

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

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 ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 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
Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Kathy Didawick

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Bluepac - Blue Cross Blue Shield Association Pac

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		78458.94
(b) Cash on Hand at Beginning of Reporting Period.....	78458.94	
(c) Total Receipts (from Line 19)	283138.25	283138.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	361597.19	361597.19
7. Total Disbursements (from Line 31)	321442.10	321442.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40155.09	40155.09
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)

Page 3

Write or Type Committee Name

Bluepac - Blue Cross Blue Shield Association Pac

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2015
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).....

59892.93

59892.93

(ii) Unitemized

30740.32

30740.32

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

90633.25

90633.25

(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)

90633.25

90633.25

12. Transfers From Affiliated/Other

Party Committees.....

192505.00

192505.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (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))..... ▶

283138.25

283138.25

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

283138.25

283138.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	321250.00	321250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	192.10	192.10
(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)).....	192.10	192.10
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	321442.10	321442.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	321442.10	321442.10

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	90633.25	90633.25
34. Total Contribution Refunds (from Line 28(d))	192.10	192.10
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	90441.15	90441.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Peter Andruszkiewicz

Mailing Address 500 Exchange St

City

Providence

State

RI

Zip Code

02903-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Rhode Island

Occupation

President & CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : E62841EC500E4CF4BFB1

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Peter Andruszkiewicz

Mailing Address 500 Exchange St

City

Providence

State

RI

Zip Code

02903-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Rhode Island

Occupation

President & CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : 20150311-1-17-34

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Peter Andruszkiewicz

Mailing Address 500 Exchange St

City

Providence

State

RI

Zip Code

02903-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Rhode Island

Occupation

President & CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : 20150327-1-9-26

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Peter Andruszkiewicz

Mailing Address 500 Exchange St

City

Providence

State

RI

Zip Code

02903-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Rhode Island

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2015

Transaction ID : 20150409-1-15-31

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Peter Andruszkiewicz

Mailing Address 500 Exchange St

City

Providence

State

RI

Zip Code

02903-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Rhode Island

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2015

Transaction ID : 20150422-1-14-50

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Peter Andruszkiewicz

Mailing Address 500 Exchange St

City

Providence

State

RI

Zip Code

02903-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Rhode Island

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

Transaction ID : 20150513-1-11-51

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Peter Andruszkiewicz

Mailing Address 500 Exchange St

City

Providence

State

RI

Zip Code

02903-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Rhode Island

Occupation

President & CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		22		2015

Transaction ID : 20150612-1-9-54

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Peter Andruszkiewicz

Mailing Address 500 Exchange St

City

Providence

State

RI

Zip Code

02903-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Rhode Island

Occupation

President & CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		05		2015

Transaction ID : 20150612-15-9-54

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Peter Andruszkiewicz

Mailing Address 500 Exchange St

City

Providence

State

RI

Zip Code

02903-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Rhode Island

Occupation

President & CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2015

Transaction ID : 20150729-7

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ▶

150.00

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 OF 276

(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

Full Name (Last, First, Middle Initial)

A. James Barkach

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015

Transaction ID : 20150325113044-23

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. James Barkach

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2015

Transaction ID : 2015040910537-23

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. James Barkach

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 23 / 2015

Transaction ID : 2015042210751-23

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

105.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 276
(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

Full Name (Last, First, Middle Initial)

A. James Barkach

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-23

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. James Barkach

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-23

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. James Barkach

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-23

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

105.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. James Barkach

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-24

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Kimberly R. Bolton

Mailing Address 13320 Redspire Drive

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED OPR Comm Pln Admn

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : 2015040910537-78

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Kimberly R. Bolton

Mailing Address 13320 Redspire Drive

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED OPR Comm Pln Admn

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-77

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ▶

95.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Kimberly R. Bolton

Mailing Address 13320 Redspire Drive

City	State	Zip Code
Silver Spring	MD	20906

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED OPR Comm Pln Admn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-77

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Kimberly R. Bolton

Mailing Address 13320 Redspire Drive

City	State	Zip Code
Silver Spring	MD	20906

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED OPR Comm Pln Admn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-77

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Kimberly R. Bolton

Mailing Address 13320 Redspire Drive

City	State	Zip Code
Silver Spring	MD	20906

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED OPR Comm Pln Admn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-77

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Kimberly R. Bolton

Mailing Address 13320 Redspire Drive

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED OPR Comm Pln Admn

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 18 / 2015

Transaction ID : 2015061617744-78

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Christopher Booth

Mailing Address 10 Northstone Rise

City

Pittsford

State

NY

Zip Code

14534-3064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Excellus BlueCross BlueShield

Occupation

EVP & CAO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 04 / 2015

Transaction ID : 0BD0FECE55EF4BC7AD5A

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. William A. Breskin

Mailing Address 1703 Hunts End Ct

City

Vienna

State

VA

Zip Code

22182

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Government Programs

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

985.00

Date of Receipt

02 / 12 / 2015

Transaction ID : 20150210165312-105

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 276

(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

Full Name (Last, First, Middle Initial)

A. William A. Breskin

Mailing Address 1703 Hunts End Ct

City	State	Zip Code
Vienna	VA	22182

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Government Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

Transaction ID : 20150224163741-105

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. William A. Breskin

Mailing Address 1703 Hunts End Ct

City	State	Zip Code
Vienna	VA	22182

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Government Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 20150310172343-105

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. William A. Breskin

Mailing Address 1703 Hunts End Ct

City	State	Zip Code
Vienna	VA	22182

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Government Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : 20150325113044-105

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)..... ►

240.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 276

(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

Full Name (Last, First, Middle Initial)

A. William A. Breskin

Mailing Address 1703 Hunts End Ct

City State Zip Code
 Vienna VA 22182

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Government Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.00

Date of Receipt

04 / 09 / 2015

Transaction ID : 2015040910537-105

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. William A. Breskin

Mailing Address 1703 Hunts End Ct

City State Zip Code
 Vienna VA 22182

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Government Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.00

Date of Receipt

04 / 23 / 2015

Transaction ID : 2015042210751-104

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. William A. Breskin

Mailing Address 1703 Hunts End Ct

City State Zip Code
 Vienna VA 22182

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Government Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.00

Date of Receipt

05 / 07 / 2015

Transaction ID : 20150505182241-104

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. William A. Breskin

Mailing Address 1703 Hunts End Ct

City

Vienna

State

VA

Zip Code

22182

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Government Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.00

Date of Receipt

05 / 21 / 2015

Transaction ID : 20150519172351-104

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. William A. Breskin

Mailing Address 1703 Hunts End Ct

City

Vienna

State

VA

Zip Code

22182

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Government Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.00

Date of Receipt

06 / 04 / 2015

Transaction ID : 2015060218856-105

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. William A. Breskin

Mailing Address 1703 Hunts End Ct

City

Vienna

State

VA

Zip Code

22182

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Government Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.00

Date of Receipt

06 / 18 / 2015

Transaction ID : 2015061617744-106

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

255.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. R. Dwight Brower

Mailing Address 5525 Reitz Ave

City

Baton Rouge

State

LA

Zip Code

70809

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 ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 20150610122525-3

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. R. Dwight Brower

Mailing Address 5525 Reitz Ave

City

Baton Rouge

State

LA

Zip Code

70809

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 ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 20150626171222-3

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Michael W. Brown

Mailing Address PO Box 8084

Attn: Payroll

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Arkansas

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : 20150528125251-63

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

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 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Michael W. Brown

Mailing Address PO Box 8084

Attn: Payroll

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Arkansas

Occupation

Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 12 / 2015

Transaction ID : 2015062593746-41

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Michael W. Brown

Mailing Address PO Box 8084

Attn: Payroll

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Arkansas

Occupation

Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2015

Transaction ID : 2015062593746-42

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Michael Burke

Mailing Address 7963 Bramwell Park

City

Victor

State

NY

Zip Code

14564-9363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Excellus

Occupation

Senior vice president, Government Prog

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : 949B86FC476C4A379D17

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1040.00

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 19 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Maureen Ann Cahill

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

SVP and Chief HR Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 04 / 2015

Transaction ID : 2015060218856-43

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Maureen Ann Cahill

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

SVP and Chief HR Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 18 / 2015

Transaction ID : 2015061617744-44

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Paul J. Canchester

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 26 / 2015

Transaction ID : 20150224163741-51

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)..... ►

95.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 276

<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

Full Name (Last, First, Middle Initial)

A. Paul J. Canchester

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		1	2		2	0	1	5		

Transaction ID : 20150310172343-51

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

B. Paul J. Canchester

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	6		2	0	1	5		

Transaction ID : 20150325113044-51

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

C. Paul J. Canchester

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	9		2	0	1	5		

Transaction ID : 2015040910537-51

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)..... ►

165.00

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 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Paul J. Canchester

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 23 / 2015

Transaction ID : 2015042210751-51

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

B. Paul J. Canchester

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : 20150505182241-51

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

C. Paul J. Canchester

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015

Transaction ID : 20150519172351-51

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)..... ►

165.00

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 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Paul J. Canchester

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

06 / 04 / 2015

Transaction ID : 2015060218856-51

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

B. Paul J. Canchester

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

06 / 18 / 2015

Transaction ID : 2015061617744-52

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

C. Martha Carlson

Mailing Address PO Box 8084

Attn: Payroll

City State Zip Code
Little Rock AR 72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Arkansas

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

05 / 29 / 2015

Transaction ID : 20150528125251-69

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Martha Carlson

Mailing Address PO Box 8084

Attn: Payroll

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Arkansas

Occupation

Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : 2015062593746-45

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Martha Carlson

Mailing Address PO Box 8084

Attn: Payroll

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Arkansas

Occupation

Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : 2015062593746-46

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Donna Celestini

Mailing Address 9 Lara Pl

City

Warren

State

NJ

Zip Code

07059-3007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Horizon Blue Cross Blue Shield of New

Occupation

Vice President, Business Process Impro

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : FB9B745CBF454B9C8EDE

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)..... ►

3040.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. John CerisanoMailing Address 5552 Sequoia Farms Dr
Drive

City	State	Zip Code
Centreville	VA	20120

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Congress Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

Transaction ID : 20150224163741-96

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. John CerisanoMailing Address 5552 Sequoia Farms Dr
Drive

City	State	Zip Code
Centreville	VA	20120

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Congress Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 20150310172343-96

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. John CerisanoMailing Address 5552 Sequoia Farms Dr
Drive

City	State	Zip Code
Centreville	VA	20120

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Congress Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : 20150325113044-96

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

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 OF 276

(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

Full Name (Last, First, Middle Initial)

A. John Cerisano

Mailing Address 5552 Sequoia Farms Dr
Drive

City State Zip Code
Centreville VA 20120

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Congress Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2015

Transaction ID : 2015040910537-96

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. John Cerisano

Mailing Address 5552 Sequoia Farms Dr
Drive

City State Zip Code
Centreville VA 20120

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Congress Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 2015042210751-95

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. John Cerisano

Mailing Address 5552 Sequoia Farms Dr
Drive

City State Zip Code
Centreville VA 20120

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Congress Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : 20150505182241-95

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

180.00

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 26 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. John Cerisano

Mailing Address 5552 Sequoia Farms Dr
Drive

City State Zip Code
Centreville VA 20120

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Congress Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 20150519172351-95

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. John Cerisano

Mailing Address 5552 Sequoia Farms Dr
Drive

City State Zip Code
Centreville VA 20120

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Congress Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : 2015060218856-96

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. John Cerisano

Mailing Address 5552 Sequoia Farms Dr
Drive

City State Zip Code
Centreville VA 20120

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Congress Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2015

Transaction ID : 2015061617744-97

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

180.00

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

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

FOR LINE NUMBER: PAGE 27 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Joseph Augustus Cheatham III

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Director Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 07 / 2015

Transaction ID : 20150505182241-33

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Joseph Augustus Cheatham III

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Director Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 21 / 2015

Transaction ID : 20150519172351-33

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Joseph Augustus Cheatham III

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Director Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 04 / 2015

Transaction ID : 2015060218856-33

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Joseph Augustus Cheatham III

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Director Training

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-34

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Anshuman ChoudhriMailing Address 2250 Clarendon Blvd
#1106

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr Policy Mgr Quality

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-85

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Anshuman ChoudhriMailing Address 2250 Clarendon Blvd
#1106

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr Policy Mgr Quality

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-85

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Anshuman ChoudhriMailing Address 2250 Clarendon Blvd
#1106

City	State	Zip Code
Arlington	VA	22201

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr Policy Mgr Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-86

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Anshuman ChoudhriMailing Address 2250 Clarendon Blvd
#1106

City	State	Zip Code
Arlington	VA	22201

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr Policy Mgr Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-87

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. William James Colbourne

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP HR & Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

Transaction ID : 20150210165312-68

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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 30 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. William James Colbourne

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP HR & Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2015

Transaction ID : 20150224163741-68

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. William James Colbourne

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP HR & Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : 20150310172343-68

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. William James Colbourne

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP HR & Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : 20150325113044-68

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 276
(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

Full Name (Last, First, Middle Initial)

A. William James Colbourne

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP HR & Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : 2015040910537-68

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Steven Coleman

Mailing Address 19 East Blvd

City	State	Zip Code
Rochester	NY	14610-1520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Excellus

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2015

Transaction ID : DF52A758D9A4488AB933

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Jay Michael Cook

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : 20150325113044-27

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

1640.00

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 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Jay Michael Cook

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2015

Transaction ID : 2015040910537-27

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Jay Michael Cook

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 23 / 2015

Transaction ID : 2015042210751-27

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Jay Michael Cook

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : 20150505182241-27

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. Jay Michael Cook

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

05 / 21 / 2015

Transaction ID : 20150519172351-27

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Jay Michael Cook

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 04 / 2015

Transaction ID : 2015060218856-27

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Jay Michael Cook

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 18 / 2015

Transaction ID : 2015061617744-28

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Terrence J. Cooney

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED NEBA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 20150310172343-65

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Terrence J. Cooney

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED NEBA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : 20150325113044-65

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Terrence J. Cooney

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED NEBA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : 2015040910537-65

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

135.00

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 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Terrence J. Cooney

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED NEBA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 2015042210751-65

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Terrence J. Cooney

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED NEBA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : 20150505182241-65

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Terrence J. Cooney

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED NEBA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 20150519172351-65

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

135.00

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 36 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. Terrence J. Cooney

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED NEBA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

06 / 04 / 2015

Transaction ID : 2015060218856-65

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Terrence J. Cooney

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED NEBA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

06 / 18 / 2015

Transaction ID : 2015061617744-66

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Lisa S. Cowhey

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir of Disability Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 04 / 2015

Transaction ID : 2015060218856-40

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

110.00

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

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

FOR LINE NUMBER: PAGE 37 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Lisa S. Cowhey

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir of Disability Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 18 / 2015

Transaction ID : 2015061617744-41

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Karen M. Cox

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

Director BQCT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 09 / 2015

Transaction ID : 2015040910537-35

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Karen M. Cox

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

Director BQCT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 23 / 2015

Transaction ID : 2015042210751-35

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

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 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Karen M. Cox

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Director BQCT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : 20150505182241-35

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Karen M. Cox

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Director BQCT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 20150519172351-35

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Karen M. Cox

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Director BQCT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : 2015060218856-35

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 39 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Karen M. Cox

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Director BQCT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-36

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Nicholas James D'Addezio

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : 20150325113044-49

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Nicholas James D'Addezio

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : 2015040910537-49

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ▶

100.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Nicholas James D'Addezio

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2015

Transaction ID : 2015042210751-49

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Nicholas James D'Addezio

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2015

Transaction ID : 20150505182241-49

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Nicholas James D'Addezio

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2015

Transaction ID : 20150519172351-49

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

105.00

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 41 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. Nicholas James D'Addezio

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

06 / 04 / 2015

Transaction ID : 2015060218856-49

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Nicholas James D'Addezio

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

06 / 18 / 2015

Transaction ID : 2015061617744-50

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Kathy Ripley Didawick

Mailing Address 6760 N 25th St

City

Arlington

State

VA

Zip Code

22213

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Congressional Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

02 / 26 / 2015

Transaction ID : 20150224163741-98

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

130.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Kathy Ripley Didawick

Mailing Address 6760 N 25th St

City

Arlington

State

VA

Zip Code

22213

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Congressional Comm

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 20150310172343-98

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. Kathy Ripley Didawick

Mailing Address 6760 N 25th St

City

Arlington

State

VA

Zip Code

22213

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Congressional Comm

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : 20150325113044-98

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Kathy Ripley Didawick

Mailing Address 6760 N 25th St

City

Arlington

State

VA

Zip Code

22213

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Congressional Comm

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : 2015040910537-98

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Kathy Ripley Didawick

Mailing Address 6760 N 25th St

City

Arlington

State

VA

Zip Code

22213

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Congressional Comm

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-97

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. Kathy Ripley Didawick

Mailing Address 6760 N 25th St

City

Arlington

State

VA

Zip Code

22213

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Congressional Comm

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-97

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Kathy Ripley Didawick

Mailing Address 6760 N 25th St

City

Arlington

State

VA

Zip Code

22213

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Congressional Comm

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-97

Amount of Each Receipt this Period

60.00

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

180.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Kathy Ripley Didawick

Mailing Address 6760 N 25th St

City	State	Zip Code
Arlington	VA	22213

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Congressional Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-98

