="150.00"/> Receipt Payroll Deduction: (25.00- /Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="65125.96"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

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

Mailing Address P.O. Box 6936

City State Zip Code
Jacksonville FL 32236-6936

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 8000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2009

Transaction ID: 90722.C136168

Amount of Each Receipt this Period
4000.00

Transfers From Affil./Aut-h.

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

Mailing Address P.O. Box 6936

City State Zip Code
Jacksonville FL 32236-6936

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 12000.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 06 / 2009

Transaction ID: 91110.C141012

Amount of Each Receipt this Period
4000.00

Transfers From Affil./Aut-h.

C. Full Name (Last, First, Middle Initial)
BCBS of Kansas

Mailing Address 1133 Topeka Boulevard, SW

City State Zip Code
Topeka KS 66629-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4788.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: 90828.C136421

Amount of Each Receipt this Period
684.00

Transfers From Affil./Aut-h.

SUBTOTAL of Receipts This Page (optional) ► **8684.00**

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

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

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

FOR LINE NUMBER: PAGE 75 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
 BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
 BCBS of Kansas
 Mailing Address 1133 Topeka Boulevard, SW
 City State Zip Code
 Topeka KS 66629-
 FEC ID number of contributing federal political committee. **C** C00197202
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5472.00
 Date of Receipt M M / D D / Y Y Y Y Y
 08 / 13 / 2009
Transaction ID: 90828.C137874
 Amount of Each Receipt this Period 684.00
 Transfers From Affil./Aut-h.

B. Full Name (Last, First, Middle Initial)
 BCBS of Kansas
 Mailing Address 1133 Topeka Boulevard, SW
 City State Zip Code
 Topeka KS 66629-
 FEC ID number of contributing federal political committee. **C** C00197202
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 6156.00
 Date of Receipt M M / D D / Y Y Y Y Y
 09 / 25 / 2009
Transaction ID: 90929.C139902
 Amount of Each Receipt this Period 684.00
 Transfers From Affil./Aut-h.

C. Full Name (Last, First, Middle Initial)
 BCBS of Kansas
 Mailing Address 1133 Topeka Boulevard, SW
 City State Zip Code
 Topeka KS 66629-
 FEC ID number of contributing federal political committee. **C** C00197202
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 6840.00
 Date of Receipt M M / D D / Y Y Y Y Y
 10 / 23 / 2009
Transaction ID: 91110.C141423
 Amount of Each Receipt this Period 684.00
 Transfers From Affil./Aut-h.

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

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

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

FOR LINE NUMBER: PAGE 76 / 130

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) BCBS of Kansas		Date of Receipt
	Mailing Address 1133 Topeka Boulevard, SW		<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Topeka	KS	66629-
	FEC ID number of contributing federal political committee. C C00197202		Transaction ID: 00113.C143137
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="684.00"/>
		<input type="text" value="7524.00"/>	Transfers From Affil./Aut-h.

B.	Full Name (Last, First, Middle Initial) BCBS of Kansas		Date of Receipt
	Mailing Address 1133 Topeka Boulevard, SW		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Topeka	KS	66629-
	FEC ID number of contributing federal political committee. C C00197202		Transaction ID: 00113.C144924
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="684.00"/>
		<input type="text" value="8208.00"/>	Transfers From Affil./Aut-h.

C.	Full Name (Last, First, Middle Initial) Healthy Government Committee		Date of Receipt
	Mailing Address The P.A.C. of BCBS of Arizona P.O. Box 13466		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Phoenix	AZ	85002-
	FEC ID number of contributing federal political committee. C C00215202		Transaction ID: 90722.C136169
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="2000.00"/>
		<input type="text" value="2000.00"/>	Transfers From Affil./Aut-h.

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

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

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

City State Zip Code
Phoenix AZ 85002-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 6 / 2 0 0 9

Transaction ID: 91110.C141013

Amount of Each Receipt this Period
2000.00

Transfers From Affil./Aut-h.

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

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

City State Zip Code
Phoenix AZ 85002-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 6 / 2 0 0 9

Transaction ID: 91110.C142616

Amount of Each Receipt this Period
2000.00

Transfers From Affil./Aut-h.

C. Full Name (Last, First, Middle Initial)
Blue PAC of Pennsylvania

Mailing Address P.O. Box 60710

City State Zip Code
Harrisburg PA 17106-0710

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 9

Transaction ID: 91110.C142701

Amount of Each Receipt this Period
500.00

Transfers From Affil./Aut-h.

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
Blue PAC of Pennsylvania
Mailing Address P.O. Box 60710

City State Zip Code
Harrisburg PA 17106-0710

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 2 / 2 0 0 9

Transaction ID: 00113.C142776

Amount of Each Receipt this Period
1000.00

Transfers From Affil./Aut-h.

B. Full Name (Last, First, Middle Initial)
BCBS of Nebraska PAC
Mailing Address 7261 Mercy Rd.
P.O. Box 3248

City State Zip Code
Omaha NE 68124-2311

FEC ID number of contributing federal political committee. **C** C00276311

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 5 / 2 0 0 9

Transaction ID: 90929.C139900

Amount of Each Receipt this Period
7000.00

Transfers From Affil./Aut-h.

C. Full Name (Last, First, Middle Initial)
Highmark Health PAC
Mailing Address 1800 Center Street

City State Zip Code
Camp Hill PA 17089-0089

FEC ID number of contributing federal political committee. **C** C00302844

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 3 / 2 0 0 9

Transaction ID: 90828.C137875

Amount of Each Receipt this Period
2000.00

Transfers From Affil./Aut-h.

SUBTOTAL of Receipts This Page (optional) ► 10000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 130
(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 Association PAC

A. Full Name (Last, First, Middle Initial)
 Highmark Health PAC
 Mailing Address 1800 Center Street
 City State Zip Code
 Camp Hill PA 17089-0089
 FEC ID number of contributing federal political committee. **C** C00302844
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 14000.00
 Date of Receipt: 10 / 13 / 2009
Transaction ID: 91110.C141014
 Amount of Each Receipt this Period: 4000.00
 Transfers From Affil./Auth.

B. Full Name (Last, First, Middle Initial)
 Highmark Health PAC
 Mailing Address 1800 Center Street
 City State Zip Code
 Camp Hill PA 17089-0089
 FEC ID number of contributing federal political committee. **C** C00302844
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 16500.00
 Date of Receipt: 12 / 28 / 2009
Transaction ID: 00113.C144925
 Amount of Each Receipt this Period: 2500.00
 Transfers From Affil./Auth.