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. Kathy Ripley Didawick

Mailing Address 6760 N 25th St

City	State	Zip Code
Arlington	VA	22213

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Congressional Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-99

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Charles F Dubois

Mailing Address 3535 Blue Cross Rd

City	State	Zip Code
Eagan	MN	55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

VP Public Exchange

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : 2015051913548-5

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

140.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 45 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Charles F Dubois

Mailing Address 3535 Blue Cross Rd

City	State	Zip Code
Eagan	MN	55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

VP Public Exchange

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2015

Transaction ID : 20150602153726-5

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Charles F Dubois

Mailing Address 3535 Blue Cross Rd

City	State	Zip Code
Eagan	MN	55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

VP Public Exchange

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2015

Transaction ID : 20150616152523-5

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. John DuMoulin

Mailing Address 3115 Juniper Lane

City	State	Zip Code
Falls Church	VA	22044

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED OPM & Govt Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2015

Transaction ID : 20150224163741-97

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)..... ►

128.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 276
(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

Full Name (Last, First, Middle Initial)

A. John DuMoulin

Mailing Address 3115 Juniper Lane

City	State	Zip Code
Falls Church	VA	22044

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED OPM & Govt Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 20150310172343-97

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

B. John DuMoulin

Mailing Address 3115 Juniper Lane

City	State	Zip Code
Falls Church	VA	22044

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED OPM & Govt Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : 20150325113044-97

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

C. John DuMoulin

Mailing Address 3115 Juniper Lane

City	State	Zip Code
Falls Church	VA	22044

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED OPM & Govt Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : 2015040910537-97

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)..... ►

174.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 276
(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

Full Name (Last, First, Middle Initial)

A. John DuMoulin

Mailing Address 3115 Juniper Lane

City	State	Zip Code
Falls Church	VA	22044

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED OPM & Govt Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2015

Transaction ID : 2015042210751-96

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

B. John DuMoulin

Mailing Address 3115 Juniper Lane

City	State	Zip Code
Falls Church	VA	22044

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED OPM & Govt Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2015

Transaction ID : 20150505182241-96

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

C. John DuMoulin

Mailing Address 3115 Juniper Lane

City	State	Zip Code
Falls Church	VA	22044

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED OPM & Govt Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2015

Transaction ID : 20150519172351-96

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)..... ►

174.00

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 OF 276
(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

Full Name (Last, First, Middle Initial)

A. John DuMoulin

Mailing Address 3115 Juniper Lane

City State Zip Code
Falls Church VA 22044

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED OPM & Govt Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : 2015060218856-97

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

B. John DuMoulin

Mailing Address 3115 Juniper Lane

City State Zip Code
Falls Church VA 22044

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED OPM & Govt Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2015

Transaction ID : 2015061617744-98

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

C. Jeremy Duncan

Mailing Address 500 Exchange St

City State Zip Code
Providence RI 02903-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross Blue Shield Rhode Island

Occupation

Mng Dir Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2015

Transaction ID : 20150612-3-9-54

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

136.00

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 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Jeremy Duncan

Mailing Address 500 Exchange St

City

Providence

State

RI

Zip Code

02903-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross Blue Shield Rhode Island

Occupation

Mng Dir Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 05 / 2015

Transaction ID : 20150612-17-9-54

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Jeremy Duncan

Mailing Address 500 Exchange St

City

Providence

State

RI

Zip Code

02903-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross Blue Shield Rhode Island

Occupation

Mng Dir Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 19 / 2015

Transaction ID : 20150729-6

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Paul Eisenstat

Mailing Address 3 Lusk Farm Cir

City

Pittsford

State

NY

Zip Code

14534-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Excellus

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 04 / 2015

Transaction ID : 6D4217401C5D448D8A0D

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1040.00

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

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

FOR LINE NUMBER: PAGE 50 OF 276

(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

Full Name (Last, First, Middle Initial)

A. John T. Ericksen

Mailing Address 11405 Luxmanor Rd

City State Zip Code
Rockville MD 20852

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2015

Transaction ID : 20150224163741-76

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. John T. Ericksen

Mailing Address 11405 Luxmanor Rd

City State Zip Code
Rockville MD 20852

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : 20150310172343-76

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. John T. Ericksen

Mailing Address 11405 Luxmanor Rd

City State Zip Code
Rockville MD 20852

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : 20150325113044-76

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. John T. Ericksen

Mailing Address 11405 Luxmanor Rd

City

Rockville

State

MD

Zip Code

20852

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : 2015040910537-76

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. John T. Ericksen

Mailing Address 11405 Luxmanor Rd

City

Rockville

State

MD

Zip Code

20852

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-75

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. John T. Ericksen

Mailing Address 11405 Luxmanor Rd

City

Rockville

State

MD

Zip Code

20852

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-75

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

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 OF 276
 (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

Full Name (Last, First, Middle Initial)

A. John T. Ericksen

Mailing Address 11405 Luxmanor Rd

City	State	Zip Code
Rockville	MD	20852

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-75

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. John T. Ericksen

Mailing Address 11405 Luxmanor Rd

City	State	Zip Code
Rockville	MD	20852

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-75

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. John T. Ericksen

Mailing Address 11405 Luxmanor Rd

City	State	Zip Code
Rockville	MD	20852

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-76

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 53 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Jena Lanise Bell Estes

Mailing Address 20 Moonlight Trail Court

City	State	Zip Code
Silver Spring	MD	20906

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP FEP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2015

Transaction ID : 20150325113044-75

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Jena Lanise Bell Estes

Mailing Address 20 Moonlight Trail Court

City	State	Zip Code
Silver Spring	MD	20906

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP FEP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2015

Transaction ID : 2015040910537-75

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Jena Lanise Bell Estes

Mailing Address 20 Moonlight Trail Court

City	State	Zip Code
Silver Spring	MD	20906

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP FEP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2015

Transaction ID : 2015042210751-74

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

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

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

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

FOR LINE NUMBER: PAGE 54 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Jena Lanise Bell Estes

Mailing Address 20 Moonlight Trail Court

City State Zip Code
 Silver Spring MD 20906

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

VP FEP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : 20150505182241-74

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Jena Lanise Bell Estes

Mailing Address 20 Moonlight Trail Court

City State Zip Code
 Silver Spring MD 20906

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

VP FEP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015

Transaction ID : 20150519172351-74

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Jena Lanise Bell Estes

Mailing Address 20 Moonlight Trail Court

City State Zip Code
 Silver Spring MD 20906

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

VP FEP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 04 / 2015

Transaction ID : 2015060218856-74

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Jena Lanise Bell Estes

Mailing Address 20 Moonlight Trail Court

City	State	Zip Code
Silver Spring	MD	20906

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP FEP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-75

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Garry Morrison Ewing

Mailing Address 3453 N 13th St

City	State	Zip Code
Arlington	VA	22201

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Legis & Reg Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-91

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Garry Morrison Ewing

Mailing Address 3453 N 13th St

City	State	Zip Code
Arlington	VA	22201

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Legis & Reg Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-91

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Garry Morrison Ewing

Mailing Address 3453 N 13th St

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Legis & Reg Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-92

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Garry Morrison Ewing

Mailing Address 3453 N 13th St

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Legis & Reg Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-93

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Alissa T. FoxMailing Address 6608 River Trail Ct
Court

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Policy & Rep

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1176.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

Transaction ID : 20150210165312-72

Amount of Each Receipt this Period

98.00

SUBTOTAL of Receipts This Page (optional)..... ►

148.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Alissa T. FoxMailing Address 6608 River Trail Ct
Court

City	State	Zip Code
Bethesda	MD	20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Policy & Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1176.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

Transaction ID : 20150224163741-72

Amount of Each Receipt this Period

98.00

Full Name (Last, First, Middle Initial)

B. Alissa T. FoxMailing Address 6608 River Trail Ct
Court

City	State	Zip Code
Bethesda	MD	20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Policy & Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1176.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 20150310172343-72

Amount of Each Receipt this Period

98.00

Full Name (Last, First, Middle Initial)

C. Alissa T. FoxMailing Address 6608 River Trail Ct
Court

City	State	Zip Code
Bethesda	MD	20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Policy & Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1176.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : 20150325113044-72

Amount of Each Receipt this Period

98.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

294.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Alissa T. FoxMailing Address 6608 River Trail Ct
Court

City	State	Zip Code
Bethesda	MD	20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Policy & Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1176.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : 2015040910537-72

Amount of Each Receipt this Period

98.00

Full Name (Last, First, Middle Initial)

B. Alissa T. FoxMailing Address 6608 River Trail Ct
Court

City	State	Zip Code
Bethesda	MD	20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Policy & Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1176.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-71

Amount of Each Receipt this Period

98.00

Full Name (Last, First, Middle Initial)

C. Alissa T. FoxMailing Address 6608 River Trail Ct
Court

City	State	Zip Code
Bethesda	MD	20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Policy & Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1176.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-71

Amount of Each Receipt this Period

98.00

SUBTOTAL of Receipts This Page (optional)..... ►

294.00

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 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Alissa T. Fox

Mailing Address 6608 River Trail Ct
Court

City State Zip Code
Bethesda MD 20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Policy & Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1176.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 20150519172351-71

Amount of Each Receipt this Period

98.00

Full Name (Last, First, Middle Initial)

B. Alissa T. Fox

Mailing Address 6608 River Trail Ct
Court

City State Zip Code
Bethesda MD 20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Policy & Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1176.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : 2015060218856-71

Amount of Each Receipt this Period

98.00

Full Name (Last, First, Middle Initial)

C. Alissa T. Fox

Mailing Address 6608 River Trail Ct
Court

City State Zip Code
Bethesda MD 20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Policy & Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1176.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2015

Transaction ID : 2015061617744-72

Amount of Each Receipt this Period

98.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

294.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Joan M. Gardner

Mailing Address 811 S Columbus St

City	State	Zip Code
Alexandria	VA	22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED State Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : 2015040910537-95

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Joan M. Gardner

Mailing Address 811 S Columbus St

City	State	Zip Code
Alexandria	VA	22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED State Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-94

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Joan M. Gardner

Mailing Address 811 S Columbus St

City	State	Zip Code
Alexandria	VA	22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED State Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-94

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Joan M. Gardner

Mailing Address 811 S Columbus St

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED State Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-94

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Joan M. Gardner

Mailing Address 811 S Columbus St

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED State Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-95

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Joan M. Gardner

Mailing Address 811 S Columbus St

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED State Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-96

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Paul John Julian GerrardMailing Address 1416 Willow Avenue
#6A

City	State	Zip Code
Louisville	KY	40204

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Strategic Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

Transaction ID : 20150224163741-71

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

B. Paul John Julian GerrardMailing Address 1416 Willow Avenue
#6A

City	State	Zip Code
Louisville	KY	40204

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Strategic Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 20150310172343-71

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

C. Paul John Julian GerrardMailing Address 1416 Willow Avenue
#6A

City	State	Zip Code
Louisville	KY	40204

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Strategic Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : 20150325113044-71

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)..... ►

174.00

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 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. Paul John Julian Gerrard

Mailing Address 1416 Willow Avenue
#6A

City State Zip Code
Louisville KY 40204

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Strategic Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

04 / 09 / 2015

Transaction ID : 2015040910537-71

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

B. Paul John Julian Gerrard

Mailing Address 1416 Willow Avenue
#6A

City State Zip Code
Louisville KY 40204

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Strategic Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

04 / 23 / 2015

Transaction ID : 2015042210751-70

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

C. Paul John Julian Gerrard

Mailing Address 1416 Willow Avenue
#6A

City State Zip Code
Louisville KY 40204

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Strategic Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

05 / 07 / 2015

Transaction ID : 20150505182241-70

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

174.00

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

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

FOR LINE NUMBER: PAGE 64 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Paul John Julian Gerrard

Mailing Address 1416 Willow Avenue
#6A

City State Zip Code
Louisville KY 40204

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Strategic Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 20150519172351-70

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

B. Paul John Julian Gerrard

Mailing Address 1416 Willow Avenue
#6A

City State Zip Code
Louisville KY 40204

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Strategic Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : 2015060218856-70

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

C. Paul John Julian Gerrard

Mailing Address 1416 Willow Avenue
#6A

City State Zip Code
Louisville KY 40204

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Strategic Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2015

Transaction ID : 2015061617744-71

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

174.00

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

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

FOR LINE NUMBER: PAGE 65 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Chris Gorecki

Mailing Address 11728 N 80th Pl

City State Zip Code
 Scottsdale AZ 85260-5648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Excellus

Occupation

Sr. VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 04 / 2015

Transaction ID : 53FA5E5A477141AF9EF6

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Janice Catherine Griffin

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Program Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 04 / 2015

Transaction ID : 2015060218856-26

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Janice Catherine Griffin

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Program Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 18 / 2015

Transaction ID : 2015061617744-27

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1040.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Richard Stanley Grondek

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601-7757

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2015

Transaction ID : 0F453C5DEB5048F2B36C

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Michael Guyette

Mailing Address 3535 Blue Cross Rd

City

Eagan

State

MN

Zip Code

55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2015

Transaction ID : 2015012893748-7

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Michael Guyette

Mailing Address 3535 Blue Cross Rd

City

Eagan

State

MN

Zip Code

55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

Transaction ID : 20150210135441-7

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

525.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Michael Guyette

Mailing Address 3535 Blue Cross Rd

City	State	Zip Code
Eagan	MN	55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : 20150224143623-7

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Michael Guyette

Mailing Address 3535 Blue Cross Rd

City	State	Zip Code
Eagan	MN	55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

Transaction ID : 2015031015439-7

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Michael Guyette

Mailing Address 3535 Blue Cross Rd

City	State	Zip Code
Eagan	MN	55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

Transaction ID : 20150324161954-7

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

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 68 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. Michael Guyette

Mailing Address 3535 Blue Cross Rd

City
Eagan

State
MN

Zip Code
55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

04 / 10 / 2015

Transaction ID : 2015040715940-7

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Michael Guyette

Mailing Address 3535 Blue Cross Rd

City
Eagan

State
MN

Zip Code
55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

04 / 24 / 2015

Transaction ID : 20150421143010-7

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Michael Guyette

Mailing Address 3535 Blue Cross Rd

City
Eagan

State
MN

Zip Code
55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

05 / 08 / 2015

Transaction ID : 20150505144610-9

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

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 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Michael Guyette

Mailing Address 3535 Blue Cross Rd

City State Zip Code
Eagan MN 55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

05 / 22 / 2015

Transaction ID : 2015051913548-9

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Michael Guyette

Mailing Address 3535 Blue Cross Rd

City State Zip Code
Eagan MN 55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 05 / 2015

Transaction ID : 20150602153726-10

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Michael Guyette

Mailing Address 3535 Blue Cross Rd

City State Zip Code
Eagan MN 55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 19 / 2015

Transaction ID : 20150616152523-13

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 70 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Kris O. 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

BCBSA

Occupation

VP Health Policy Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

Transaction ID : 20150224163741-4

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

B. Kris O. 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

BCBSA

Occupation

VP Health Policy Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 20150310172343-4

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

c. Kris O. 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

BCBSA

Occupation

VP Health Policy Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : 20150325113044-4

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)..... ►

174.00

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 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Kris O. 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

BCBSA

Occupation

VP Health Policy Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2015

Transaction ID : 2015040910537-4

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

B. Kris O. 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

BCBSA

Occupation

VP Health Policy Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2015

Transaction ID : 2015042210751-4

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

C. Kris O. 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

BCBSA

Occupation

VP Health Policy Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2015

Transaction ID : 20150505182241-4

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)..... ►

174.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 72 OF 276

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

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

NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Kris O. Haltmeyer

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

BCBSA

Occupation

VP Health Policy Analysis

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 20150519172351-4

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

B. Kris O. Haltmeyer

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

BCBSA

Occupation

VP Health Policy Analysis

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : 2015060218856-4

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

c. Kris O. Haltmeyer

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

BCBSA

Occupation

VP Health Policy Analysis

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2015

Transaction ID : 2015061617744-4

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)..... ►

174.00

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 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Louise Stork Hamil

Mailing Address 4005 Carson Pl

City State Zip Code
 Alexandria VA 22304

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED FEP Information Sys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015

Transaction ID : 20150325113044-99

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Louise Stork Hamil

Mailing Address 4005 Carson Pl

City State Zip Code
 Alexandria VA 22304

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED FEP Information Sys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2015

Transaction ID : 2015040910537-99

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Louise Stork Hamil

Mailing Address 4005 Carson Pl

City State Zip Code
 Alexandria VA 22304

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED FEP Information Sys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 23 / 2015

Transaction ID : 2015042210751-98

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

105.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Louise Stork Hamil

Mailing Address 4005 Carson Pl

City	State	Zip Code
Alexandria	VA	22304

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED FEP Information Sys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-98

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Louise Stork Hamil

Mailing Address 4005 Carson Pl

City	State	Zip Code
Alexandria	VA	22304

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED FEP Information Sys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-98

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Louise Stork Hamil

Mailing Address 4005 Carson Pl

City	State	Zip Code
Alexandria	VA	22304

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED FEP Information Sys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-99

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

105.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 75 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Louise Stork Hamil

Mailing Address 4005 Carson Pl

City	State	Zip Code
Alexandria	VA	22304

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED FEP Information Sys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-100

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Justine Germann Handelman

Mailing Address 9915 Hillridge Drive

City	State	Zip Code
Kensington	MD	20895

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Legislative & Reg Pol

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

Transaction ID : 20150224163741-77

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

C. Justine Germann Handelman

Mailing Address 9915 Hillridge Drive

City	State	Zip Code
Kensington	MD	20895

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Legislative & Reg Pol

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 20150310172343-77

Amount of Each Receipt this Period

65.00

SUBTOTAL of Receipts This Page (optional)..... ►

165.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Justine Germann Handelman

Mailing Address 9915 Hillridge Drive

City

Kensington

State

MD

Zip Code

20895

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Legislative & Reg Pol

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2015

Transaction ID : 20150325113044-77

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

B. Justine Germann Handelman

Mailing Address 9915 Hillridge Drive

City

Kensington

State

MD

Zip Code

20895

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Legislative & Reg Pol

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2015

Transaction ID : 2015040910537-77

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

C. Justine Germann Handelman

Mailing Address 9915 Hillridge Drive

City

Kensington

State

MD

Zip Code

20895

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Legislative & Reg Pol

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2015

Transaction ID : 2015042210751-76

Amount of Each Receipt this Period

65.00

SUBTOTAL of Receipts This Page (optional)..... ►

195.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 77 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Justine Germann Handelman

Mailing Address 9915 Hillridge Drive

City	State	Zip Code
Kensington	MD	20895

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Legislative & Reg Pol

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-76

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

B. Justine Germann Handelman

Mailing Address 9915 Hillridge Drive

City	State	Zip Code
Kensington	MD	20895

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Legislative & Reg Pol

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-76

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

C. Justine Germann Handelman

Mailing Address 9915 Hillridge Drive

City	State	Zip Code
Kensington	MD	20895

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Legislative & Reg Pol

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-76

Amount of Each Receipt this Period

65.00

SUBTOTAL of Receipts This Page (optional)..... ►

195.00

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 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Justine Germann Handelman

Mailing Address 9915 Hillridge Drive

City	State	Zip Code
Kensington	MD	20895

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Legislative & Reg Pol

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-77

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

B. Paul Hanlon

Mailing Address 500 Exchange St

City	State	Zip Code
Providence	RI	02903-2630

FEC ID number of contributing federal political committee.

C

Name of Employer

Blue Cross Blue Shield of Rhode Island

Occupation

VP, Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : 20150612-6-9-54

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Paul Hanlon

Mailing Address 500 Exchange St

City	State	Zip Code
Providence	RI	02903-2630

FEC ID number of contributing federal political committee.

C

Name of Employer

Blue Cross Blue Shield of Rhode Island

Occupation

VP, Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : 20150612-19-9-54

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

105.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 79 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Paul Hanlon

Mailing Address 500 Exchange St

City

Providence

State

RI

Zip Code

02903-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross Blue Shield of Rhode Island

Occupation

VP, Information Technology

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2015

Transaction ID : 20150729-2

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Philip J. Hays

Mailing Address 4037 N 35th Street

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		26		2015

Transaction ID : 20150224163741-102

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

c. Philip J. Hays

Mailing Address 4037 N 35th Street

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		12		2015

Transaction ID : 20150310172343-102

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

140.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 80 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Philip J. Hays

Mailing Address 4037 N 35th Street

City	State	Zip Code
Arlington	VA	22207

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2015

Transaction ID : 20150325113044-102

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. Philip J. Hays

Mailing Address 4037 N 35th Street

City	State	Zip Code
Arlington	VA	22207

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2015

Transaction ID : 2015040910537-102

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

c. Philip J. Hays

Mailing Address 4037 N 35th Street

City	State	Zip Code
Arlington	VA	22207

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2015

Transaction ID : 2015042210751-101

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

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 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Philip J. Hays

Mailing Address 4037 N 35th Street

City State Zip Code
Arlington VA 22207

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : 20150505182241-101

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. Philip J. Hays

Mailing Address 4037 N 35th Street

City State Zip Code
Arlington VA 22207

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 20150519172351-101

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Philip J. Hays

Mailing Address 4037 N 35th Street

City State Zip Code
Arlington VA 22207

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : 2015060218856-102

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

180.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 82 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Philip J. Hays

Mailing Address 4037 N 35th Street

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-103

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. Kari J. Hedges

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP National Programs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 20150310172343-36

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Kari J. Hedges

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP National Programs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : 20150325113044-36

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

160.00

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 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Kari J. Hedges

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP National Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 09 / 2015

Transaction ID : 2015040910537-36

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kari J. Hedges

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP National Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 23 / 2015

Transaction ID : 2015042210751-36

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Kari J. Hedges

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP National Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 07 / 2015

Transaction ID : 20150505182241-36

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 84 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Kari J. Hedges

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP National Programs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-36

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kari J. Hedges

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP National Programs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-36

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Kari J. Hedges

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP National Programs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-37

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 85 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Kim Diane Holland

Mailing Address 5221 Byers Ave

City	State	Zip Code
Ft Worth	TX	76107

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 20150310172343-85

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kim Diane Holland

Mailing Address 5221 Byers Ave

City	State	Zip Code
Ft Worth	TX	76107

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : 20150325113044-85

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Kim Diane Holland

Mailing Address 5221 Byers Ave

City	State	Zip Code
Ft Worth	TX	76107

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : 2015040910537-85

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 OF 276

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

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

NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Kim Diane Holland

Mailing Address 5221 Byers Ave

City

State

Zip Code

Ft Worth

TX

76107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

BCBSA

VP State Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-84

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kim Diane Holland

Mailing Address 5221 Byers Ave

City

State

Zip Code

Ft Worth

TX

76107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

BCBSA

VP State Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-84

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Kim Diane Holland

Mailing Address 5221 Byers Ave

City

State

Zip Code

Ft Worth

TX

76107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

BCBSA

VP State Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-84

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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 87 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. Kim Diane Holland

Mailing Address 5221 Byers Ave

City State Zip Code
Ft Worth TX 76107

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 04 / 2015

Transaction ID : 2015060218856-85

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kim Diane Holland

Mailing Address 5221 Byers Ave

City State Zip Code
Ft Worth TX 76107

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 18 / 2015

Transaction ID : 2015061617744-86

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. John Byron Hollis

Mailing Address 7171 Neville Dr

City State Zip Code
Ooltewah TN 37363

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD BCBSA Anti-Fraud

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 04 / 2015

Transaction ID : 2015060218856-83

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 88 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. John Byron Hollis

Mailing Address 7171 Neville Dr

City

Ooltewah

State

TN

Zip Code

37363

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD BCBSA Anti-Fraud

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-84

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Katherine Grace Horky

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-37

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Katherine Grace Horky

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-37

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 89 OF 276
 (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

Full Name (Last, First, Middle Initial)

A. Katherine Grace Horky

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-37

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Katherine Grace Horky

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-38

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MEGAN HOUN

Mailing Address 2509 E Boulevard Ave

City	State	Zip Code
Bismarck	ND	58501

FEC ID number of contributing federal political committee.

C

Name of Employer

Noridian Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

Transaction ID : 20150430153812-12

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

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

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

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

FOR LINE NUMBER: PAGE 90 OF 276

(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

Full Name (Last, First, Middle Initial)

A. MEGAN HOUN

Mailing Address 2509 E Boulevard Ave

City State Zip Code
 Bismarck ND 58501

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Noridian Mutual Insurance Company

Occupation
 Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
 06 / 12 / 2015

Transaction ID : 20150624145344-22

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. David Huber

Mailing Address 10 Lenape Ct

City State Zip Code
 Basking Ridge NJ 07920-2677

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Horizon Blue Cross Blue Shield of New

Occupation
 Sr. Vice President & Chief Financial O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

MM / DD / YYYY
 06 / 09 / 2015

Transaction ID : A3FE0FAAD5FA406CBB18

Amount of Each Receipt this Period

3500.00

Full Name (Last, First, Middle Initial)

C. Tim Huckle

Mailing Address 4111 S Rivershore Dr

City State Zip Code
 Moorhead MN 98027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Noridian

Occupation
 Health Insurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.80

Date of Receipt

MM / DD / YYYY
 05 / 01 / 2015

Transaction ID : 20150430153812-11

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

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

3591.66

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 91 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Tim Huckle

Mailing Address 4111 S Rivershore Dr

City

Moorhead

State

MN

Zip Code

98027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Noridian

Occupation

Health Insurer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : 20150624145344-23

Amount of Each Receipt this Period

83.50

Full Name (Last, First, Middle Initial)

B. Michael Hudson

Mailing Address 500 Exchange St

City

Providence

State

RI

Zip Code

02903-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Rhode Is

Occupation

CFO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

Transaction ID : 20150327-7-9-26

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Michael Hudson

Mailing Address 500 Exchange St

City

Providence

State

RI

Zip Code

02903-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Rhode Is

Occupation

CFO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2015

Transaction ID : 20150409-8-15-31

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

143.50

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

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

FOR LINE NUMBER: PAGE 92 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Michael Hudson

Mailing Address 500 Exchange St

City

Providence

State

RI

Zip Code

02903-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Rhode Is

Occupation

CFO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : 20150422-7-14-50

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Michael Hudson

Mailing Address 500 Exchange St

City

Providence

State

RI

Zip Code

02903-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Rhode Is

Occupation

CFO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2015

Transaction ID : 20150513-7-11-51

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Michael Hudson

Mailing Address 500 Exchange St

City

Providence

State

RI

Zip Code

02903-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Rhode Is

Occupation

CFO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2015

Transaction ID : 20150612-7-9-54

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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 93 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. Michael Hudson

Mailing Address 500 Exchange St

City

Providence

State

RI

Zip Code

02903-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Rhode Is

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 05 / 2015

Transaction ID : 20150612-20-9-54

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Michael Hudson

Mailing Address 500 Exchange St

City

Providence

State

RI

Zip Code

02903-2630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Rhode Is

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 19 / 2015

Transaction ID : 20150729-9

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Robert G. Iadicicco

Mailing Address 6002 Madison
Overlook Ct

City

Falls Church

State

VA

Zip Code

22041

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Associate Counsel II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 09 / 2015

Transaction ID : 2015040910537-104

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 94 OF 276

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

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

NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Robert G. IadiciccoMailing Address 6002 Madison
Overlook CtCity State Zip Code
Falls Church VA 22041FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Associate Counsel II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 2015042210751-103

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Robert G. IadiciccoMailing Address 6002 Madison
Overlook CtCity State Zip Code
Falls Church VA 22041FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Associate Counsel II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : 20150505182241-103

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Robert G. IadiciccoMailing Address 6002 Madison
Overlook CtCity State Zip Code
Falls Church VA 22041FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Associate Counsel II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 20150519172351-103

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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 95 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. Robert G. Iadicicco

Mailing Address 6002 Madison
Overlook Ct

City State Zip Code
Falls Church VA 22041

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Associate Counsel II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 04 / 2015

Transaction ID : 2015060218856-104

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Robert G. Iadicicco

Mailing Address 6002 Madison
Overlook Ct

City State Zip Code
Falls Church VA 22041

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Associate Counsel II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 18 / 2015

Transaction ID : 2015061617744-105

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Daniel Jones

Mailing Address 1602 Old Stage Road

City State Zip Code
Alexandria VA 22305

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 12 / 2015

Transaction ID : 20150310172343-89

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 96 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Daniel Jones

Mailing Address 1602 Old Stage Road

City

Alexandria

State

VA

Zip Code

22305

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : 20150325113044-89

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Daniel Jones

Mailing Address 1602 Old Stage Road

City

Alexandria

State

VA

Zip Code

22305

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : 2015040910537-89

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Daniel Jones

Mailing Address 1602 Old Stage Road

City

Alexandria

State

VA

Zip Code

22305

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-88

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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 97 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Daniel Jones

Mailing Address 1602 Old Stage Road

City State Zip Code
 Alexandria VA 22305

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 05 07 2015

Transaction ID : 20150505182241-88

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Daniel Jones

Mailing Address 1602 Old Stage Road

City State Zip Code
 Alexandria VA 22305

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 05 21 2015

Transaction ID : 20150519172351-88

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Daniel Jones

Mailing Address 1602 Old Stage Road

City State Zip Code
 Alexandria VA 22305

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 06 04 2015

Transaction ID : 2015060218856-89

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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 98 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. Daniel Jones

Mailing Address 1602 Old Stage Road

City State Zip Code
 Alexandria VA 22305

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 18 / 2015

Transaction ID : 2015061617744-90

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. John Michael Joyce Jr.

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Chief Auditor & Comp Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2015

Transaction ID : 20150224163741-32

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. John Michael Joyce Jr.

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Chief Auditor & Comp Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : 20150310172343-32

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

170.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 99 OF 276
(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

Full Name (Last, First, Middle Initial)

A. John Michael Joyce Jr.

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Chief Auditor & Comp Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : 20150325113044-32

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. John Michael Joyce Jr.

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Chief Auditor & Comp Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : 2015040910537-32

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. John Michael Joyce Jr.

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Chief Auditor & Comp Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-32

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

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 100 OF 276
(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

Full Name (Last, First, Middle Initial)

A. John Michael Joyce Jr.

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Chief Auditor & Comp Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : 20150505182241-32

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. John Michael Joyce Jr.

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Chief Auditor & Comp Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 20150519172351-32

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. John Michael Joyce Jr.

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Chief Auditor & Comp Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : 2015060218856-32

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

180.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 101 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. John Michael Joyce Jr.

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Chief Auditor & Comp Off

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-33

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. Gina M. Kaczanowski

Mailing Address PO Box 8084

Attn: Payroll

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Cons Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

Transaction ID : 20150528125251-74

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Gina M. Kaczanowski

Mailing Address PO Box 8084

Attn: Payroll

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Cons Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : 20150528125251-75

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 102 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Gina M. Kaczanowski

Mailing Address PO Box 8084

Attn: Payroll

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Cons Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	2		2	0	1	5		

Transaction ID : 2015062593746-49

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Gina M. Kaczanowski

Mailing Address PO Box 8084

Attn: Payroll

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Cons Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

Transaction ID : 2015062593746-50

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. David M. Karlsruher

Mailing Address 6072 Abilene Trail

City

Austin

State

TX

Zip Code

78749

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Manager Advocacy

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	9		2	0	1	5		

Transaction ID : 2015040910537-84

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 103 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. David M. Karlsruher

Mailing Address 6072 Abilene Trail

City

Austin

State

TX

Zip Code

78749

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Manager Advocacy

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-83

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. David M. Karlsruher

Mailing Address 6072 Abilene Trail

City

Austin

State

TX

Zip Code

78749

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Manager Advocacy

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-83

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. David M. Karlsruher

Mailing Address 6072 Abilene Trail

City

Austin

State

TX

Zip Code

78749

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Manager Advocacy

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-83

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 104 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. David M. Karlsruher

Mailing Address 6072 Abilene Trail

City	State	Zip Code
Austin	TX	78749

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Manager Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-84

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. David M. Karlsruher

Mailing Address 6072 Abilene Trail

City	State	Zip Code
Austin	TX	78749

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Manager Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-85

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Peter M. Kelly

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Chief Emp Benefit Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : 20150325113044-53

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 105 OF 276

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

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

NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Peter M. Kelly

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Chief Emp Benefit Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : 2015040910537-53

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Peter M. Kelly

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Chief Emp Benefit Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-53

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Peter M. Kelly

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Chief Emp Benefit Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-53

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ▶

120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 106 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Peter M. Kelly

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Chief Emp Benefit Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2015

Transaction ID : 20150519172351-53

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Peter M. Kelly

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Chief Emp Benefit Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2015

Transaction ID : 2015060218856-53

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Peter M. Kelly

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Chief Emp Benefit Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2015

Transaction ID : 2015061617744-54

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 107 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. Gail Susan Kocher

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Health Info Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 04 / 2015

Transaction ID : 2015060218856-22

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Gail Susan Kocher

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Health Info Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 18 / 2015

Transaction ID : 2015061617744-23

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Kimberly Kochurka

Mailing Address 5525 Reitz Ave

City

Baton Rouge

State

LA

Zip Code

70809

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 ▼

240.00

Date of Receipt

06 / 15 / 2015

Transaction ID : 20150610122525-21

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 108 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Kimberly Kochurka

Mailing Address 5525 Reitz Ave

City

Baton Rouge

State

LA

Zip Code

70809

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 ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3		2	0	1	5		

Transaction ID : 20150626171222-21

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Robert J. Kolodgy

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2		2	0	1	5		

Transaction ID : 20150127173743-59

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

c. Robert J. Kolodgy

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1		2	0	1	5		

Transaction ID : 20150210165312-59

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional)..... ►

230.00

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

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

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

FOR LINE NUMBER: PAGE 109 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Robert J. Kolodgy

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2015

Transaction ID : 20150224163741-59

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

B. Robert J. Kolodgy

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : 20150310172343-59

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

C. Robert J. Kolodgy

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : 20150325113044-59

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional)..... ►

315.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 110 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Robert J. Kolodgy

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : 2015040910537-59

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

B. Robert J. Kolodgy

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-59

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

C. Robert J. Kolodgy

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-59

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional)..... ►

315.00

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

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

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

FOR LINE NUMBER: PAGE 111 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Robert J. Kolodgy

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 20150519172351-59

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

B. Robert J. Kolodgy

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : 2015060218856-59

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

C. Robert J. Kolodgy

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2015

Transaction ID : 2015061617744-60

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

315.00

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

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

FOR LINE NUMBER: PAGE 112 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Shirley S. Lady

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Informatics & Data Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2015

Transaction ID : 2015040910537-63

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Shirley S. Lady

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Informatics & Data Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 23 / 2015

Transaction ID : 2015042210751-63

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

c. Shirley S. Lady

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Informatics & Data Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : 20150505182241-63

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

90.00

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

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

FOR LINE NUMBER: PAGE 113 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Shirley S. Lady

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Informatics & Data Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 20150519172351-63

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Shirley S. Lady

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Informatics & Data Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : 2015060218856-63

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

c. Shirley S. Lady

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Informatics & Data Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2015

Transaction ID : 2015061617744-64

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

90.00

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 114 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. James F. Lauderback

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

IT Tech Architect II

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 07 / 2015

Transaction ID : 20150505182241-24

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. James F. Lauderback

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

IT Tech Architect II

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 21 / 2015

Transaction ID : 20150519172351-24

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. James F. Lauderback

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

IT Tech Architect II

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 04 / 2015

Transaction ID : 2015060218856-24

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 115 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. James F. Lauderback

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

IT Tech Architect II

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-25

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. David Lavergne

Mailing Address 5525 Reitz Ave

City

Baton Rouge

State

LA

Zip Code

70809

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Louisiana

Occupation

Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 20150610122525-11

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. David Lavergne

Mailing Address 5525 Reitz Ave

City

Baton Rouge

State

LA

Zip Code

70809

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Louisiana

Occupation

Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 20150626171222-11

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 116 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Michael Timothy Lawler

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Product Verification

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	7		2	0	1	5		

Transaction ID : 20150505182241-46

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Michael Timothy Lawler

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Product Verification

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	1		2	0	1	5		

Transaction ID : 20150519172351-46

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Michael Timothy Lawler

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Product Verification

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	4		2	0	1	5		

Transaction ID : 2015060218856-46

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 117 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Michael Timothy Lawler

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Product Verification

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-47

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Robert A. Leahey Jr.