C. Full Name (Last, First, Middle Initial)
 Wellmark - WellPAC
 Mailing Address 636 Grand Ave.
 Station 13
 City State Zip Code
 Des Moines IA 50309-
 FEC ID number of contributing federal political committee. **C** C00342022
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10500.00
 Date of Receipt: 09 / 15 / 2009
Transaction ID: 90922.C139561
 Amount of Each Receipt this Period: 10500.00
 Transfers From Affil./Auth.

SUBTOTAL of Receipts This Page (optional) ► 17000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 130

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) BCBS of North Carolina Employee PAC Mailing Address P.O. Box 2291 City State Zip Code Durham NC 27702-2291 FEC ID number of contributing federal political committee. C C00312223 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 7500.00	Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 9 Transaction ID: 90929.C139901 Amount of Each Receipt this Period 4000.00 Transfers From Affil./Aut-h.
B.	Full Name (Last, First, Middle Initial) Hawaii Medical Service Association Pac Mailing Address 818 Keeaumoka St. P.o. Box 860 City State Zip Code Honolulu HI 96808-0860 FEC ID number of contributing federal political committee. C C00321992 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 9 Transaction ID: 00113.C143317 Amount of Each Receipt this Period 1000.00 Transfers From Affil./Aut-h.
C.	Full Name (Last, First, Middle Initial) Blue Cross Voice - PAC of NE PA Mailing Address 19 North Main City State Zip Code Wilkes-barre PA 18711- FEC ID number of contributing federal political committee. C C00379537 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3500.00	Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 9 / 2 0 0 9 Transaction ID: 90722.C136167 Amount of Each Receipt this Period 1750.00 Transfers From Affil./Aut-h.

SUBTOTAL of Receipts This Page (optional) ▶

6750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial)
Blue Cross Voice - PAC of NE PA

Mailing Address 19 North Main

City State Zip Code
Wilkes-barre PA 18711-

FEC ID number of contributing federal political committee. **C** C00379537

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2009

Transaction ID: 90929.C139899

Amount of Each Receipt this Period
1750.00

Transfers From Affil./Auth.

B. Full Name (Last, First, Middle Initial)
Blue Cross Voice - PAC of NE PA

Mailing Address 19 North Main

City State Zip Code
Wilkes-barre PA 18711-

FEC ID number of contributing federal political committee. **C** C00379537

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 8500.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 30 / 2009

Transaction ID: 91110.C141780

Amount of Each Receipt this Period
3250.00

Transfers From Affil./Auth.

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

Mailing Address 401 Park Drive

City State Zip Code
Boston MA 02215-

FEC ID number of contributing federal political committee. **C** C00199166

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 12 / 2009

Transaction ID: 00113.C142777

Amount of Each Receipt this Period
1000.00

Transfers From Affil./Auth.

SUBTOTAL of Receipts This Page (optional) ► 6000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 130
(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 Association PAC

A. Full Name (Last, First, Middle Initial)
 BCBS of South Carolina
 Mailing Address Interstate 20 At Alpine Road
 City State Zip Code
Columbia SC 29219-
 FEC ID number of contributing federal political committee. **C C00406850**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **20000.00**
 Date of Receipt **09 / 25 / 2009**
Transaction ID: 90929.C139898
 Amount of Each Receipt this Period **20000.00**
 Transfers From Affil./Auth.

B. Full Name (Last, First, Middle Initial)
 Blue Cross Blue Shield of Alabama
 Mailing Address 2 North Jackson Street Suite 202
 City State Zip Code
Montgomery AL 36104-3821
 FEC ID number of contributing federal political committee. **C C00457242**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **10000.00**
 Date of Receipt **11 / 06 / 2009**
Transaction ID: 91110.C142615
 Amount of Each Receipt this Period **10000.00**
 Transfers From Affil./Auth.

C. Full Name (Last, First, Middle Initial)
 Independence Blue Cross PAC (IBC PAC)
 Mailing Address 1901 Market St
 City State Zip Code
Philadelphia PA 19103-1400
 FEC ID number of contributing federal political committee. **C C00450056**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **14000.00**
 Date of Receipt **07 / 24 / 2009**
Transaction ID: 91110.C142708
 Amount of Each Receipt this Period **3000.00**
 Transfers From Affil./Auth.

SUBTOTAL of Receipts This Page (optional) ► **33000.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 83 / 130
(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 Association PAC

A.

Full Name (Last, First, Middle Initial)
 Independence Blue Cross PAC (IBC PAC)
 Mailing Address 1901 Market St
 City Philadelphia State PA Zip Code 19103-1400
 FEC ID number of contributing federal political committee. **C** C00450056
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 21 / 2009
Transaction ID: 91110.C142709
 Amount of Each Receipt this Period
 1000.00
 Transfers From Affil./Aut-h.

B.

Full Name (Last, First, Middle Initial)
 Carefirst Associates Federal PAC
 Mailing Address 10455 Mill Run Cir
 City Owings Mills State MD Zip Code 21117-4208
 FEC ID number of contributing federal political committee. **C** C00286922
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 06 / 2009
Transaction ID: 91110.C142617
 Amount of Each Receipt this Period
 5000.00
 Transfers From Affil./Aut-h.

SUBTOTAL of Receipts This Page (optional)	▶	6000.00
TOTAL This Period (last page this line number only)	▶	97354.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 130

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BLUEPAC - Blue Cross Blue Shield Association PAC

A.

Full Name (Last, First, Middle Initial)

Bob Casey for Senate

Mailing Address 888 16th St NW

City

Washington

State

DC

Zip Code

20006-4103

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	9

Transaction ID: 90828.C137880

Amount of Each Receipt this Period

1250.00

Refund of Contribution Made

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

1250.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

<p>A. Full Name (Last, First, Middle Initial) COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC), THE</p> <p>Mailing Address P.O. Box 65314</p> <p>City Washington State DC Zip Code 20036-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC), THE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>ANNUAL/OTHER</p>	<p>Transaction ID: 90922.E2389 Date of Disbursement 09 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC), THE</p> <p>Mailing Address P.O. Box 65314</p> <p>City Washington State DC Zip Code 20036-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC), THE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>ANNUAL/OTHER</p>	<p>Transaction ID: 90922.E2400 Date of Disbursement 09 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE</p> <p>Mailing Address 425 2nd Street, NE</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name NATIONAL REPUBLICAN SENATORIAL COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>ANNUAL/OTHER</p>	<p>Transaction ID: 91110.E2460 Date of Disbursement 11 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>DIRECT CONTRIBUTION</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

<p>A. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</p> <p>Mailing Address PO Box 2443</p> <p>City Washington State DC Zip Code 20013-2443</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: ANNUAL/OTHER</p>	<p>Transaction ID: 90722.E2355 Date of Disbursement 07 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) New Democratic Coalition PAC</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: ANNUAL/OTHER</p>	<p>Transaction ID: 91110.E2434 Date of Disbursement 10 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) New Democratic Coalition PAC</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: ANNUAL/OTHER</p>	<p>Transaction ID: 00113.E2505 Date of Disbursement 12 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) LEADERSHIP IN THE NEW CENTURY (LINC PAC)	Transaction ID: 91110.E2428 Date of Disbursement 10 / 09 / 2009
	Mailing Address 303 Massachusetts Ave NE	Amount of Each Disbursement this Period 4000.00
	City Washington State DC Zip Code 20002-5701	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name LEADERSHIP IN THE NEW CENTURY (LINC PAC)	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: ANNUAL/OTHER	DIRECT CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) Denali PAC	Transaction ID: 90722.E2350 Date of Disbursement 07 / 16 / 2009
	Mailing Address 900 19th St NW Fl 8	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20006-2105	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: ANNUAL/OTHER	DIRECT CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) Wyoming Values PAC	Transaction ID: 90722.E2349 Date of Disbursement 07 / 16 / 2009
	Mailing Address 406 Virginia Ave	Amount of Each Disbursement this Period 2000.00
	City Alexandria State VA Zip Code 22302-2908	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: ANNUAL/OTHER	DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) PRIORITY PAC <hr/> Mailing Address 420 C. Street North East <hr/> City Washington State DC Zip Code 20002- <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name PRIORITY PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	Transaction ID: 91110.E2464 Date of Disbursement 11 / 06 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> DIRECT CONTRIBUTION
B.	Full Name (Last, First, Middle Initial) The Great Land PAC <hr/> Mailing Address 426 C St NE <hr/> City Washington State DC Zip Code 20002-5839 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	Transaction ID: 90828.E2379 Date of Disbursement 08 / 11 / 2009 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> DIRECT CONTRIBUTION
C.	Full Name (Last, First, Middle Initial) New Pioneers PAC <hr/> Mailing Address 228 S Washington St Ste 115 <hr/> City Alexandria State VA Zip Code 22314-5404 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	Transaction ID: 91110.E2432 Date of Disbursement 10 / 09 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) Country First PAC	Transaction ID: 00113.E2486 Date of Disbursement 12 / 04 / 2009
	Mailing Address 211 N. Union Street Suite 200	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22314-2643	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER
		DIRECT CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) Protect Americas Future PAC	Transaction ID: 00113.E2492 Date of Disbursement 12 / 04 / 2009
	Mailing Address 1203 Portner Road	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22314-1316	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER
		DIRECT CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) 21ST CENTURY MAJORITY FUND	Transaction ID: 91110.E2439 Date of Disbursement 10 / 14 / 2009
	Mailing Address 6065 Roswell Rd NE # 2274	Amount of Each Disbursement this Period 2500.00
	City Atlanta State GA Zip Code 30328-4011	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name 21ST CENTURY MAJORITY FUND	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER
		DIRECT CONTRIBUTION

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) Adler for Congress	Transaction ID: 90922.E2403 Date of Disbursement 09 / 18 / 2009
	Mailing Address 499 S Capitol St SW Ste 422	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003-4028	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name JOHN H. ADLER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DIRECT CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) ALAMO PAC	Transaction ID: 90722.E2359 Date of Disbursement 07 / 16 / 2009
	Mailing Address 201 Massachusetts Ave NE Ste C3	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002-4988	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name ALAMO PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER
		DIRECT CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) ALAMO PAC	Transaction ID: 90929.E2422 Date of Disbursement 09 / 29 / 2009
	Mailing Address 201 Massachusetts Ave NE Ste C3	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20002-4988	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name ALAMO PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER
		DIRECT CONTRIBUTION

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) ALAMO PAC Mailing Address 201 Massachusetts Ave NE Ste C3 City Washington State DC Zip Code 20002-4988 Purpose of Disbursement VOIDED CHECK Candidate Name ALAMO PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: ANNUAL/OTHER	Transaction ID: 90828.E2362 Date of Disbursement 07 / 28 / 2009	Amount of Each Disbursement this Period -1000.00 VOIDED CHECK
B.	Full Name (Last, First, Middle Initial) Alexander for Senate Inc. Mailing Address 101 Constitution Ave., NW Suite 800 West City Washington State DC Zip Code 20001- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name LAMAR ALEXANDER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 00	Transaction ID: 90922.E2393 Date of Disbursement 09 / 11 / 2009	Amount of Each Disbursement this Period 5000.00 DIRECT CONTRIBUTION
C.	Full Name (Last, First, Middle Initial) TENN POLITICAL ACTION COMMITTEE INC (TENN PAC) Mailing Address 228 S. Washington Suite 115 City Alexandria State VA Zip Code 22314- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name TENN POLITICAL ACTION COMMITTEE INC (TENN PAC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: ANNUAL/OTHER	Transaction ID: 90722.E2360 Date of Disbursement 07 / 16 / 2009	Amount of Each Disbursement this Period 1500.00 DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) Rodney Alexander For Congress Mailing Address 104 Hume Ave City Alexandria State VA Zip Code 22301-1015 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name RODNEY M. ALEXANDER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90929.E2421 Date of Disbursement 09 / 29 / 2009	Amount of Each Disbursement this Period 1000.00 DIRECT CONTRIBUTION
B.	Full Name (Last, First, Middle Initial) Citizens for Altmire Mailing Address 499 South Capitol Street SE Suite 404 City Washington State DC Zip Code 20003- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name JASON ALTMIRE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00113.E2487 Date of Disbursement 12 / 04 / 2009	Amount of Each Disbursement this Period 500.00 DIRECT CONTRIBUTION
C.	Full Name (Last, First, Middle Initial) Citizens for Altmire Mailing Address 499 South Capitol Street SE Suite 404 City Washington State DC Zip Code 20003- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name JASON ALTMIRE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90722.E2348 Date of Disbursement 07 / 16 / 2009	Amount of Each Disbursement this Period 375.00 DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶	1875.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