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD BPFS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-56

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Robert A. Leahey Jr.

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD BPFS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-57

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

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 118 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Michele Lederberg

Mailing Address 92 Laurel Ave

City

Providence

State

RI

Zip Code

02906-4221

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

M M / D D / Y Y Y Y Y
03 / 27 / 2015

Transaction ID : 20150327-9-9-26

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Michele Lederberg

Mailing Address 92 Laurel Ave

City

Providence

State

RI

Zip Code

02906-4221

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

M M / D D / Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 20150409-10-15-31

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Michele Lederberg

Mailing Address 92 Laurel Ave

City

Providence

State

RI

Zip Code

02906-4221

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

M M / D D / Y Y Y Y Y
04 / 24 / 2015

Transaction ID : 20150422-9-14-50

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

90.00

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

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

FOR LINE NUMBER: PAGE 119 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Michele Lederberg

Mailing Address 92 Laurel Ave

City

Providence

State

RI

Zip Code

02906-4221

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

05 / 08 / 2015

Transaction ID : 20150513-8-11-51

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Michele Lederberg

Mailing Address 92 Laurel Ave

City

Providence

State

RI

Zip Code

02906-4221

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

05 / 22 / 2015

Transaction ID : 20150612-8-9-54

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Michele Lederberg

Mailing Address 92 Laurel Ave

City

Providence

State

RI

Zip Code

02906-4221

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

06 / 05 / 2015

Transaction ID : 20150612-21-9-54

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 120 OF 276
 (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

Full Name (Last, First, Middle Initial)

A. Michele Lederberg

Mailing Address 92 Laurel Ave

City

Providence

State

RI

Zip Code

02906-4221

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Rhode Island

Occupation

Svp

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : 20150729-4

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Alan J. Lipsitz

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

BCBSA

Occupation

ED Blue Plan Legal Dept

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : 20150325113044-2

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Alan J. Lipsitz

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

BCBSA

Occupation

ED Blue Plan Legal Dept

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : 2015040910537-2

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ▶

110.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 121 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Alan J. Lipsitz

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

BCBSA

Occupation

ED Blue Plan Legal Dept

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-2

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Alan J. Lipsitz

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

BCBSA

Occupation

ED Blue Plan Legal Dept

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-2

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Alan J. Lipsitz

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

BCBSA

Occupation

ED Blue Plan Legal Dept

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-2

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 122 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Alan J. Lipsitz

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

BCBSA

Occupation

ED Blue Plan Legal Dept

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-2

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Alan J. Lipsitz

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

BCBSA

Occupation

ED Blue Plan Legal Dept

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-2

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Robert A. Long

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 20150310172343-57

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

125.00

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 123 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Robert A. Long

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015

Transaction ID : 20150325113044-57

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Robert A. Long

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2015

Transaction ID : 2015040910537-57

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Robert A. Long

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 23 / 2015

Transaction ID : 2015042210751-57

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

135.00

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 124 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Robert A. Long

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : 20150505182241-57

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Robert A. Long

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015

Transaction ID : 20150519172351-57

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Robert A. Long

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 04 / 2015

Transaction ID : 2015060218856-57

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

135.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Robert A. Long

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-58

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Sean Lowder

Mailing Address 5525 Reitz Ave

City	State	Zip Code
Baton Rouge	LA	70809

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 ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 20150610122525-12

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Sean Lowder

Mailing Address 5525 Reitz Ave

City	State	Zip Code
Baton Rouge	LA	70809

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 ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 20150626171222-12

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

85.00

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

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

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

FOR LINE NUMBER: PAGE 126 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Brad Lubrant

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED BPFS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2015

Transaction ID : 20150505182241-15

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Brad Lubrant

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED BPFS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 20150519172351-15

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Brad Lubrant

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED BPFS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 04 / 2015

Transaction ID : 2015060218856-15

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

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

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

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

FOR LINE NUMBER:
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PAGE 127 OF 276

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Brad Lubrant

Mailing Address 225 N Michigan Ave

City
Chicago

State Zip Code
IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED BPFS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 18 / 2015

Transaction ID : 2015061617744-16

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Scott B. Lynch

Mailing Address 3535 Blue Cross Rd

City
Eagan

State Zip Code
MN 55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

VP Sr Chief Legal Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

05 / 22 / 2015

Transaction ID : 2015051913548-7

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Scott B. Lynch

Mailing Address 3535 Blue Cross Rd

City
Eagan

State Zip Code
MN 55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

VP Sr Chief Legal Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 05 / 2015

Transaction ID : 20150602153726-8

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

65.00

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)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Scott B. Lynch

Mailing Address 3535 Blue Cross Rd

City
Eagan

State Zip Code
MN 55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

VP Sr Chief Legal Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 19 / 2015

Transaction ID : 20150616152523-9

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Augustine Manocchia

Mailing Address 12 Cassandra Ln

City
N Kingstown

State Zip Code
RI 02852-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Rhode Island

Occupation

Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

05 / 22 / 2015

Transaction ID : 20150612-9-9-54

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Augustine Manocchia

Mailing Address 12 Cassandra Ln

City
N Kingstown

State Zip Code
RI 02852-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Rhode Island

Occupation

Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 05 / 2015

Transaction ID : 20150612-22-9-54

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 129 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Augustine Manocchia

Mailing Address 12 Cassandra Ln

City

N Kingstown

State

RI

Zip Code

02852-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Rhode Island

Occupation

Medical Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : 20150729-5

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Annette Renata Marek

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Off of the President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : 2015040910537-12

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Annette Renata Marek

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Off of the President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-12

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

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 130 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Annette Renata Marek

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Off of the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : 20150505182241-12

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Annette Renata Marek

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Off of the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 20150519172351-12

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Annette Renata Marek

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Off of the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : 2015060218856-12

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

90.00

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)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Annette Renata Marek

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Off of the President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 18 / 2015

Transaction ID : 2015061617744-13

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Robert A. Marino

Mailing Address 6 Barnesdale Rd

City

North Caldwell

State

NJ

Zip Code

07006-4100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Horizon BCBS of New Jersey

Occupation

Chariman & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 09 / 2015

Transaction ID : 6DC93CC599CA4E119BE5

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Clay McClure

Mailing Address 3509 N 7th St

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 09 / 2015

Transaction ID : 2015040910537-88

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

5060.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Clay McClure

Mailing Address 3509 N 7th St

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD State Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-87

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Clay McClure

Mailing Address 3509 N 7th St

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD State Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-87

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Clay McClure

Mailing Address 3509 N 7th St

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD State Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-87

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 133 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Clay McClure

Mailing Address 3509 N 7th St

City	State	Zip Code
Arlington	VA	22201

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-88

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Clay McClure

Mailing Address 3509 N 7th St

City	State	Zip Code
Arlington	VA	22201

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-89

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Steven R. Mickelson

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Fin Serv and Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : 20150325113044-64

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Steven R. Mickelson

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Fin Serv and Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

04 / 09 / 2015

Transaction ID : 2015040910537-64

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Steven R. Mickelson

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Fin Serv and Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

04 / 23 / 2015

Transaction ID : 2015042210751-64

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Steven R. Mickelson

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Fin Serv and Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

05 / 07 / 2015

Transaction ID : 20150505182241-64

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 135 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Steven R. Mickelson

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Fin Serv and Rep

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-64

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Steven R. Mickelson

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Fin Serv and Rep

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-64

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Steven R. Mickelson

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Fin Serv and Rep

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-65

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ▶

120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 136 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Rochelle Y Myers

Mailing Address 3535 Blue Cross Rd

City
EaganState
MNZip Code
55122FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

VP StrategicPlanning&PortfolioMgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : 20150616152523-2

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

B. William S. Nehs

Mailing Address 225 N Michigan Ave

City
ChicagoState
ILZip Code
60601FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Legal & Licensure

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

Transaction ID : 20150224163741-69

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

c. William S. Nehs

Mailing Address 225 N Michigan Ave

City
ChicagoState
ILZip Code
60601FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Legal & Licensure

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 20150310172343-69

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)..... ►

181.00

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 137 OF 276
(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

Full Name (Last, First, Middle Initial)

A. William S. Nehs

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Legal & Licensure

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : 20150325113044-69

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

B. William S. Nehs

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Legal & Licensure

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2015

Transaction ID : 2015040910537-69

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

C. William S. Nehs

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Legal & Licensure

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 2015042210751-68

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

174.00

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 138 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. William S. Nehs

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Legal & Licensure

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : 20150505182241-68

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

B. William S. Nehs

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Legal & Licensure

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 20150519172351-68

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

C. William S. Nehs

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Legal & Licensure

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : 2015060218856-68

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

174.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 139 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. William S. Nehs

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Legal & Licensure

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-69

Amount of Each Receipt this Period

58.00

Full Name (Last, First, Middle Initial)

B. Nancy F Nelson

Mailing Address 3535 Blue Cross Rd

City

Eagan

State

MN

Zip Code

55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

VP Chief Actuary

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : 20150602153726-3

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

C. Nancy F Nelson

Mailing Address 3535 Blue Cross Rd

City

Eagan

State

MN

Zip Code

55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

VP Chief Actuary

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : 20150616152523-3

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)..... ►

94.00

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 140 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Robert J. Nisbett

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Enterprise Architect II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 04 / 2015

Transaction ID : 2015060218856-60

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Robert J. Nisbett

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Enterprise Architect II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 18 / 2015

Transaction ID : 2015061617744-61

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. William Barry O'Loughlin

Mailing Address 2861 St Bart's Square

City State Zip Code
 Vero Beach FL 32967

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Off Oper Readiness

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : 20150310172343-9

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

90.00

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 141 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. William Barry O'Loughlin

Mailing Address 2861 St Bart's Square

City

Vero Beach

State

FL

Zip Code

32967

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Off Oper Readiness

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : 20150325113044-9

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. William Barry O'Loughlin

Mailing Address 2861 St Bart's Square

City

Vero Beach

State

FL

Zip Code

32967

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Off Oper Readiness

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2015

Transaction ID : 2015040910537-9

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. William Barry O'Loughlin

Mailing Address 2861 St Bart's Square

City

Vero Beach

State

FL

Zip Code

32967

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Off Oper Readiness

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 2015042210751-9

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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

FOR LINE NUMBER: PAGE 142 OF 276

(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

Full Name (Last, First, Middle Initial)

A. William Barry O'Loughlin

Mailing Address 2861 St Bart's Square

City State Zip Code
Vero Beach FL 32967

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Off Oper Readiness

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : 20150505182241-9

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. William Barry O'Loughlin

Mailing Address 2861 St Bart's Square

City State Zip Code
Vero Beach FL 32967

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Off Oper Readiness

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 20150519172351-9

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. William Barry O'Loughlin

Mailing Address 2861 St Bart's Square

City State Zip Code
Vero Beach FL 32967

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Off Oper Readiness

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : 2015060218856-9

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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 143 OF 276
(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

Full Name (Last, First, Middle Initial)

A. William Barry O'Loughlin

Mailing Address 2861 St Bart's Square

City

Vero Beach

State

FL

Zip Code

32967

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

VP Off Oper Readiness

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2015

Transaction ID : 2015061617744-10

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Barry Kevin O'Reilly

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Service Delivery

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : 20150325113044-13

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Barry Kevin O'Reilly

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Service Delivery

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2015

Transaction ID : 2015040910537-13

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

130.00

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 144 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Barry Kevin O'Reilly

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Service Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

04 / 23 / 2015

Transaction ID : 2015042210751-13

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Barry Kevin O'Reilly

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Service Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

05 / 07 / 2015

Transaction ID : 20150505182241-13

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Barry Kevin O'Reilly

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Service Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

05 / 21 / 2015

Transaction ID : 20150519172351-13

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 145 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Barry Kevin O'Reilly

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Service Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-13

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Barry Kevin O'Reilly

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Service Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-14

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Robert Michael Ormsby

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

BCBSA

Occupation

Dir Clinical Data Integra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

Transaction ID : 20150210165312-7

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 146 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Robert Michael Ormsby

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

BCBSA

Occupation

Dir Clinical Data Integra

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

Transaction ID : 20150224163741-7

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Robert Michael Ormsby

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

BCBSA

Occupation

Dir Clinical Data Integra

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 20150310172343-7

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Robert Michael Ormsby

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

BCBSA

Occupation

Dir Clinical Data Integra

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : 20150325113044-7

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 147 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Robert Michael Ormsby

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

BCBSA

Occupation

Dir Clinical Data Integra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : 2015040910537-7

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Robert Michael Ormsby

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

BCBSA

Occupation

Dir Clinical Data Integra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-7

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Robert Michael Ormsby

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

BCBSA

Occupation

Dir Clinical Data Integra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-7

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

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 148 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. Robert Michael Ormsby

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

BCBSA

Occupation

Dir Clinical Data Integra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

05 / 21 / 2015

Transaction ID : 20150519172351-7

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Robert Michael Ormsby

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

BCBSA

Occupation

Dir Clinical Data Integra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 04 / 2015

Transaction ID : 2015060218856-7

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Robert Michael Ormsby

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

BCBSA

Occupation

Dir Clinical Data Integra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 18 / 2015

Transaction ID : 2015061617744-8

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 149 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Asha Paul

Mailing Address 756 S Canyon Mist Ln

City

Anaheim

State

CA

Zip Code

92808-1432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Excellus BCBS

Occupation

VP and CIO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	4		2	0	1	5		

Transaction ID : 5934730443244709A372

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Paula H Phillippe

Mailing Address 3535 Blue Cross Rd

City

Eagan

State

MN

Zip Code

55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

VP Sr HR and External Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	5		2	0	1	5		

Transaction ID : 20150602153726-11

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Paula H Phillippe

Mailing Address 3535 Blue Cross Rd

City

Eagan

State

MN

Zip Code

55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

VP Sr HR and External Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	9		2	0	1	5		

Transaction ID : 20150616152523-14

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 150 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Doug Porter

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

Transaction ID : 20150210165312-20

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Doug Porter

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

Transaction ID : 20150224163741-20

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Doug Porter

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 20150310172343-20

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

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 151 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Doug Porter

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015

Transaction ID : 20150325113044-20

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Doug Porter

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2015

Transaction ID : 2015040910537-20

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Doug Porter

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 23 / 2015

Transaction ID : 2015042210751-20

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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 152 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. Doug Porter

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

05 / 07 / 2015

Transaction ID : 20150505182241-20

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Doug Porter

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

05 / 21 / 2015

Transaction ID : 20150519172351-20

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Doug Porter

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 04 / 2015

Transaction ID : 2015060218856-20

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.00

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 153 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. Doug Porter

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2015

Transaction ID : 2015061617744-21

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Jodi Renee Portnoy

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : 20150325113044-31

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Jodi Renee Portnoy

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2015

Transaction ID : 2015040910537-31

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

170.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 154 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Jodi Renee Portnoy

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-31

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Jodi Renee Portnoy

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-31

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Jodi Renee Portnoy

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-31

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

105.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 155 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Jodi Renee Portnoy

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-31

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Jodi Renee Portnoy

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-32

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Jason Pray

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

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3098.47

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	12	/	2015

Transaction ID : E25405366A304874989E

Amount of Each Receipt this Period

790.87

SUBTOTAL of Receipts This Page (optional)..... ►

860.87

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 156 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Jason PrayMailing Address 3535 South Ball Street
#721City State Zip Code
Arlington VA 22202FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3098.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2015

Transaction ID : 2015021392242-93

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Jason PrayMailing Address 3535 South Ball Street
#721City State Zip Code
Arlington VA 22202FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3098.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2015

Transaction ID : 20150127173743-93

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Jason PrayMailing Address 3535 South Ball Street
#721City State Zip Code
Arlington VA 22202FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3098.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

Transaction ID : 20150210165312-93

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 157 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Jason PrayMailing Address 3535 South Ball Street
#721City State Zip Code
Arlington VA 22202FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3098.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2015

Transaction ID : 20150224163741-93

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Jason PrayMailing Address 3535 South Ball Street
#721City State Zip Code
Arlington VA 22202FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3098.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2015

Transaction ID : 20150310172343-93

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Jason PrayMailing Address 3535 South Ball Street
#721City State Zip Code
Arlington VA 22202FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3098.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2015

Transaction ID : 20150325113044-93

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 158 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Jason PrayMailing Address 3535 South Ball Street
#721

City	State	Zip Code
Arlington	VA	22202

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3098.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : 2015040910537-93

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Jason PrayMailing Address 3535 South Ball Street
#721

City	State	Zip Code
Arlington	VA	22202

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3098.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-92

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Jason PrayMailing Address 3535 South Ball Street
#721

City	State	Zip Code
Arlington	VA	22202

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3098.47

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-92

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

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

576.90

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 159 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Jason PrayMailing Address 3535 South Ball Street
#721City State Zip Code
Arlington VA 22202FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3098.47

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2015**Transaction ID : 20150519172351-92**

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Jason PrayMailing Address 3535 South Ball Street
#721City State Zip Code
Arlington VA 22202FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3098.47

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 04 / 2015**Transaction ID : 2015060218856-93**

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Jason PrayMailing Address 3535 South Ball Street
#721City State Zip Code
Arlington VA 22202FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Congressional Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3098.47

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 18 / 2015**Transaction ID : 2015061617744-94**

Amount of Each Receipt this Period

192.30

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

576.90

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 160 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. James Reed

Mailing Address 6 Partridge Ln

City	State	Zip Code
Cohoes	NY	12047-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Health Now

Member, Board of Directors

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2015

Transaction ID : 85F71F03C849497A894A

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Michael Reitz

Mailing Address 5525 Reitz Ave

City	State	Zip Code
Baton Rouge	LA	70809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

BCBS of Louisiana

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

Transaction ID : 20150413162044-16

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Michael Reitz

Mailing Address 5525 Reitz Ave

City	State	Zip Code
Baton Rouge	LA	70809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

BCBS of Louisiana

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

Transaction ID : 20150330112444-15

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

1600.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 161 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Michael Reitz

Mailing Address 5525 Reitz Ave

City

Baton Rouge

State

LA

Zip Code

70809

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 ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2015

Transaction ID : 2015041317120-14

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Michael Reitz

Mailing Address 5525 Reitz Ave

City

Baton Rouge

State

LA

Zip Code

70809

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 ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : 2015042811471-15

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Michael Reitz

Mailing Address 5525 Reitz Ave

City

Baton Rouge

State

LA

Zip Code

70809

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 ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

Transaction ID : 2015051492844-15

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 162 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Michael Reitz

Mailing Address 5525 Reitz Ave

City

Baton Rouge

State

LA

Zip Code

70809

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Louisiana

Occupation

Director

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : 2015052711393-15

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Michael Reitz

Mailing Address 5525 Reitz Ave

City

Baton Rouge

State

LA

Zip Code

70809

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Louisiana

Occupation

Director

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : 20150610122525-15

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Michael Reitz

Mailing Address 5525 Reitz Ave

City

Baton Rouge

State

LA

Zip Code

70809

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Louisiana

Occupation

Director

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : 20150626171222-15

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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 163 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. Jamison J Rice

Mailing Address 3535 Blue Cross Rd

City
Eagan

State Zip Code
MN 55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

VP Sr Chief Transformation Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

06 / 05 / 2015

Transaction ID : 20150602153726-9

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. Jamison J Rice

Mailing Address 3535 Blue Cross Rd

City
Eagan

State Zip Code
MN 55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

VP Sr Chief Transformation Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

06 / 19 / 2015

Transaction ID : 20150616152523-11

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. Patricia A Riley

Mailing Address 3535 Blue Cross Rd

City
Eagan

State Zip Code
MN 55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

VP Sr Chief Government Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

02 / 27 / 2015

Transaction ID : 20150224143623-5

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

210.00

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)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Patricia A Riley

Mailing Address 3535 Blue Cross Rd

City
Eagan

State
MN

Zip Code
55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

VP Sr Chief Government Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 13 / 2015

Transaction ID : 2015031015439-5

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Patricia A Riley

Mailing Address 3535 Blue Cross Rd

City
Eagan

State
MN

Zip Code
55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

VP Sr Chief Government Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 20 / 2015

Transaction ID : 20150324161954-5

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Patricia A Riley

Mailing Address 3535 Blue Cross Rd

City
Eagan

State
MN

Zip Code
55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

VP Sr Chief Government Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 2015040715940-5

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 165 OF 276

<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

Full Name (Last, First, Middle Initial)

A. Patricia A Riley

Mailing Address 3535 Blue Cross Rd

City

Eagan

State

MN

Zip Code

55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

VP Sr Chief Government Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2015

Transaction ID : 20150421143010-5

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Patricia A Riley

Mailing Address 3535 Blue Cross Rd

City

Eagan

State

MN

Zip Code

55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

VP Sr Chief Government Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

Transaction ID : 20150505144610-6

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Patricia A Riley

Mailing Address 3535 Blue Cross Rd

City

Eagan

State

MN

Zip Code

55122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

VP Sr Chief Government Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : 2015051913548-6

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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 166 OF 276
 (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

Full Name (Last, First, Middle Initial)

A. Patricia A Riley

Mailing Address 3535 Blue Cross Rd

City	State	Zip Code
Eagan	MN	55122

FEC ID number of contributing federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

VP Sr Chief Government Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : 20150602153726-6

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Patricia A Riley

Mailing Address 3535 Blue Cross Rd

City	State	Zip Code
Eagan	MN	55122

FEC ID number of contributing federal political committee.

C

Name of Employer

Blue Cross and Blue Shield of Minnesot

Occupation

VP Sr Chief Government Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : 20150616152523-6

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. KATHLEEN RYAN

Mailing Address PO Box 8084

Attn: Payroll

City	State	Zip Code
Little Rock	AR	72203

FEC ID number of contributing federal political committee.

C

Name of Employer

USable Mutual Insurance Company

Occupation

SRVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : 20150528125251-81

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 167 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. KATHLEEN RYAN

Mailing Address PO Box 8084

Attn: Payroll

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

USable Mutual Insurance Company

Occupation

SRVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	2		2	0	1	5		

Transaction ID : 2015062593746-53

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. KATHLEEN RYAN

Mailing Address PO Box 8084

Attn: Payroll

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

USable Mutual Insurance Company

Occupation

SRVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

Transaction ID : 2015062593746-54

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Denise Guzzetta Schofield

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	9		2	0	1	5		

Transaction ID : 2015040910537-19

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 168 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Denise Guzzetta Schofield

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2015

Transaction ID : 2015042210751-19

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Denise Guzzetta Schofield

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2015

Transaction ID : 20150505182241-19

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Denise Guzzetta Schofield

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2015

Transaction ID : 20150519172351-19

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 169 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Denise Guzzetta Schofield

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-19

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Denise Guzzetta Schofield

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-20

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Naomi P. Senkeeto

Mailing Address 9299 Chadburn Place

City

Montgomery Village

State

MD

Zip Code

20886

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Policy Analysis

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-78

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

85.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 170 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Naomi P. Senkeeto

Mailing Address 9299 Chadburn Place

City	State	Zip Code
Montgomery Village	MD	20886

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Policy Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-78

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Naomi P. Senkeeto

Mailing Address 9299 Chadburn Place

City	State	Zip Code
Montgomery Village	MD	20886

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Policy Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-78

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Naomi P. Senkeeto

Mailing Address 9299 Chadburn Place

City	State	Zip Code
Montgomery Village	MD	20886

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Policy Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-79

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 171 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Scott P. Serota

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2015

Transaction ID : 20150127173743-61

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Scott P. Serota

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

Transaction ID : 20150210165312-61

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Scott P. Serota

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

Transaction ID : 20150224163741-61

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 172 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Scott P. Serota

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

President & CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	5

Transaction ID : 20150310172343-61

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Scott P. Serota

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

President & CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	5

Transaction ID : 20150325113044-61

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Scott P. Serota

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

President & CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	5

Transaction ID : 2015040910537-61

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Scott P. Serota

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-61

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Scott P. Serota

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-61

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Scott P. Serota

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-61

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

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

576.90

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

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

FOR LINE NUMBER: PAGE 174 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Scott P. Serota

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-61

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Scott P. Serota

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-62

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. James R. Sharpe

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

ED and Invest Exec NEBA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-25

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

409.60

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 175 OF 276
 (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

Full Name (Last, First, Middle Initial)

A. James R. Sharpe

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED and Invest Exec NEBA

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-25

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. James R. Sharpe

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED and Invest Exec NEBA

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-25

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. James R. Sharpe

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED and Invest Exec NEBA

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-26

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 176 OF 276

<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

Full Name (Last, First, Middle Initial)

A. Mary Loretta ShoafMailing Address 1300 S Arlington Ridge Rd
#706City State Zip Code
Arlington VA 22202FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-99

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Mary Loretta ShoafMailing Address 1300 S Arlington Ridge Rd
#706City State Zip Code
Arlington VA 22202FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-99

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Mary Loretta ShoafMailing Address 1300 S Arlington Ridge Rd
#706City State Zip Code
Arlington VA 22202FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-100

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 177 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Mary Loretta ShoafMailing Address 1300 S Arlington Ridge Rd
#706

City	State	Zip Code
Arlington	VA	22202

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-101

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Annette M. Shupert

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Director Facility Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-11

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Annette M. Shupert

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Director Facility Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-12

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 178 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Stephen Sloan

Mailing Address 35 Thomas Grv

City	State	Zip Code
Pittsford	NY	14534-3073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Excellus BlueCross BlueShieldOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2015

Transaction ID : F2D5565A45E14BB7A79E

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Brian Small

Mailing Address 5525 Reitz Ave

City	State	Zip Code
Baton Rouge	LA	70809

FEC ID number of contributing
federal political committee.

C

Name of Employer
BCBS of LouisianaOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2015

Transaction ID : 2015041317120-16

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Brian Small

Mailing Address 5525 Reitz Ave

City	State	Zip Code
Baton Rouge	LA	70809

FEC ID number of contributing
federal political committee.

C

Name of Employer
BCBS of LouisianaOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : 2015042811471-17

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

1560.00

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 179 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Brian Small

Mailing Address 5525 Reitz Ave

City State Zip Code
 Baton Rouge LA 70809

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015

Transaction ID : 2015051492844-17

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Brian Small

Mailing Address 5525 Reitz Ave

City State Zip Code
 Baton Rouge LA 70809

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015

Transaction ID : 2015052711393-17

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Brian Small

Mailing Address 5525 Reitz Ave

City State Zip Code
 Baton Rouge LA 70809

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015

Transaction ID : 20150610122525-17

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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 180 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Brian Small

Mailing Address 5525 Reitz Ave

City State Zip Code
 Baton Rouge LA 70809

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : 20150626171222-17

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Joyce M. Sterk

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

MD BPFS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2015

Transaction ID : 2015040910537-34

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

c. Joyce M. Sterk

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

MD BPFS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 23 / 2015

Transaction ID : 2015042210751-34

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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 181 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Joyce M. Sterk

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD BPFS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : 20150505182241-34

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Joyce M. Sterk

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD BPFS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015

Transaction ID : 20150519172351-34

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Joyce M. Sterk

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD BPFS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 04 / 2015

Transaction ID : 2015060218856-34

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 182 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Joyce M. Sterk

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD BPFS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-35

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Maureen E. Sullivan

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

Transaction ID : 20150224163741-44

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Maureen E. Sullivan

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 20150310172343-44

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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 183 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. Maureen E. Sullivan

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

03 / 26 / 2015

Transaction ID : 20150325113044-44

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. Maureen E. Sullivan

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

04 / 09 / 2015

Transaction ID : 2015040910537-44

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Maureen E. Sullivan

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

04 / 23 / 2015

Transaction ID : 2015042210751-44

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

180.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 184 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Maureen E. Sullivan

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-44

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. Maureen E. Sullivan

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-44

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Maureen E. Sullivan

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-44

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 185 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Maureen E. Sullivan

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Sr VP Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-45

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. Mark A. Talluto

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Marketing

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : 2015040910537-42

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Mark A. Talluto

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Marketing

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-42

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 186 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. Mark A. Talluto

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : 20150505182241-42

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Mark A. Talluto

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015

Transaction ID : 20150519172351-42

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Mark A. Talluto

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 04 / 2015

Transaction ID : 2015060218856-42

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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 187 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. Mark A. Talluto

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Marketing

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : 2015061617744-43

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Patricia Bonkiewicz Taylor

Mailing Address 5226 Cahaba Valley Cove
Cove

City

Birmingham

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED IT Informatics

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

684.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2015

Transaction ID : 20150224163741-1

Amount of Each Receipt this Period

57.00

Full Name (Last, First, Middle Initial)

C. Patricia Bonkiewicz Taylor

Mailing Address 5226 Cahaba Valley Cove
Cove

City

Birmingham

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED IT Informatics

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

684.00

Date of Receipt

MM / DD / YYYY
03 / 12 / 2015

Transaction ID : 20150310172343-1

Amount of Each Receipt this Period

57.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

144.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 188 OF 276

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

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

NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Patricia Bonkiewicz TaylorMailing Address 5226 Cahaba Valley Cove
Cove

City	State	Zip Code
Birmingham	AL	35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED IT Informatics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : 20150325113044-1

Amount of Each Receipt this Period

57.00

Full Name (Last, First, Middle Initial)

B. Patricia Bonkiewicz TaylorMailing Address 5226 Cahaba Valley Cove
Cove

City	State	Zip Code
Birmingham	AL	35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED IT Informatics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : 2015040910537-1

Amount of Each Receipt this Period

57.00

Full Name (Last, First, Middle Initial)

C. Patricia Bonkiewicz TaylorMailing Address 5226 Cahaba Valley Cove
Cove

City	State	Zip Code
Birmingham	AL	35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED IT Informatics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-1

Amount of Each Receipt this Period

57.00

SUBTOTAL of Receipts This Page (optional)..... ►

171.00

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 189 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Patricia Bonkiewicz Taylor

Mailing Address 5226 Cahaba Valley Cove
Cove

City State Zip Code
Birmingham AL 35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED IT Informatics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : 20150505182241-1

Amount of Each Receipt this Period

57.00

Full Name (Last, First, Middle Initial)

B. Patricia Bonkiewicz Taylor

Mailing Address 5226 Cahaba Valley Cove
Cove

City State Zip Code
Birmingham AL 35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED IT Informatics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 20150519172351-1

Amount of Each Receipt this Period

57.00

Full Name (Last, First, Middle Initial)

C. Patricia Bonkiewicz Taylor

Mailing Address 5226 Cahaba Valley Cove
Cove

City State Zip Code
Birmingham AL 35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

ED IT Informatics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : 2015060218856-1

Amount of Each Receipt this Period

57.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

171.00

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

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

FOR LINE NUMBER: PAGE 190 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Patricia Bonkiewicz Taylor

Mailing Address 5226 Cahaba Valley Cove
Cove

City Birmingham State AL Zip Code 35242

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

ED IT Informatics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

06 / 18 / 2015

Transaction ID : 2015061617744-1

Amount of Each Receipt this Period

57.00

Full Name (Last, First, Middle Initial)

B. Barry Thornton

Mailing Address 45 Woodgreen Dr

City Pittsford State NY Zip Code 14534-9437

FEC ID number of contributing federal political committee.