<p>A. Full Name (Last, First, Middle Initial) Friends of Kelly Ayotte</p> <p>Mailing Address 700 12th St NW Ste 700</p> <p>City Washington State DC Zip Code 20005-4052</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name KELLY A AYOTTE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90922.E2408 Date of Disbursement 09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Kelly Ayotte</p> <p>Mailing Address 700 12th St NW Ste 700</p> <p>City Washington State DC Zip Code 20005-4052</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name KELLY A AYOTTE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00113.E2475 Date of Disbursement 11 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of John Barrow</p> <p>Mailing Address PO Box 8166</p> <p>City Savannah State GA Zip Code 31412-8166</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name JOHN J. BARROW</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90929.E2411 Date of Disbursement 09 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>DIRECT CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) GLACIER PAC</p> <p>Mailing Address 236 Massachusetts Avenue, NE Suite 603</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement VOIDED CHECK</p> <p>Candidate Name GLACIER PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: District: ANNUAL/OTHER</p>	<p>Transaction ID: 90828.E2376 Date of Disbursement 08 / 05 / 2009</p> <p>Amount of Each Disbursement this Period -2500.00</p> <p>VOIDED CHECK</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bennet for Colorado</p> <p>Mailing Address PO Box 3078</p> <p>City Denver State CO Zip Code 80201-3078</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name MICHAEL F BENNET</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CO District: 00</p>	<p>Transaction ID: 90922.E2387 Date of Disbursement 08 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bennet for Colorado</p> <p>Mailing Address PO Box 3078</p> <p>City Denver State CO Zip Code 80201-3078</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name MICHAEL F BENNET</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CO District: 00</p>	<p>Transaction ID: 91110.E2425 Date of Disbursement 09 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>DIRECT CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) Bennet for Colorado Mailing Address PO Box 3078 City Denver State CO Zip Code 80201-3078 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name MICHAEL F BENNETT Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90922.E2390 Date of Disbursement 09 / 11 / 2009	Amount of Each Disbursement this Period 500.00 DIRECT CONTRIBUTION
B.	Full Name (Last, First, Middle Initial) Friends of Bob Bennett Sen Campaign Cmte Mailing Address 175 South West Temple Suite 650 City Slc State UT Zip Code 84101-1410 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name ROBERT F BENNETT Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00113.E2490 Date of Disbursement 12 / 04 / 2009	Amount of Each Disbursement this Period 1000.00 DIRECT CONTRIBUTION
C.	Full Name (Last, First, Middle Initial) Friends of Roy Blunt Mailing Address PO Box 50100 City Springfield State MO Zip Code 65805-0100 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name ROY BLUNT Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00113.E2494 Date of Disbursement 12 / 09 / 2009	Amount of Each Disbursement this Period 2500.00 DIRECT CONTRIBUTION

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

<p>A. Full Name (Last, First, Middle Initial) Charles Boustany for Congress, Inc.</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598-0126</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name CHARLES DR. BOUSTANY, JR.</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00113.E2497 Date of Disbursement 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Charles Boustany for Congress, Inc.</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598-0126</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name CHARLES DR. BOUSTANY, JR.</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91110.E2455 Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Charles Boustany for Congress, Inc.</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598-0126</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name CHARLES DR. BOUSTANY, JR.</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90722.E2346 Date of Disbursement 07 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

<p>A. Full Name (Last, First, Middle Initial) Boyd for Congress</p> <p>Mailing Address 236 Massachusetts Ave NE Ste 508</p> <p>City Washington State DC Zip Code 20002-4980</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name F. ALLEN BOYD, JR.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00113.E2467 Date of Disbursement 11 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) The Richard Burr Committee</p> <p>Mailing Address PO Box 5928</p> <p>City Winston Salem State NC Zip Code 27113-5928</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name RICHARD BURR</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91110.E2445 Date of Disbursement 10 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Butterfield for Congress</p> <p>Mailing Address 501 Capitol Court NW Suite 100</p> <p>City Washington State DC Zip Code 20002-5813</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name G K BUTTERFIELD</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90722.E2352 Date of Disbursement 07 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) Cantor for Congress	Transaction ID: 90828.E2366 Date of Disbursement 07 / 28 / 2009
	Mailing Address PO Box 21027	
	City Washington State DC Zip Code 20009-0527	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement DIRECT CONTRIBUTION	
	Candidate Name ERIC CANTOR	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DIRECT CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	Transaction ID: 90929.E2420 Date of Disbursement 09 / 29 / 2009
	Mailing Address 25 East Main Street	
	City Richmond State VA Zip Code 23219-	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement DIRECT CONTRIBUTION	
	Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER
		DIRECT CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) Capito for Congress	Transaction ID: 91110.E2441 Date of Disbursement 10 / 14 / 2009
	Mailing Address P.O. Box 11519	
	City Charleston State WV Zip Code 25339-	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement DIRECT CONTRIBUTION	
	Candidate Name SHELLEY MOORE CAPITO	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DIRECT CONTRIBUTION

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

<p>A. Full Name (Last, First, Middle Initial) Carper for Senate</p> <p>Mailing Address 426 C Street, NE</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name THOMAS R CARPER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90929.E2418 Date of Disbursement: 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Carper for Senate</p> <p>Mailing Address 426 C Street, NE</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name THOMAS R CARPER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90929.E2419 Date of Disbursement: 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Carper for Senate</p> <p>Mailing Address 426 C Street, NE</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement VOIDED CHECK</p> <p>Candidate Name THOMAS R CARPER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91110.E2426 Date of Disbursement: 10 / 06 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>VOIDED CHECK</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial) Carper for Senate <hr/> Mailing Address 426 C Street, NE <hr/> City Washington State DC Zip Code 20002- <hr/> Purpose of Disbursement VOIDED CHECK <hr/> Candidate Name THOMAS R CARPER <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00 <hr/> Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Category/ Type	Transaction ID: 91110.E2427 Date of Disbursement 10 / 06 / 2009 <hr/> Amount of Each Disbursement this Period -1000.00 <hr/> VOIDED CHECK		
	B. Full Name (Last, First, Middle Initial) Castle Campaign Fund <hr/> Mailing Address PO Box 133 <hr/> City Wilmington State DE Zip Code 19899-0133 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name MICHAEL N CASTLE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Category/ Type	Transaction ID: 91110.E2447 Date of Disbursement 10 / 23 / 2009 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> DIRECT CONTRIBUTION	
		C. Full Name (Last, First, Middle Initial) Castle Campaign Fund <hr/> Mailing Address PO Box 133 <hr/> City Wilmington State DE Zip Code 19899-0133 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name MICHAEL N CASTLE <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Category/ Type	Transaction ID: 00113.E2509 Date of Disbursement 12 / 28 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> DIRECT CONTRIBUTION

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)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

<p>A. Full Name (Last, First, Middle Initial) Castle Campaign Fund</p> <p>Mailing Address PO Box 133</p> <p>City Wilmington State DE Zip Code 19899-0133</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name MICHAEL N CASTLE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00113.E2500 Date of Disbursement: 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) REPUBLICAN MAJORITY FUND</p> <p>Mailing Address 101 Constitution Avenue, NW Suite 900 West</p> <p>City Washington State DC Zip Code 20001-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name REPUBLICAN MAJORITY FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER</p>	<p>Transaction ID: 00113.E2489 Date of Disbursement: 12 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Jim Clyburn</p> <p>Mailing Address 499 S. Capitol Street, SE, STE 412</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name JAMES E CLYBURN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91110.E2462 Date of Disbursement: 11 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>DIRECT CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) Coburn for Senate Committee Mailing Address 217 Third Street SE City Washington State DC Zip Code 20003- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name THOMAS A COBURN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OK District: 00	Transaction ID: 90722.E2361 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) Collins for Senator Mailing Address 1203 Portner Rd City Alexandria State VA Zip Code 22314-1316 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name SUSAN M COLLINS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District: 00	Transaction ID: 90922.E2405 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Collins for Senator Mailing Address 1203 Portner Rd City Alexandria State VA Zip Code 22314-1316 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name SUSAN M COLLINS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District: 00	Transaction ID: 90828.E2367 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

<p>A. Full Name (Last, First, Middle Initial) Collins for Senator</p> <p>Mailing Address 1203 Portner Rd</p> <p>City Alexandria State VA Zip Code 22314-1316</p> <p>Purpose of Disbursement STOP PAYMENT</p> <p>Candidate Name SUSAN M COLLINS</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90922.E2404 Date of Disbursement 09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>STOP PAYMENT</p>
<p>B. Full Name (Last, First, Middle Initial) Cooper For Congress Committee</p> <p>Mailing Address 236 Massachusetts Ave NE Ste 603</p> <p>City Washington State DC Zip Code 20002-4971</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name JAMES H.S. COOPER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91110.E2459 Date of Disbursement 11 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Cooper For Congress Committee</p> <p>Mailing Address 236 Massachusetts Ave NE Ste 603</p> <p>City Washington State DC Zip Code 20002-4971</p> <p>Purpose of Disbursement VOIDED CHECK</p> <p>Candidate Name JAMES H.S. COOPER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00113.E2466 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period -2500.00</p> <p>VOIDED CHECK</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-1000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

<p>A. Full Name (Last, First, Middle Initial) Mike Crapo for Senate</p> <p>Mailing Address 128 North Columbus Street</p> <p>City Alexandria State VA Zip Code 22314-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name MICHAEL D CRAPO</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90828.E2380 Date of Disbursement: 08 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Mike Crapo for Senate</p> <p>Mailing Address 128 North Columbus Street</p> <p>City Alexandria State VA Zip Code 22314-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name MICHAEL D CRAPO</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90722.E2358 Date of Disbursement: 07 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Mike Crapo for Senate</p> <p>Mailing Address 128 North Columbus Street</p> <p>City Alexandria State VA Zip Code 22314-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name MICHAEL D CRAPO</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90722.E2357 Date of Disbursement: 07 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) FREEDOM FUND	Transaction ID: 91110.E2452 Date of Disbursement 10 / 30 / 2009
	Mailing Address 128 North Columbus St.	Amount of Each Disbursement this Period 2500.00
	City Alexandria State VA Zip Code 22314-3038	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name FREEDOM FUND	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: ANNUAL/OTHER	DIRECT CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) Davis for Congress	Transaction ID: 91110.E2435 Date of Disbursement 10 / 09 / 2009
	Mailing Address 700 12th St NW	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20005-3945	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name GEOFFREY C. DAVIS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 04	DIRECT CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) Lincoln Davis for Congress	Transaction ID: 91110.E2430 Date of Disbursement 10 / 09 / 2009
	Mailing Address 236 Massachusetts Ave NE Ste 603	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002-4971	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name LINCOLN EDWARD DAVIS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 04	DIRECT CONTRIBUTION

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) Nathan Deal for Congress	Transaction ID: 90828.E2375 Date of Disbursement 08 / 05 / 2009
	Mailing Address PO Box 10621	Amount of Each Disbursement this Period -1500.00
	City Alexandria State VA Zip Code 22302-0902	
	Purpose of Disbursement VOIDED CHECK	Category/ Type
	Candidate Name NATHAN DEAL	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		VOIDED CHECK

B.	Full Name (Last, First, Middle Initial) DeMint for Senate	Transaction ID: 90922.E2407 Date of Disbursement 09 / 21 / 2009
	Mailing Address PO Box 12425	Amount of Each Disbursement this Period 1000.00
	City Columbia State SC Zip Code 29211-2425	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name JAMES W DEMINT	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DIRECT CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) DIRIGO PAC	Transaction ID: 91110.E2463 Date of Disbursement 11 / 06 / 2009
	Mailing Address P.o. Box 1335	Amount of Each Disbursement this Period 2500.00
	City Alexandria State VA Zip Code 22313-	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name DIRIGO PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER
		DIRECT CONTRIBUTION

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

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

NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) GREAT PLAINS LEADERSHIP FUND	Transaction ID: 00113.E2477 Date of Disbursement 11 / 20 / 2009
	Mailing Address 420 C Street, NE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002-	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name GREAT PLAINS LEADERSHIP FUND	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	DIRECT CONTRIBUTION
	State: District:	

B.	Full Name (Last, First, Middle Initial) Friends of Byron Dorgan	Transaction ID: 00113.E2469 Date of Disbursement 11 / 16 / 2009
	Mailing Address 420 C Street, NE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002-5818	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name BYRON L DORGAN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION
	State: ND District: 00	

C.	Full Name (Last, First, Middle Initial) Friends of Byron Dorgan	Transaction ID: 00113.E2495 Date of Disbursement 12 / 11 / 2009
	Mailing Address 420 C Street, NE	Amount of Each Disbursement this Period -1000.00
	City Washington State DC Zip Code 20002-5818	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name BYRON L DORGAN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT CONTRIBUTION
	State: ND District: 00	

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

<p>A. Full Name (Last, First, Middle Initial) Chet Edwards for Congress</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013-0214</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name CHET EDWARDS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00113.E2470 Date of Disbursement: 11 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Ensign for Senate</p> <p>Mailing Address PO Box 370667</p> <p>City Las Vegas State NV Zip Code 89137-0667</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name JOHN E ENSIGN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90828.E2372 Date of Disbursement: 07 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Ensign for Senate</p> <p>Mailing Address PO Box 370667</p> <p>City Las Vegas State NV Zip Code 89137-0667</p> <p>Purpose of Disbursement STOP PMT</p> <p>Candidate Name JOHN E ENSIGN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90828.E2377 Date of Disbursement: 08 / 06 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>STOP PMT</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) Enzi for U.S. Senate	Transaction ID: 00113.E2502 Date of Disbursement 12 / 16 / 2009
	Mailing Address P.O. Box 2775	Amount of Each Disbursement this Period 1000.00
	City Cody State WY Zip Code 82414-	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name MICHAEL B ENZI	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DIRECT CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE	Transaction ID: 90722.E2347 Date of Disbursement 07 / 16 / 2009
	Mailing Address P.O. Box 3241	Amount of Each Disbursement this Period 2500.00
	City Cheyenne State WY Zip Code 82003-	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER
		DIRECT CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE	Transaction ID: 90828.E2381 Date of Disbursement 08 / 11 / 2009
	Mailing Address P.O. Box 3241	Amount of Each Disbursement this Period 500.00
	City Cheyenne State WY Zip Code 82003-	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER
		DIRECT CONTRIBUTION