C

Name of Employer

Excellus

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 04 / 2015

Transaction ID : 58421EB66E6D438D8977

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James B. Trimble

Mailing Address 4440 Willard Avenue
Apartment 642

City Chevy Chase State MD Zip Code 20815

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

02 / 26 / 2015

Transaction ID : 20150224163741-74

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1117.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 191 OF 276
(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

Full Name (Last, First, Middle Initial)

A. James B. TrimbleMailing Address 4440 Willard Avenue
Apartment 642City State Zip Code
Chevy Chase MD 20815FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 12 / 2015**Transaction ID : 20150310172343-74**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. James B. TrimbleMailing Address 4440 Willard Avenue
Apartment 642City State Zip Code
Chevy Chase MD 20815FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 26 / 2015**Transaction ID : 20150325113044-74**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. James B. TrimbleMailing Address 4440 Willard Avenue
Apartment 642City State Zip Code
Chevy Chase MD 20815FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 09 / 2015**Transaction ID : 2015040910537-74**

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 192 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. James B. TrimbleMailing Address 4440 Willard Avenue
Apartment 642

City Chevy Chase State MD Zip Code 20815

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 2015042210751-73

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. James B. TrimbleMailing Address 4440 Willard Avenue
Apartment 642

City Chevy Chase State MD Zip Code 20815

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2015

Transaction ID : 20150505182241-73

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. James B. TrimbleMailing Address 4440 Willard Avenue
Apartment 642

City Chevy Chase State MD Zip Code 20815

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 20150519172351-73

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

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 193 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. James B. Trimble

Mailing Address 4440 Willard Avenue
Apartment 642

City Chevy Chase State MD Zip Code 20815

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

06 / 04 / 2015

Transaction ID : 2015060218856-73

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. James B. Trimble

Mailing Address 4440 Willard Avenue
Apartment 642

City Chevy Chase State MD Zip Code 20815

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

06 / 18 / 2015

Transaction ID : 2015061617744-74

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

c. David Ryan Tully

Mailing Address 2730 S Veitch St
#301

City Arlington State VA Zip Code 22206

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Policy Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 09 / 2015

Transaction ID : 2015040910537-90

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 194 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. David Ryan TullyMailing Address 2730 S Veitch St
#301

City	State	Zip Code
Arlington	VA	22206

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Policy Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-89

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. David Ryan TullyMailing Address 2730 S Veitch St
#301

City	State	Zip Code
Arlington	VA	22206

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Policy Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-89

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. David Ryan TullyMailing Address 2730 S Veitch St
#301

City	State	Zip Code
Arlington	VA	22206

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Policy Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-89

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 195 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. David Ryan TullyMailing Address 2730 S Veitch St
#301

City	State	Zip Code
Arlington	VA	22206

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Policy Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-90

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. David Ryan TullyMailing Address 2730 S Veitch St
#301

City	State	Zip Code
Arlington	VA	22206

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Policy Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-91

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. David S. Urbanczyk

Mailing Address 4838 Marathon Dr

City	State	Zip Code
Madison	WI	53705

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : 20150325113044-106

Amount of Each Receipt this Period

36.00

SUBTOTAL of Receipts This Page (optional)..... ▶

96.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 196 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. David S. Urbanczyk

Mailing Address 4838 Marathon Dr

City

Madison

State

WI

Zip Code

53705

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : 2015040910537-106

Amount of Each Receipt this Period

36.00

Full Name (Last, First, Middle Initial)

B. David S. Urbanczyk

Mailing Address 4838 Marathon Dr

City

Madison

State

WI

Zip Code

53705

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-105

Amount of Each Receipt this Period

36.00

Full Name (Last, First, Middle Initial)

C. David S. Urbanczyk

Mailing Address 4838 Marathon Dr

City

Madison

State

WI

Zip Code

53705

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-105

Amount of Each Receipt this Period

36.00

SUBTOTAL of Receipts This Page (optional)..... ►

108.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 197 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. David S. Urbanczyk

Mailing Address 4838 Marathon Dr

City

Madison

State

WI

Zip Code

53705

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-105

Amount of Each Receipt this Period

36.00

Full Name (Last, First, Middle Initial)

B. David S. Urbanczyk

Mailing Address 4838 Marathon Dr

City

Madison

State

WI

Zip Code

53705

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-106

Amount of Each Receipt this Period

36.00

Full Name (Last, First, Middle Initial)

c. David S. Urbanczyk

Mailing Address 4838 Marathon Dr

City

Madison

State

WI

Zip Code

53705

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Strategic Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-107

Amount of Each Receipt this Period

36.00

SUBTOTAL of Receipts This Page (optional)..... ►

108.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 198 OF 276

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

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

NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Jennifer Vachon

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

SVP Adm Serv Chief Staff

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

Transaction ID : 20150210165312-28

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

B. Jennifer Vachon

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

SVP Adm Serv Chief Staff

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

Transaction ID : 20150224163741-28

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

C. Jennifer Vachon

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

SVP Adm Serv Chief Staff

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : 20150310172343-28

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)..... ►

210.00

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 199 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Jennifer Vachon

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

SVP Adm Serv Chief Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015

Transaction ID : 20150325113044-28

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

B. Jennifer Vachon

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

SVP Adm Serv Chief Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2015

Transaction ID : 2015040910537-28

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

C. Jennifer Vachon

Mailing Address 225 N Michigan Ave

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

SVP Adm Serv Chief Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 23 / 2015

Transaction ID : 2015042210751-28

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

210.00

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

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

FOR LINE NUMBER: PAGE 200 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Jennifer Vachon

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

SVP Adm Serv Chief Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : 20150505182241-28

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

B. Jennifer Vachon

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

SVP Adm Serv Chief Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 20150519172351-28

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

C. Jennifer Vachon

Mailing Address 225 N Michigan Ave

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

SVP Adm Serv Chief Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : 2015060218856-28

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)..... ►

210.00

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 201 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. Jennifer Vachon

Mailing Address 225 N Michigan Ave

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

SVP Adm Serv Chief Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

06 / 18 / 2015

Transaction ID : 2015061617744-29

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

B. Thomas B. Wharton

Mailing Address 909 New Jersey Ave S

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

Dir Congressional Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

03 / 26 / 2015

Transaction ID : 20150325113044-8

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Thomas B. Wharton

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

BCBSA

Occupation

Dir Congressional Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

04 / 09 / 2015

Transaction ID : 2015040910537-8

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 202 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Thomas B. Wharton

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

BCBSA

Occupation

Dir Congressional Rel

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2015

Transaction ID : 2015042210751-8

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Thomas B. Wharton

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

BCBSA

Occupation

Dir Congressional Rel

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2015

Transaction ID : 20150505182241-8

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Thomas B. Wharton

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

BCBSA

Occupation

Dir Congressional Rel

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2015

Transaction ID : 20150519172351-8

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

105.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 203 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Thomas B. Wharton

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

BCBSA

Occupation

Dir Congressional Rel

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-8

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Thomas B. Wharton

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

BCBSA

Occupation

Dir Congressional Rel

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-9

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Paul M. White

Mailing Address PO Box 8084

Attn: Payroll

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Arkansas

Occupation

Health Insurer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

Transaction ID : 2015031985236-12

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 204 OF 276

☒ 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

Full Name (Last, First, Middle Initial)

A. Paul M. White

Mailing Address PO Box 8084

Attn: Payroll

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Arkansas

Occupation

Health Insurer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

04 / 02 / 2015

Transaction ID : 20150416125245-11

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Paul M. White

Mailing Address PO Box 8084

Attn: Payroll

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Arkansas

Occupation

Health Insurer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

04 / 17 / 2015

Transaction ID : 20150416125245-12

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Paul M. White

Mailing Address PO Box 8084

Attn: Payroll

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Arkansas

Occupation

Health Insurer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

05 / 01 / 2015

Transaction ID : 20150528125251-16

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 205 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Paul M. White

Mailing Address PO Box 8084

Attn: Payroll

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Arkansas

Occupation

Health Insurer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

Transaction ID : 20150528125251-17

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Paul M. White

Mailing Address PO Box 8084

Attn: Payroll

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Arkansas

Occupation

Health Insurer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : 20150528125251-18

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Paul M. White

Mailing Address PO Box 8084

Attn: Payroll

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Arkansas

Occupation

Health Insurer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : 2015062593746-11

Amount of Each Receipt this Period

40.00

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 206 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Paul M. White

Mailing Address PO Box 8084

Attn: Payroll

City

Little Rock

State

AR

Zip Code

72203

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBS of Arkansas

Occupation

Health Insurer

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2015

Transaction ID : 2015062593746-12

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Richard White

Mailing Address 4414 Knights Court

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Policy Analysis

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2015

Transaction ID : 20150325113044-103

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Richard White

Mailing Address 4414 Knights Court

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Policy Analysis

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2015

Transaction ID : 2015040910537-103

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ▶

120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 207 OF 276

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Richard White

Mailing Address 4414 Knights Court

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Policy Analysis

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2015

Transaction ID : 2015042210751-102

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Richard White

Mailing Address 4414 Knights Court

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Policy Analysis

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : 20150505182241-102

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Richard White

Mailing Address 4414 Knights Court

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Policy Analysis

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : 20150519172351-102

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 208 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Richard White

Mailing Address 4414 Knights Court

City	State	Zip Code
Roanoke	VA	24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Policy Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2015

Transaction ID : 2015060218856-103

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Richard White

Mailing Address 4414 Knights Court

City	State	Zip Code
Roanoke	VA	24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSA

Occupation

MD Policy Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	18	/	2015

Transaction ID : 2015061617744-104

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Linda Willett

Mailing Address 56 James Ln

City	State	Zip Code
East Hampton	NY	11937-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Horizon Blue Cross Blue Shield of New

Occupation

Senior V.P.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2015

Transaction ID : 4AA424B535564D388859

Amount of Each Receipt this Period

3500.00

SUBTOTAL of Receipts This Page (optional)..... ►

3580.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 209 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Connie A. Woodard

Mailing Address PO Box 439

Place

City

State

Zip Code

Flint

MI

48501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

BCBSA

Sr PM Govt Aud Res Coord

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2015

Transaction ID : 20150505182241-80

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Connie A. Woodard

Mailing Address PO Box 439

Place

City

State

Zip Code

Flint

MI

48501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

BCBSA

Sr PM Govt Aud Res Coord

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2015

Transaction ID : 20150519172351-80

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Connie A. Woodard

Mailing Address PO Box 439

Place

City

State

Zip Code

Flint

MI

48501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

BCBSA

Sr PM Govt Aud Res Coord

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2015

Transaction ID : 2015060218856-81

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

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

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

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

FOR LINE NUMBER: PAGE 210 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Connie A. Woodard

Mailing Address PO Box 439

Place

City

State

Zip Code

Flint

MI

48501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

BCBSA

Sr PM Govt Aud Res Coord

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2015

Transaction ID : 2015061617744-82

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. David Yoder

Mailing Address 8408 Terry Lee Way

City

State

Zip Code

Severn

MD

21144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

BCBSA

ED Integrated Care Mgmt

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : 20150505182241-72

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. David Yoder

Mailing Address 8408 Terry Lee Way

City

State

Zip Code

Severn

MD

21144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

BCBSA

ED Integrated Care Mgmt

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : 20150519172351-72

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 211 OF 276
 (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

Full Name (Last, First, Middle Initial)

A. David Yoder

Mailing Address 8408 Terry Lee Way

City	State	Zip Code
Severn	MD	21144

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Integrated Care Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			04			2015			

Transaction ID : 2015060218856-72

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. David Yoder

Mailing Address 8408 Terry Lee Way

City	State	Zip Code
Severn	MD	21144

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

ED Integrated Care Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			18			2015			

Transaction ID : 2015061617744-73

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Peipei Zhang

Mailing Address PO Box 8084

Attn: Payroll

City	State	Zip Code
Little Rock	AR	72203

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSA

Occupation

Associate Cons Strat Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			26			2015			

Transaction ID : 2015062593746-48

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

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

59892.93

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

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

FOR LINE NUMBER: PAGE 212 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Blue Cross and Blue Shield of Kansas City Federal Pac

Mailing Address One Pershing Square
2301 Main Street

City	State	Zip Code
Kansas City	MO	64108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : 2C3E0CAD2A230434CDD

Amount of Each Receipt this Period

8400.00

Transfer from affiliated PAC.

Full Name (Last, First, Middle Initial)

B. Blue Cross and Blue Shield of Kansas, Inc. Employee Pac

Mailing Address 1133 SW Topeka Blvd.
Cc:855 - B3

City	State	Zip Code
Topeka	KS	66629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2015

Transaction ID : B1FDBC9D53E2DB68A57

Amount of Each Receipt this Period

684.00

Transfer from affiliated PAC.

Full Name (Last, First, Middle Initial)

C. Blue Cross and Blue Shield of Kansas, Inc. Employee Pac

Mailing Address 1133 SW Topeka Blvd.
Cc:855 - B3

City	State	Zip Code
Topeka	KS	66629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

Transaction ID : 29FBCE9435F474974CA

Amount of Each Receipt this Period

684.00

Transfer from affiliated PAC.

SUBTOTAL of Receipts This Page (optional).....▶

9768.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 213 OF 276

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Blue Cross and Blue Shield of Kansas, Inc. Employee Pac

Mailing Address 1133 SW Topeka Blvd.

Cc:855 - B3

City

Topeka

State

KS

Zip Code

66629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : 02D1C6B0CCC205D8A76

Amount of Each Receipt this Period

684.00

Transfer from affiliated PAC.

Full Name (Last, First, Middle Initial)

B. Blue Cross and Blue Shield of Kansas, Inc. Employee Pac

Mailing Address 1133 SW Topeka Blvd.

Cc:855 - B3

City

Topeka

State

KS

Zip Code

66629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

Transaction ID : 56616E5B69B70386930

Amount of Each Receipt this Period

684.00

Transfer from affiliated PAC.

Full Name (Last, First, Middle Initial)

C. Blue Cross and Blue Shield of Kansas, Inc. Employee Pac

Mailing Address 1133 SW Topeka Blvd.

Cc:855 - B3

City

Topeka

State

KS

Zip Code

66629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : F11B986EF566DE85F2E

Amount of Each Receipt this Period

684.00

Transfer from affiliated PAC.

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

2052.00

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 214 OF 276

☐ 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

Full Name (Last, First, Middle Initial)

A. Blue Cross and Blue Shield of Kansas, Inc. Employee Pac

Mailing Address 1133 SW Topeka Blvd.

Cc:855 - B3

City State Zip Code
Topeka KS 66629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2015

Transaction ID : D6C7544502CD724C6B4

Amount of Each Receipt this Period

684.00

Transfer from affiliated PAC.

Full Name (Last, First, Middle Initial)

B. Blue Cross and Blue Shield of Nebraska Political Action Committee (BLUEPAC)

Mailing Address 7261 Mercy Road

PO Box 3248

City State Zip Code
Omaha NE 68180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2015

Transaction ID : 576A04C2A3BCD883E06

Amount of Each Receipt this Period

7000.00

Transfer from affiliated PAC.

Full Name (Last, First, Middle Initial)

C. Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Mailing Address PO Box 2291

City State Zip Code
Durham NC 27702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2015

Transaction ID : 362C4434C8200423976

Amount of Each Receipt this Period

10000.00

Transfer from affiliated PAC.

SUBTOTAL of Receipts This Page (optional)..... ►

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

17684.00

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

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

FOR LINE NUMBER: PAGE 215 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Blue Cross Blue Shield of Alabama Pac

Mailing Address 2 North Jackson Street
Suite 202

City State Zip Code
Montgomery AL 36104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

01 / 12 / 2015

Transaction ID : 5AA6F168CCC0BD8F9A7

Amount of Each Receipt this Period

5000.00

Transfer from affiliated PAC.

Full Name (Last, First, Middle Initial)

B. Blue Cross Blue Shield of Alabama Pac

Mailing Address 2 North Jackson Street
Suite 202

City State Zip Code
Montgomery AL 36104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

06 / 08 / 2015

Transaction ID : D9276F43A030653AC6C

Amount of Each Receipt this Period

20000.00

Transfer from affiliated PAC.

Full Name (Last, First, Middle Initial)

C. Blue Cross Blue Shield of Michigan Pac

Mailing Address 232 S. Capitol
MC L10A

City State Zip Code
Lansing MI 48933

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

03 / 11 / 2015

Transaction ID : DA555F3C512A96FA8D9

Amount of Each Receipt this Period

25000.00

Transfer from affiliated PAC.

SUBTOTAL of Receipts This Page (optional)..... ►

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

50000.00

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 216 OF 276

☐ 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

Full Name (Last, First, Middle Initial)

A. Blue Cross Voice

Mailing Address 19 North Main Street

City

Wilkes Barre

State

PA

Zip Code

18711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

01 / 12 / 2015

Transaction ID : 9C46611CCF238FACD0E

Amount of Each Receipt this Period

1750.00

Transfer from affiliated PAC.

Full Name (Last, First, Middle Initial)

B. Blue Cross Voice

Mailing Address 19 North Main Street

City

Wilkes Barre

State

PA

Zip Code

18711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

04 / 09 / 2015

Transaction ID : F7F7D68AD6EC8778687

Amount of Each Receipt this Period

1750.00

Transfer from affiliated PAC.

Full Name (Last, First, Middle Initial)

C. Blue Shield of California Political Action Committee

Mailing Address 50 Beale Street

17-C356

City

San Francisco

State

CA

Zip Code

94105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

05 / 04 / 2015

Transaction ID : 32CD49D4C59DB235647

Amount of Each Receipt this Period

1750.00

Transfer from affiliated PAC.