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

<p>A. Full Name (Last, First, Middle Initial) Anna Eshoo for Congress</p> <p>Mailing Address 2350 Taylor St Ste 7</p> <p>City San Francisco State CA Zip Code 94133-1818</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name ANNA ESHOO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90922.E2388 Date of Disbursement 08 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Feinstein for Senate</p> <p>Mailing Address 420 C Street</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name DIANNE FEINSTEIN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90722.E2351 Date of Disbursement 07 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) HAWKEYE PAC, THE</p> <p>Mailing Address P.O. Box 7255</p> <p>City Des Moines State IA Zip Code 50309-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name HAWKEYE PAC, THE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER</p>	<p>Transaction ID: 90922.E2396 Date of Disbursement 09 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

<p>A. Full Name (Last, First, Middle Initial) Friends of Trey Grayson</p> <p>Mailing Address PO Box 175726</p> <p>City Covington State KY Zip Code 41017-5726</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name C M GRAYSON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90922.E2406 Date of Disbursement: 09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Trey Grayson</p> <p>Mailing Address PO Box 175726</p> <p>City Covington State KY Zip Code 41017-5726</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name C M GRAYSON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00113.E2468 Date of Disbursement: 11 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Trey Grayson</p> <p>Mailing Address PO Box 175726</p> <p>City Covington State KY Zip Code 41017-5726</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name C M GRAYSON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91110.E2431 Date of Disbursement: 10 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) WHITE MOUNTAIN PAC Mailing Address P.O. Box 1772 City Concord State NH Zip Code 03302-1812 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name WHITE MOUNTAIN PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: ANNUAL/OTHER	Transaction ID: 91110.E2450 Date of Disbursement 10 / 30 / 2009	Amount of Each Disbursement this Period 2000.00 DIRECT CONTRIBUTION
B.	Full Name (Last, First, Middle Initial) Griffith for Congress Mailing Address 499 S Capitol St SW Ste 404 City Washington State DC Zip Code 20003-4004 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name PARKER DR. GRIFFITH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 05	Transaction ID: 91110.E2433 Date of Disbursement 10 / 09 / 2009	Amount of Each Disbursement this Period 1000.00 DIRECT CONTRIBUTION
C.	Full Name (Last, First, Middle Initial) Ethan Hastert for Congress Mailing Address PO Box 446 City Batavia State IL Zip Code 60510-0446 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name ETHAN ALLEN HASTERT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 14	Transaction ID: 00113.E2504 Date of Disbursement 12 / 17 / 2009	Amount of Each Disbursement this Period 1500.00 DIRECT CONTRIBUTION

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) CAMPAIGN FOR AMERICAS FUTURE	Transaction ID: 91110.E2446 Date of Disbursement 10 / 23 / 2009	
	Mailing Address 175 S West Temple Suite 650 City Salt Lake City State UT Zip Code 84101-1422	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name CAMPAIGN FOR AMERICAS FUTURE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: ANNUAL/OTHER	Category/ Type DIRECT CONTRIBUTION	
B.	Full Name (Last, First, Middle Initial) Herger For Congress	Transaction ID: 00113.E2496 Date of Disbursement 12 / 16 / 2009	
	Mailing Address PO Box 1500 City Chico State CA Zip Code 95927-1500	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name WALLY HERGER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 02	Category/ Type DIRECT CONTRIBUTION	
C.	Full Name (Last, First, Middle Initial) Friends of Sam Johnson	Transaction ID: 91110.E2429 Date of Disbursement 10 / 09 / 2009	
	Mailing Address 2501 Wisconsin Ave NW Apt 304 City Washington State DC Zip Code 20007-4543	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name JOHNSON MR. SAM Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 03	Category/ Type DIRECT CONTRIBUTION	

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

<p>A. Full Name (Last, First, Middle Initial) Ron Kind for Congress Committee</p> <p>Mailing Address 401 9th St NW Ste 725</p> <p>City Washington State DC Zip Code 20004-2128</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name RON KIND</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90828.E2373 Date of Disbursement 07 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Ron Kind for Congress Committee</p> <p>Mailing Address 401 9th St NW Ste 725</p> <p>City Washington State DC Zip Code 20004-2128</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name RON KIND</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90922.E2401 Date of Disbursement 09 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Jack Kingston</p> <p>Mailing Address PO Box 2133</p> <p>City Savannah State GA Zip Code 31402-2133</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name JOHN HEDDENS KINGSTON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00113.E2473 Date of Disbursement 11 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>DIRECT CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) Kirk for Senate Mailing Address PO Box 8 City Winnetka State IL Zip Code 60093-0008 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name MARK STEVEN KIRK Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 00	Transaction ID: 91110.E2440 Date of Disbursement 10 / 14 / 2009	Amount of Each Disbursement this Period 1500.00 DIRECT CONTRIBUTION
B.	Full Name (Last, First, Middle Initial) Kirk for Senate Mailing Address PO Box 8 City Winnetka State IL Zip Code 60093-0008 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name MARK STEVEN KIRK Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 00	Transaction ID: 90828.E2371 Date of Disbursement 07 / 31 / 2009	Amount of Each Disbursement this Period 1000.00 DIRECT CONTRIBUTION
C.	Full Name (Last, First, Middle Initial) Kirk for Senate Mailing Address PO Box 8 City Winnetka State IL Zip Code 60093-0008 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name MARK STEVEN KIRK Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 00	Transaction ID: 91110.E2442 Date of Disbursement 10 / 14 / 2009	Amount of Each Disbursement this Period 1000.00 DIRECT CONTRIBUTION

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

<p>A. Full Name (Last, First, Middle Initial) Kissell for Congress</p> <p>Mailing Address 501 Capitol Ct NE Ste 100</p> <p>City Washington State DC Zip Code 20002-7708</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name LARRY KISSELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00113.E2476 Date of Disbursement 11 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Klobuchar for Minnesota</p> <p>Mailing Address 10 G St NE Ste 470</p> <p>City Washington State DC Zip Code 20002-8038</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name AMY J KLOBUCHAR</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90922.E2398 Date of Disbursement 09 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Kosmas for Congress</p> <p>Mailing Address 209 Pennsylvania Avenue, SE</p> <p>City Washington State DC Zip Code 20003-1107</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name SUZANNE KOSMAS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00113.E2472 Date of Disbursement 11 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND <hr/> Mailing Address P.O. Box 32025 <hr/> City Phoenix State AZ Zip Code 85064- <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name SENATE MAJORITY FUND <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: ANNUAL/OTHER	Transaction ID: 91110.E2461 Date of Disbursement 11 / 06 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> DIRECT CONTRIBUTION
B.	Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND <hr/> Mailing Address P.O. Box 32025 <hr/> City Phoenix State AZ Zip Code 85064- <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name SENATE MAJORITY FUND <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: ANNUAL/OTHER	Transaction ID: 90828.E2368 Date of Disbursement 07 / 28 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> DIRECT CONTRIBUTION
C.	Full Name (Last, First, Middle Initial) Friends of Mary Landrieu <hr/> Mailing Address 10 G Street, Ne Suite 470 <hr/> City Washington State DC Zip Code 20002- <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name MARY L LANDRIEU <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 00	Transaction ID: 90828.E2365 Date of Disbursement 07 / 28 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

<p>A. Full Name (Last, First, Middle Initial) Chris Lee for Congress</p> <p>Mailing Address PO Box 15395</p> <p>City Buffalo State NY Zip Code 14220-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name CHRISTOPHER J. LEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00113.E2499 Date of Disbursement 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Joe Lieberman</p> <p>Mailing Address 236 Massachusetts Ave., NE Suite 602</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name JOSEPH I LIEBERMAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91110.E2448 Date of Disbursement 10 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Linder for Congress</p> <p>Mailing Address P.O. Box 4026</p> <p>City Duluth State GA Zip Code 30096-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name JOHN LINDER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00113.E2471 Date of Disbursement 11 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3750.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) Matheson for Congress	Transaction ID: 90929.E2413 Date of Disbursement
	Mailing Address P.O. Box 636	<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Annandale State VA Zip Code 22003-	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT CONTRIBUTION	<input type="text" value="1500.00"/>
	Candidate Name JAMES D MATHESON	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	DIRECT CONTRIBUTION
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Matheson for Congress	Transaction ID: 90722.E2354 Date of Disbursement
	Mailing Address P.O. Box 636	<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Annandale State VA Zip Code 22003-	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT CONTRIBUTION	<input type="text" value="1500.00"/>
	Candidate Name JAMES D MATHESON	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	DIRECT CONTRIBUTION
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Friends Of John McCain	Transaction ID: 90722.E2353 Date of Disbursement
	Mailing Address 211 N. Union Street Suite 200	<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22314-	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name JOHN S MCCAIN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00	DIRECT CONTRIBUTION
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial) Majority Committee PAC <hr/> Mailing Address 104 Hume Avenue <hr/> City Alexandria State VA Zip Code 22301-1015 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	Transaction ID: 00113.E2488 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00 <hr/> Category/ Type DIRECT CONTRIBUTION
B. Full Name (Last, First, Middle Initial) Mike McIntyre for Congress <hr/> Mailing Address 236 Massachusetts Ave NE Ste 603 <hr/> City Washington State DC Zip Code 20002-4971 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name MIKE MCINTYRE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91110.E2444 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 <hr/> Category/ Type DIRECT CONTRIBUTION
C. Full Name (Last, First, Middle Initial) Meeks for Congress <hr/> Mailing Address 1010 Vermont Avenue, NW Suite 814 <hr/> City Washington State DC Zip Code 20005-4957 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name GREGORY W. MEEKS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90922.E2399 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 <hr/> Category/ Type DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

<p>A. Full Name (Last, First, Middle Initial) Harry Mitchell for Congress</p> <p>Mailing Address PO Box 23748</p> <p>City Tempe State AZ Zip Code 85285-3748</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name HARRY E. MITCHELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90929.E2414 Date of Disbursement 09 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Moore for Congress</p> <p>Mailing Address P.O. Box 75214</p> <p>City Washington State DC Zip Code 20013-5214</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name DENNIS W. MOORE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91110.E2451 Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Sue Myrick for Congress</p> <p>Mailing Address 2501 Wisconsin Ave NW Apt 304</p> <p>City Washington State DC Zip Code 20007-4543</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name SUE MYRICK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90828.E2369 Date of Disbursement 07 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) NEBRASKA LEADERSHIP PAC (NELPAC)	Transaction ID: 90828.E2364 Date of Disbursement
	Mailing Address 420 C Street, NE	<input type="text" value="07"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20002-	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT CONTRIBUTION	<input type="text" value="2500.00"/>
	Candidate Name NEBRASKA LEADERSHIP PAC (NELPAC)	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: ANNUAL/OTHER	DIRECT CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) NEBRASKA LEADERSHIP PAC (NELPAC)	Transaction ID: 90828.E2382 Date of Disbursement
	Mailing Address 420 C Street, NE	<input type="text" value="08"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20002-	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT CONTRIBUTION	<input type="text" value="2500.00"/>
	Candidate Name NEBRASKA LEADERSHIP PAC (NELPAC)	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: ANNUAL/OTHER	DIRECT CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) Friends of Glenn Nye	Transaction ID: 90922.E2394 Date of Disbursement
	Mailing Address 499 S Capitol St SW Ste 404	<input type="text" value="09"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20003-4004	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT CONTRIBUTION	<input type="text" value="2000.00"/>
	Candidate Name GLENN CARLYLE NYE, III	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 02	DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial) Friends of Glenn Nye Mailing Address 499 S Capitol St SW Ste 404 City Washington State DC Zip Code 20003-4004 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name GLENN CARLYLE NYE, III Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91110.E2457 Date of Disbursement 11 / 06 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type DIRECT CONTRIBUTION
B. Full Name (Last, First, Middle Initial) Mike Pence Committee Mailing Address P.o. Box 408 City Anderson State IN Zip Code 46015- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name MIKE PENCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91110.E2458 Date of Disbursement 11 / 06 / 2009
	Amount of Each Disbursement this Period 2000.00 Category/Type DIRECT CONTRIBUTION
C. Full Name (Last, First, Middle Initial) Peterson For Congress Mailing Address 236 Massachusetts Ave NE Ste 603 City Washington State DC Zip Code 20002-4971 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name COLLIN CLARK PETERSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00113.E2498 Date of Disbursement 12 / 16 / 2009
	Amount of Each Disbursement this Period 1500.00 Category/Type DIRECT CONTRIBUTION