SUBTOTAL of Receipts This Page (optional)..... ►

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

21000.00

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

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

FOR LINE NUMBER: PAGE 217 OF 276

(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

Full Name (Last, First, Middle Initial)

A. Bluecross Blueshield of Tennessee Inc Political Action Committee (BCBSTN PAC)

Mailing Address 1 Cameron Hill Circle

City	State	Zip Code
Chattanooga	TN	37402

FEC ID number of contributing federal political committee.

C

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
0	3		2	3		2	0	1	5

Transaction ID : E13E1E65DF140DDC6E0

Amount of Each Receipt this Period

5000.00

Transfer from affiliated PAC.

Full Name (Last, First, Middle Initial)

B. Cambia Health Solutions Inc. PACMailing Address 200 SW Market St
PO Box 1271/MS E12C

City	State	Zip Code
Portland	OR	97207

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	5

Transaction ID : 0F6E4EEC528B83C753A

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Florida Health Political Action Committee (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, INC)Mailing Address PO Box 6936
4800 Deerwood Campus Parkwy, Dc3-4

City	State	Zip Code
Jacksonville	FL	32236

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	5

Transaction ID : 1D32C293A15865C3F4F

Amount of Each Receipt this Period

20000.00

Transfer from affiliated PAC.

SUBTOTAL of Receipts This Page (optional)..... ►

30000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Health Care Service Corporation Employees' Political Action Committee

Mailing Address 300 E. Randolph

Legal Dept.

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : F1C10B62AB13B759CF8

Amount of Each Receipt this Period

5000.00

Transfer from affiliated PAC.

Full Name (Last, First, Middle Initial)

B. Healthy Government Committee-the Political Action Cmte/Blue Cross

Mailing Address Post Office Box 13466

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

Transaction ID : 669F1F1DD1951907193

Amount of Each Receipt this Period

3000.00

Transfer from affiliated PAC.

Full Name (Last, First, Middle Initial)

C. Highmark Health Pac of Highmark Inc.

Mailing Address 1800 Center Street

City

Camp Hill

State

PA

Zip Code

17089

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

Transaction ID : BEDC6C763A024E96DCF

Amount of Each Receipt this Period

1500.00

Transfer from affiliated PAC.

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

9500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Highmark Health Pac of Highmark Inc.

Mailing Address 1800 Center Street

City

Camp Hill

State

PA

Zip Code

17089

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

Transaction ID : CB89D36CB140308DD78

Amount of Each Receipt this Period

1500.00

Transfer from affiliated PAC.

Full Name (Last, First, Middle Initial)

B. Highmark Health Pac of Highmark Inc.

Mailing Address 1800 Center Street

City

Camp Hill

State

PA

Zip Code

17089

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : B35E279E75ED83E090A

Amount of Each Receipt this Period

1500.00

Transfer from affiliated PAC.

Full Name (Last, First, Middle Initial)

C. Highmark Health Pac of Highmark Inc.

Mailing Address 1800 Center Street

City

Camp Hill

State

PA

Zip Code

17089

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : ODB14364360A664B9BD

Amount of Each Receipt this Period

1500.00

Transfer from affiliated PAC.

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

4500.00

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)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Highmark Health Pac of Highmark Inc.

Mailing Address 1800 Center Street

City State Zip Code
 Camp Hill PA 17089

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

06 / 08 / 2015

Transaction ID : D2D47D1C981C93CD9CF

Amount of Each Receipt this Period

1500.00

Transfer from affiliated PAC.

Full Name (Last, First, Middle Initial)

B. Highmark Health Pac of Highmark Inc.

Mailing Address 1800 Center Street

City State Zip Code
 Camp Hill PA 17089

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

06 / 18 / 2015

Transaction ID : D2FA8FFDEFCAB0E581

Amount of Each Receipt this Period

1500.00

Transfer from affiliated PAC.

Full Name (Last, First, Middle Initial)

C. Independence Blue Cross Pac (IBC PAC)

Mailing Address 1901 Market Street

City State Zip Code
 Philadelphia PA 19103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

01 / 12 / 2015

Transaction ID : 6AA5CD576CB5E467DDC

Amount of Each Receipt this Period

10001.00

Transfer from affiliated PAC.

SUBTOTAL of Receipts This Page (optional)..... ►

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

13001.00

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

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

FOR LINE NUMBER:
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☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Independence Blue Cross Pac (IBC PAC)

Mailing Address 1901 Market Street

City State Zip Code
Philadelphia PA 19103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

04 / 09 / 2015

Transaction ID : 29B574DDA187FF272D0

Amount of Each Receipt this Period

10000.00

Transfer from affiliated PAC.

Full Name (Last, First, Middle Initial)

B. Independence Blue Cross Pac (IBC PAC)

Mailing Address 1901 Market Street

City State Zip Code
Philadelphia PA 19103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

06 / 18 / 2015

Transaction ID : 0997890E752D72C6DB3

Amount of Each Receipt this Period

10000.00

Transfer from affiliate PAC.

Full Name (Last, First, Middle Initial)

C. Premera Blue Cross Political Action Committee/Premera Pac

Mailing Address 7001 220th Street SW
MS 355

City State Zip Code
Mountlake Terrace WA 98043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

02 / 26 / 2015

Transaction ID : 27422715DE595A62BA5

Amount of Each Receipt this Period

10000.00

Transfer from affiliated PAC.

SUBTOTAL of Receipts This Page (optional)..... ►

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

30000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 222 OF 276
(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

Full Name (Last, First, Middle Initial)

A. Wellpoint, Inc. Wellpac

Mailing Address 120 Monument Circle

City	State	Zip Code
Indianapolis	IN	46204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187505.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02	/	12	/	2015

Transaction ID : DF1696C0F88FCF383D3

Amount of Each Receipt this Period

5000.00

Transfer from affiliated PAC.

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

5000.00

192505.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. 21st Century Majority Fund

Mailing Address 6065 Roswell Road, #2274

City Atlanta	State GA	Zip Code 30328
-----------------	-------------	-------------------

Purpose of Disbursement
2015 Contribution

011

Candidate Name

21st Century Majority FundCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : 18C5D9C37E967A5C3B6

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Alamo PACMailing Address 919 Congress Avenue
Suite 1400

City Austin	State TX	Zip Code 78701
----------------	-------------	-------------------

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Alamo PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2015

Transaction ID : 4DD949F96D311FB343D

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Ami Bera for Congress

Mailing Address PO Box 582496

City Elk Grove	State CA	Zip Code 95758
-------------------	-------------	-------------------

Purpose of Disbursement
2016 Primary

011

Candidate Name

Ameriash B. BeraCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Contribution

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2015

Transaction ID : 07D6D3B386D4522A6B4

Amount of Each Disbursement this Period

1000.00

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

11000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 224 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Ann PAC

Mailing Address PO Box 3535

City	State	Zip Code
Ballwin	MO	63022

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Ann PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

Transaction ID : DE4F5BBF14CC365B775

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BADGERPAC

Mailing Address PO Box 184

City	State	Zip Code
La Crosse	WI	54602

Purpose of Disbursement
2015 Contribution

011

Candidate Name

BADGERPAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2015

Transaction ID : FFC1780D1E1A1F62A5C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BADGERPAC

Mailing Address PO Box 184

City	State	Zip Code
La Crosse	WI	54602

Purpose of Disbursement
2015 Contribution

011

Candidate Name

BADGERPAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : 13787A4FA711DCB2A9F

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

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

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Bennet for Colorado

Mailing Address PO Box 3078

City Denver	State CO	Zip Code 80201
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Purpose of Disbursement
2016 General

011

Candidate Name

Michael F. BennetCategory/
Type
 Office Sought: ☐ House
☒ Senate
☐ President

 Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2015

Transaction ID : 4704662DDE843A04B18

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bill Flores for Congress

Mailing Address PO Box 6207

City Bryan	State TX	Zip Code 77805
---------------	-------------	-------------------

Purpose of Disbursement
2016 Primary

011

Candidate Name

William H. FloresCategory/
Type
 Office Sought: ☒ House
☐ Senate
☐ President

 Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2015

Transaction ID : 4B568CB56C0D87AA132

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Blue Hen PAC

Mailing Address PO Box 15293

City Washington	State DC	Zip Code 20003
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Purpose of Disbursement
2015 Contribution

011

Candidate Name

Blue Hen PACCategory/
Type
 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

Transaction ID : 2FB15F7094FABD41302

Amount of Each Disbursement this Period

2500.00

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

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Brian Higgins for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2015

Mailing Address PO Box 28

City	State	Zip Code
Buffalo	NY	14220

Purpose of Disbursement
2016 Primary

011

Transaction ID : 50C132ECDD24C798607

Amount of Each Disbursement this Period

1500.00

Candidate Name

Brian M. HigginsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 26

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr. MD for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2015

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598-0126

Purpose of Disbursement
2016 Primary

011

Transaction ID : 96BA609FD516DFF5127

Amount of Each Disbursement this Period

2500.00

Candidate Name

Charles William Boustany Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 03

Full Name (Last, First, Middle Initial)

C. Charlie Dent for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2015

Mailing Address PO Box 442

City	State	Zip Code
Allentown	PA	18105-0442

Purpose of Disbursement
2016 Primary

011

Transaction ID : 0150FBC5166A6A91EE6

Amount of Each Disbursement this Period

1500.00

Candidate Name

Charles W. DentCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 15

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

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Chuck Fleischmann for Congress Committee, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2015

Mailing Address PO Box 11091

City	State	Zip Code
Chattanooga	TN	37401

Purpose of Disbursement
2016 Primary

011

Candidate Name

Charles J. FleischmannCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 03

Transaction ID : EA82441E5E823719982

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Chuck Fleischmann for Congress Committee, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2015

Mailing Address PO Box 11091

City	State	Zip Code
Chattanooga	TN	37401

Purpose of Disbursement
2016 Primary

011

Candidate Name

Charles J. FleischmannCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 03

Transaction ID : 3D12446B8F1606C27A2

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Citizens for Prosperity in America Today PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2015

Mailing Address 228 S Washington St Ste 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Citizens for Prosperity in America Today PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID : 2091CEA7DA25F250128

Amount of Each Disbursement this Period

2500.00

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

5500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. CMR Political Action Committee

Mailing Address PO Box 2485

City
SpringfieldState
VAZip Code
22152-0485Purpose of Disbursement
2015 Contribution

011

Candidate Name

CMR Political Action Committee

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : 17F36595D3EFEF93366

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Collins for Congress

Mailing Address PO Box 386

City
ClarenceState
NYZip Code
14031-0386Purpose of Disbursement
2016 Primary

011

Candidate Name

Christopher Carl Collins

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

Transaction ID : 9B11543C488268D4231

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Collins for Congress

Mailing Address PO Box 1295

City
GainesvilleState
GAZip Code
30503-1295Purpose of Disbursement
2016 Primary

011

Candidate Name

Douglas Allen Collins

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2015

Transaction ID : 40262D4BF727287B7C0

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional).....▶

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

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Collins for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Mailing Address PO Box 386

Transaction ID : 828B42242A9823CCAEF

City	State	Zip Code
Clarence	NY	14031-0386

Amount of Each Disbursement this Period

Purpose of Disbursement
2016 Primary

011

1000.00

Candidate Name

Christopher Carl CollinsCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 27

Full Name (Last, First, Middle Initial)

B. Common Sense Colorado

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2015

Mailing Address PO Box 1978

Transaction ID : 406B1F1526208EE9300

City	State	Zip Code
Denver	CO	80201

Amount of Each Disbursement this Period

Purpose of Disbursement
2015 Contribution

011

2500.00

Candidate Name

Common Sense ColoradoCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Contribution

State: District:

Full Name (Last, First, Middle Initial)

C. Common Sense Colorado

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2015

Mailing Address PO Box 1978

Transaction ID : 7513FD7233BD88C1726

City	State	Zip Code
Denver	CO	80201

Amount of Each Disbursement this Period

Purpose of Disbursement
2015 Contribution

011

2500.00

Candidate Name

Common Sense ColoradoCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Contribution

State: District:

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

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Common Values PAC

Mailing Address 901 N Washington St, Suite 700

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
2015 Contribution

Candidate Name

Common Values PACOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : 1E433ED2DC1F64896D3

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Cramer for Congress

Mailing Address PO Box 396

City	State	Zip Code
Bismarck	ND	58502-0396

Purpose of Disbursement
2016 Primary

Candidate Name

Kevin John CramerOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : B5F013B791B4B59740B

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Crenshaw for Congress CampaignMailing Address 7235 Bonneval Road
Suite 219

City	State	Zip Code
Jacksonville	FL	32256-7506

Purpose of Disbursement
2016 Primary

Candidate Name

Ander M. CrenshawOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2015

Transaction ID : 7C477515B328BEC06A1

Amount of Each Disbursement this Period

2500.00

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

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Dakota PAC

Mailing Address PO Box 861

City	State	Zip Code
Bismarck	ND	58502

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Dakota PACCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2015

Transaction ID : 2C70D605518F77DF1C3

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dakota Prairie PAC

Mailing Address 918 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Dakota Prairie PACCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2015

Transaction ID : 3BD97AC3F204C84E3E5

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Dakota Prairie PAC

Mailing Address 918 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Dakota Prairie PACCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2015

Transaction ID : DC32D6A7FF1B5C756A7

Amount of Each Disbursement this Period

2500.00

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

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 232 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Dan Coats for Indiana

Mailing Address PO Box 301141

City	State	Zip Code
Indianapolis	IN	46230

Purpose of Disbursement
2016 Primary

Candidate Name

Daniel Ray Coats

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2015

Transaction ID : E27F126A65B040D1FFF

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign CommitteeMailing Address 430 South Capitol Street, SE
2nd Floor

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
2015 Contribution

Candidate Name

Democratic Congressional Campaign Committee

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

Transaction ID : 247FD6EAEAB5D090AAD

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Denali Leadership PAC

Mailing Address 2755 Illiamna

City	State	Zip Code
Anchorage	AK	99517

Purpose of Disbursement
2015 Contribution

Candidate Name

Denali Leadership PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2015

Transaction ID : D078C77C5D4ABCE4712

Amount of Each Disbursement this Period

1000.00

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

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 233 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Denali Leadership PAC

Mailing Address 2755 Iliamna

City
AnchorageState
AKZip Code
99517Purpose of Disbursement
2015 Contribution

011

Candidate Name

Denali Leadership PACCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

Transaction ID : 1FCBF52380332BB57D1

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dirigo PAC

Mailing Address PO Box 1355

City
AlexandriaState
VAZip Code
22313Purpose of Disbursement
2015 Contribution

011

Candidate Name

Dirigo PACCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2015

Transaction ID : 92DBE118569AB6D0910

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DSCC

Mailing Address 120 Maryland Ave NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
2015 Contribution

011

Candidate Name

DSCCCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2015

Transaction ID : 30549129DE948052A13

Amount of Each Disbursement this Period

5000.00

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

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 234 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Duncan D. Hunter for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2015

Mailing Address PO Box 1545

City	State	Zip Code
El Cajon	CA	92022

Purpose of Disbursement
2016 Primary

011

Transaction ID : B4D7B77B3522C6FA0C0

Amount of Each Disbursement this Period

1000.00

Candidate Name

Duncan Duane HunterCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 50

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Elect Blake Farenthold Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		19		2015

Mailing Address PO Box 3369

City	State	Zip Code
Corpus Christi	TX	78463-3369

Purpose of Disbursement
2016 Primary

011

Transaction ID : 6B15687FE54615F6C9A

Amount of Each Disbursement this Period

1000.00

Candidate Name

R. Blake FarentholdCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 27

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Families for James Lankford

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2015

Mailing Address PO Box 1639

City	State	Zip Code
Bethany	OK	73008

Purpose of Disbursement
2016 Primary

011

Transaction ID : E19EAA6CA61726D8FAF

Amount of Each Disbursement this Period

1500.00

Candidate Name

James Paul LankfordCategory/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: OK District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

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

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 235 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. First State PAC

Mailing Address PO Box 3006

City
WilmingtonState
DEZip Code
19804Purpose of Disbursement
2015 Contribution

011

Candidate Name

First State PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	09	/	2015

Transaction ID : EE782D79309B265797E

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of David Jolly

Mailing Address PO Box 1158

City
Indian Rocks BeachState
FLZip Code
33785Purpose of Disbursement
2016 General

011

Candidate Name

David Wilson Jolly

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: FL

District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2015

Transaction ID : CC52CE0E12D284DE139

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Dennis Ross

Mailing Address Post Office Box

City
LakelandState
FLZip Code
33807Purpose of Disbursement
2016 Primary

011

Candidate Name

Dennis Alan Ross

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : 98C0DF0005E29CB4B34

Amount of Each Disbursement this Period

2500.00

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

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Friends of Don Beyer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2015

Mailing Address 1751 Potomac Greens Drive

Transaction ID : 52B0273EEC8C2D6743C

City	State	Zip Code
Alexandria	VA	22314

Amount of Each Disbursement this Period

Purpose of Disbursement
2016 Primary

011

750.00

Candidate Name

Donald S. Beyer Jr.Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VA District: 08