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

<p>A. Full Name (Last, First, Middle Initial) Rob Portman for US Senate</p> <p>Mailing Address 900 19th St NW Fl 8</p> <p>City Washington State DC Zip Code 20006-2105</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name ROB PORTMAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90922.E2395 Date of Disbursement 09 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Jim Risch for U.S. Senate</p> <p>Mailing Address P.O. Box 1247</p> <p>City Boise State ID Zip Code 83701-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name JAMES E RISCH</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90828.E2378 Date of Disbursement 08 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Pat Roberts for Senate</p> <p>Mailing Address 1100 G Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005-3806</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name PAT ROBERTS</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90929.E2416 Date of Disbursement 09 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) Pat Roberts for Senate	Transaction ID: 00113.E2491 Date of Disbursement 12 / 04 / 2009
	Mailing Address 1100 G Street, NW Suite 800	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20005-3806	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name PAT ROBERTS	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KS District: 00	DIRECT CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) PRESERVING AMERICAS TRADITIONS (PATPAC)	Transaction ID: 90828.E2374 Date of Disbursement 08 / 05 / 2009
	Mailing Address 1100 G Street, NW Suite 800	Amount of Each Disbursement this Period -1000.00
	City Alexandria State VA Zip Code 22314-	
	Purpose of Disbursement VOIDED CHECK	Category/ Type
	Candidate Name PRESERVING AMERICAS TRADITIONS (PATPAC)	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: ANNUAL/OTHER	VOIDED CHECK

C.	Full Name (Last, First, Middle Initial) PRESERVING AMERICAS TRADITIONS (PATPAC)	Transaction ID: 90929.E2415 Date of Disbursement 09 / 25 / 2009
	Mailing Address 1100 G Street, NW Suite 800	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22314-	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/ Type
	Candidate Name PRESERVING AMERICAS TRADITIONS (PATPAC)	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: ANNUAL/OTHER	DIRECT CONTRIBUTION

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)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

<p>A. Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee</p> <p>Mailing Address P.O. Box 360</p> <p>City Prescott State AR Zip Code 71857-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name MICHAEL AVERY ROSS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90828.E2370 Date of Disbursement: 07 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee</p> <p>Mailing Address P.O. Box 360</p> <p>City Prescott State AR Zip Code 71857-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name MICHAEL AVERY ROSS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91110.E2436 Date of Disbursement: 10 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee</p> <p>Mailing Address P.O. Box 360</p> <p>City Prescott State AR Zip Code 71857-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name MICHAEL AVERY ROSS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91110.E2437 Date of Disbursement: 10 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A. Full Name (Last, First, Middle Initial) PROSPERITY PAC <hr/> Mailing Address 1006 Pendleton Street <hr/> City Alexandria State VA Zip Code 22314-1837 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name PROSPERITY PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ ANNUAL/OTHER	Transaction ID: 90922.E2402 Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2009
	Amount of Each Disbursement this Period 2500.00
	Category/ Type DIRECT CONTRIBUTION
	Category/ Type
B. Full Name (Last, First, Middle Initial) Schroder 2010 <hr/> Mailing Address PO Box 264 <hr/> City Exton State PA Zip Code 19341-0264 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name CURT SCHRODER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91110.E2438 Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type DIRECT CONTRIBUTION
	Category/ Type
C. Full Name (Last, First, Middle Initial) Heath Shuler for Congress <hr/> Mailing Address 38 Ivy St SE <hr/> City Washington State DC Zip Code 20003-4006 <hr/> Purpose of Disbursement DIRECT CONTRIBUTION <hr/> Candidate Name JOSEPH HEATH SHULER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00113.E2474 Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type DIRECT CONTRIBUTION
	Category/ Type

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) Mike Simpson For Congress Mailing Address PO Box 1541 City Boise State ID Zip Code 83701-1541 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name MICHAEL K SIMPSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 02	Transaction ID: 90922.E2391 Date of Disbursement 09 / 11 / 2009	Amount of Each Disbursement this Period 500.00 DIRECT CONTRIBUTION
B.	Full Name (Last, First, Middle Initial) Mike Simpson For Congress Mailing Address PO Box 1541 City Boise State ID Zip Code 83701-1541 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name MICHAEL K SIMPSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 02	Transaction ID: 90922.E2392 Date of Disbursement 09 / 11 / 2009	Amount of Each Disbursement this Period 500.00 DIRECT CONTRIBUTION
C.	Full Name (Last, First, Middle Initial) Stivers for Congress Mailing Address 217 3rd St SE City Washington State DC Zip Code 20003-1904 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name STEVE E STIVERS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 15	Transaction ID: 00113.E2501 Date of Disbursement 12 / 16 / 2009	Amount of Each Disbursement this Period 1000.00 DIRECT CONTRIBUTION

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)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

<p>A. Full Name (Last, First, Middle Initial) Friends of John Tanner</p> <p>Mailing Address 236 Massachusetts Avenue, NE Suite 508</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name JOHN S. TANNER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91110.E2454</p> <p>Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Tiberi for Congress</p> <p>Mailing Address 217 3rd St SE</p> <p>City Washington State DC Zip Code 20003-1904</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name PATRICK J. TIBERI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91110.E2453</p> <p>Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>DIRECT CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Udall for Colorado</p> <p>Mailing Address 122 C St NW Ste 505</p> <p>City Washington State DC Zip Code 20001-2109</p> <p>Purpose of Disbursement DIRECT CONTRIBUTION</p> <p>Candidate Name MARK E UDALL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 00</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90828.E2363</p> <p>Date of Disbursement 07 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>DIRECT CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLUEPAC - Blue Cross Blue Shield Association PAC

A.	Full Name (Last, First, Middle Initial) Vitter for Senate	Transaction ID: 90929.E2417 Date of Disbursement 09 / 25 / 2009
	Mailing Address 912 F Street, NW #1106	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20004-1451	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/Type
	Candidate Name DAVID VITTER	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 00	DIRECT CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) Friends of Ginny Brown-Waite	Transaction ID: 90929.E2412 Date of Disbursement 09 / 25 / 2009
	Mailing Address 2501 Wisconsin Ave NW #304	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20007-4543	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/Type
	Candidate Name VIRGINIA BROWN-WAITE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 05	DIRECT CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) Friends of Mark Warner	Transaction ID: 90722.E2356 Date of Disbursement 07 / 16 / 2009
	Mailing Address 201 North Union Street Suite 300	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22314-	
	Purpose of Disbursement DIRECT CONTRIBUTION	Category/Type
	Candidate Name MARK R WARNER	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 00	DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	183125.00