Full Name (Last, First, Middle Initial)

B. Friends of Erik Paulsen

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2015

Mailing Address PO Box 44369
250 Prairie Center Drive**Transaction ID : 35D6A2CAE9A1B3273BE**

City	State	Zip Code
Eden Prairie	MN	55344

Amount of Each Disbursement this Period

Purpose of Disbursement
2016 Primary

011

2500.00

Candidate Name

Erik PaulsenCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MN District: 03

Full Name (Last, First, Middle Initial)

C. Friends of Erik Paulsen

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2015

Mailing Address PO Box 44369
250 Prairie Center Drive**Transaction ID : 987C0EE9F25CC284548**

City	State	Zip Code
Eden Prairie	MN	55344

Amount of Each Disbursement this Period

Purpose of Disbursement
2016 Primary

011

1000.00

Candidate Name

Erik PaulsenCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MN District: 03

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

4250.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Friends of Jason Chaffetz

Mailing Address 315 Westfield Circle

City	State	Zip Code
Alpine	UT	84004

Purpose of Disbursement
2014 General - Original check issued 12/9/14

Candidate Name

Jason E. Chaffetz

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: UT	District: 03

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2015

Transaction ID : 477A8721B459D75AFA4

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Jason Chaffetz

Mailing Address 315 Westfield Circle

City	State	Zip Code
Alpine	UT	84004

Purpose of Disbursement
2016 Primary

Candidate Name

Jason E. Chaffetz

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: UT	District: 03

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2015

Transaction ID : 814C61AF0C00BA966C6

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends of Jason Chaffetz

Mailing Address 315 Westfield Circle

City	State	Zip Code
Alpine	UT	84004

Purpose of Disbursement
2016 General

Candidate Name

Jason E. Chaffetz

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: UT	District: 03

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

Transaction ID : 3520685816D92CF748B

Amount of Each Disbursement this Period

2000.00

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

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Friends of Jason Chaffetz

Mailing Address 315 Westfield Circle

City Alpine	State UT	Zip Code 84004
----------------	-------------	-------------------

Purpose of Disbursement
2016 Primary

011

Candidate Name

Jason E. ChaffetzCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : EAB65FFC86A98C4347B

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Friends of Joe Pitts

Mailing Address PO Box 775

City Unionville	State PA	Zip Code 19375
--------------------	-------------	-------------------

Purpose of Disbursement
2016 Primary

011

Candidate Name

Joseph Russell PittsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : 752E498578F919DA0B6

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of John Barrasso

Mailing Address PO Box 52008

City Casper	State WY	Zip Code 82605
----------------	-------------	-------------------

Purpose of Disbursement
2015 Contribution

011

Candidate Name

John Anthony BarrassoCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☐ Primary ☒ General
☐ Other (specify) ▼

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

Transaction ID : 0C19AFC3C4567FA9422

Amount of Each Disbursement this Period

1000.00

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

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Friends of John Barrasso

Mailing Address PO Box 52008

City	State	Zip Code
Casper	WY	82605

Purpose of Disbursement
2018 General

011

Candidate Name

John Anthony BarrassoCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

Transaction ID : 689EF25F85908D9A800

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Friends of John BoehnerMailing Address 7908 Cincinnati Dayton Road
Suite I

City	State	Zip Code
West Chester	OH	45069-6628

Purpose of Disbursement
2016 Primary

011

Candidate Name

John Andrew BoehnerCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

Transaction ID : 36056FC2C1699680C55

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends of John BoehnerMailing Address 7908 Cincinnati Dayton Road
Suite I

City	State	Zip Code
West Chester	OH	45069-6628

Purpose of Disbursement
2016 General

011

Candidate Name

John Andrew BoehnerCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

Transaction ID : 8D4CB0F6CDADCC121B8

Amount of Each Disbursement this Period

5000.00

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

13000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 240 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Friends of John Thune

Mailing Address PO Box 841

City	State	Zip Code
Sioux Falls	SD	57101

Purpose of Disbursement
2016 Primary

011

Candidate Name

John Randolph ThuneCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

Transaction ID : F5F5E7E379BCD590D03

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Friends of Juan Vargas

Mailing Address 330 Encinitas Blvd., Suite 101

City	State	Zip Code
Encinitas	CA	92024

Purpose of Disbursement
2016 Primary

011

Candidate Name

Juan Carlos VargasCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 51

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2015

Transaction ID : 8E47C2FCABF9C932C0D

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Kelly Ayotte Inc

Mailing Address PO Box 937

City	State	Zip Code
Manchester	NH	03105-0937

Purpose of Disbursement
2016 General

011

Candidate Name

Kelly Ann AyotteCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

Transaction ID : 1BCDAFD0F4F4D0141B8

Amount of Each Disbursement this Period

2500.00

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

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 241 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Friends of Roy Blunt

Mailing Address PO Box 10178

City	State	Zip Code
Columbia	MO	65205-4002

Purpose of Disbursement
2016 Primary

011

Candidate Name

Roy Dean Blunt

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2015

Transaction ID : 0A05753C056E5DC1753

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Roy Blunt

Mailing Address PO Box 10178

City	State	Zip Code
Columbia	MO	65205-4002

Purpose of Disbursement
2016 Primary

011

Candidate Name

Roy Dean Blunt

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2015

Transaction ID : D5DAF83721A39966388

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City	State	Zip Code
New York	NY	10016

Purpose of Disbursement
2016 Primary

011

Candidate Name

Charles E. Schumer

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2015

Transaction ID : 0A1AA7D361FED487024

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 242 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Friends of Schumer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2015

Mailing Address 192 Lexington Avenue Suite 1001

City	State	Zip Code
New York	NY	10016

Purpose of Disbursement
2016 Primary

011

Transaction ID : E7789E4468995341EAB

Amount of Each Disbursement this Period

2500.00

Candidate Name

Charles E. SchumerCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District:

Full Name (Last, First, Middle Initial)

B. Friends of Susan Brooks

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Mailing Address 9425 N Meridian Street
237

City	State	Zip Code
Indianapolis	IN	46260-1308

Purpose of Disbursement
2016 Primary

011

Transaction ID : 086FD5DA345EBF6D8AE

Amount of Each Disbursement this Period

1000.00

Candidate Name

Susan W. BrooksCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IN District: 05

Full Name (Last, First, Middle Initial)

C. Gene PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2015

Mailing Address 256 N Sam Houston Pkwy E
Suite 278

City	State	Zip Code
Houston	TX	77060

Purpose of Disbursement
2015 Contribution

011

Transaction ID : 8A97D8E7A188F30B9F1

Amount of Each Disbursement this Period

2500.00

Candidate Name

Gene PACCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: District: Contribution

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

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 243 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Georgians for Isakson

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2015

Mailing Address Post Office Box 250116

City	State	Zip Code
Atlanta	GA	30325

Transaction ID : D21B69DF24C174C1306Purpose of Disbursement
2016 Primary

011

Amount of Each Disbursement this Period

Candidate Name

Johnny H. IsaksonCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2015

B. Graves for Congress

Mailing Address PO Box 335

City	State	Zip Code
Calhoun	GA	30703

Transaction ID : FE2CC065ED115794C6FPurpose of Disbursement
2016 Primary

011

Amount of Each Disbursement this Period

Candidate Name

John Thomas GravesCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

C. Guthrie for Congress

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102-9639

Transaction ID : ABD67977AB39734B33EPurpose of Disbursement
2016 Primary

011

Amount of Each Disbursement this Period

Candidate Name

S. Brett GuthrieCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY

District: 02

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

4500.00

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 244 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Heidi for Senate

Mailing Address PO Box 1577

City	State	Zip Code
Bismarck	ND	58502-1577

Purpose of Disbursement
2018 Primary

011

Candidate Name

Heidi HeitkampCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : 622A2C38F1A69871B50

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Heller for Senate

Mailing Address PO Box 371907

City	State	Zip Code
Las Vegas	NV	89137

Purpose of Disbursement
2018 Primary

011

Candidate Name

Dean Arthur HellerCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2015

Transaction ID : DB9D643044087045C16

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Hellerhighwater PAC

Mailing Address PO Box 370672

City	State	Zip Code
Las Vegas	NV	89137

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Hellerhighwater PACCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

Transaction ID : F838F3A726066D95A52

Amount of Each Disbursement this Period

2500.00

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

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 245 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Hoeven for Senate

Mailing Address PO Box 861

City Bismarck	State ND	Zip Code 58502
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Purpose of Disbursement
2016 Primary

011

Candidate Name

John Henry Hoeven IIICategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

Transaction ID : 83694CBC6F51662EDB8

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Hoyer for CongressMailing Address 700 13th Street NW
Suite 600

City Washington	State DC	Zip Code 20005
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Purpose of Disbursement
2016 Primary

011

Candidate Name

Steny Hamilton HoyerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2015

Transaction ID : B9E3466F27D328E20BE

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Hudson for Congress

Mailing Address PO Box 5053

City Concord	State NC	Zip Code 28027-1500
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Purpose of Disbursement
2016 Primary

011

Candidate Name

Richard Lane Hudson Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : 2FE7403EDE4CF84AFCC

Amount of Each Disbursement this Period

2000.00

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

5500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Hudson for Congress

Mailing Address PO Box 5053

City Concord	State NC	Zip Code 28027-1500
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Purpose of Disbursement
2016 Primary

011

Candidate Name

Richard Lane Hudson Jr.Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 08

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : A86EDDC4523ECDA9399

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JET PAC

Mailing Address PO Box 2385

City Ottawa	State IL	Zip Code 61350
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Purpose of Disbursement
2015 Contribution

011

Candidate Name

JET PACCategory/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2015

Transaction ID : BD1C59D2BEB83BAC1AA

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Jim Jordan for Congress

Mailing Address 1709 State Route 560 South

City Urbana	State OH	Zip Code 43078
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Purpose of Disbursement
2016 Primary

011

Candidate Name

James Daniel JordanCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 04

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2015

Transaction ID : C04CE6AADF0B031CF9A

Amount of Each Disbursement this Period

1000.00

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

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 247 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. John S Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Mailing Address PO Box 853

Transaction ID : 737B613866753C1D5C5

City	State	Zip Code
Edwardsville	IL	62025-0853

Amount of Each Disbursement this Period

Purpose of Disbursement
2015 Contribution

011

2500.00

Candidate Name

John S FundCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Contribution

State:

District:

Full Name (Last, First, Middle Initial)

B. Johnson for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2015

Mailing Address PO Box 906

Transaction ID : 75A0D7D1CD32E7E6DB9

City	State	Zip Code
Marietta	OH	45750

Amount of Each Disbursement this Period

Purpose of Disbursement
2016 Primary

011

1000.00

Candidate Name

William L. JohnsonCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OH

District: 06

Full Name (Last, First, Middle Initial)

C. Kamala Harris for Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2015

Mailing Address 777 S Figueroa St Ste 4050

Transaction ID : 50F2C7B8BFA6305EB34

City	State	Zip Code
Los Angeles	CA	90017

Amount of Each Disbursement this Period

Purpose of Disbursement
2016 Primary

011

5000.00

Candidate Name

Kamala D. HarrisCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA

District:

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

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Katko for Congress

Mailing Address PO Box 133

City Camillus	State NY	Zip Code 13031-0133
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Purpose of Disbursement
2016 Primary

Candidate Name

John Michael KatkoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : 8BD6B0B706B7AD26188

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kay Granger Campaign Fund

Mailing Address 1701 River Run, Suite 1010

City Fort Worth	State TX	Zip Code 76107
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Purpose of Disbursement
2016 Primary

Candidate Name

Kay GrangerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2015

Transaction ID : A4896AD239C8186C83E

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Kevin McCarthy for Congress

Mailing Address PO Box 12667

City Bakersfield	State CA	Zip Code 93389-2667
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Purpose of Disbursement
2016 Primary

Candidate Name

Kevin Owen McCarthyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2015

Transaction ID : 43C428F8CDED59EE085

Amount of Each Disbursement this Period

2500.00

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

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 249 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Kind for Congress Committee

Mailing Address 3061 Edgewater Ln

City La Crosse	State WI	Zip Code 54603
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Purpose of Disbursement
2016 Primary

011

Candidate Name

Ronald James Kind

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : C68F52DC91E1C8EC34E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kinzinger for Congress

Mailing Address PO Box 2365

City Ottawa	State IL	Zip Code 61350-6965
----------------	-------------	------------------------

Purpose of Disbursement
2016 Primary

011

Candidate Name

Adam Daniel Kinzinger

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

Transaction ID : E3226DE4572E4E0C137

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kinzinger for Congress

Mailing Address PO Box 2365

City Ottawa	State IL	Zip Code 61350-6965
----------------	-------------	------------------------

Purpose of Disbursement
2016 Primary

011

Candidate Name

Adam Daniel Kinzinger

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : 65D4CF09A44145E9B75

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

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

4500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 250 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Kirk for Senate

Mailing Address PO Box 2594

City	State	Zip Code
Chicago	IL	60690

Purpose of Disbursement
2016 Primary

011

Candidate Name

Mark Steven KirkCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2015

Transaction ID : 45430AD3A7398C296DE

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kurt Schrader for Congress

Mailing Address PO Box 3314

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement
2016 Primary

011

Candidate Name

Kurt SchraderCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : 0885FD1ABC2CE4A1EA7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kyrsten Sinema for Congress

Mailing Address PO Box 25879

City	State	Zip Code
Tempe	AZ	85285

Purpose of Disbursement
2016 Primary

011

Candidate Name

Kyrsten SinemaCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2015

Transaction ID : 5EC0C3587E0AF52136F

Amount of Each Disbursement this Period

1000.00

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

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 251 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Kyrsten Sinema for Congress

Mailing Address PO Box 25879

City	State	Zip Code
Tempe	AZ	85285

Purpose of Disbursement
2016 Primary

011

Candidate Name

Kyrsten SinemaCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: AZ District: 09

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : 69A7669D422A997DBE8

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. LEGPAC

Mailing Address 38 Ivy St., SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
2015 Contribution

011

Candidate Name

LEGPACCategory/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

Transaction ID : FE87A35215AF847D0E4

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Lone Star Leadership PAC

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824-0844

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Lone Star Leadership PACCategory/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2015

Transaction ID : AA5FAE8D05010270390

Amount of Each Disbursement this Period

2500.00

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

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 252 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Luke Messer for Congress

Mailing Address PO Box 917

City	State	Zip Code
Shelbyville	IN	46176

Purpose of Disbursement
2016 Primary

011

Candidate Name

Allan Lucas MesserCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2015

Transaction ID : B9C9556F9F1F3B4DFDC

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins for Congress

Mailing Address PO Box 1441

City	State	Zip Code
Topeka	KS	66601-1441

Purpose of Disbursement
2016 Primary

011

Candidate Name

Lynn Michelle JenkinsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

Transaction ID : B0512BB1FE57C5D0A18

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. M-PACMailing Address 700 13th Street, NW
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
2015 Contribution

011

Candidate Name

M-PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2015

Transaction ID : E4C08C43DF15FF846B5

Amount of Each Disbursement this Period

1000.00

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

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Majority Committee PAC--Mc PAC

Mailing Address PO Box 10134

City	State	Zip Code
Bakersfield	CA	93389

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Majority Committee PAC--Mc PAC

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2015

Transaction ID : 0DF591BDD79D6CB8B0D

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Making Business Excel Political Action Committee

Mailing Address PO Box 2687

City	State	Zip Code
Cody	WY	82414

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Making Business Excel Political Action Committee

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2015

Transaction ID : 673AAFCADF224545A23

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Marsha Blackburn for Congress, Inc.

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024-3750

Purpose of Disbursement
2016 Primary

011

Candidate Name

Marsha Wedgeworth Blackburn

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

Transaction ID : 266E9692B4B7573BB0A

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶

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

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Marsha Blackburn for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2015

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024-3750

Transaction ID : 2BDA4D6F530FD99B9A3Purpose of Disbursement
2016 Primary

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Marsha Wedgeworth BlackburnCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 07

Full Name (Last, First, Middle Initial)

B. McHenry for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2015

Mailing Address PO Box 2165

City	State	Zip Code
Gastonia	NC	28053-2165

Transaction ID : 3331DFDF91F7BBE9F7DPurpose of Disbursement
2016 Primary

011

Amount of Each Disbursement this Period

2000.00

Candidate Name

Patrick Timothy McHenryCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 10

Full Name (Last, First, Middle Initial)

C. Meadows for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Mailing Address PO Box 811

City	State	Zip Code
Hendersonville	NC	28793-0811

Transaction ID : 346AB3CDD368DAB43DFPurpose of Disbursement
2016 Primary

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Mark Randall MeadowsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 11

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

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Michael Burgess for Congress

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202-2334

Purpose of Disbursement
2016 Primary

011

Candidate Name

Michael Clifton BurgessCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX	District: 26	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : 46FA9FC755F137E27C8

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Mike Kelly for Congress

Mailing Address PO Box 476

City	State	Zip Code
Lyndora	PA	16045

Purpose of Disbursement
2016 Primary

011

Candidate Name

G. Mike J. KellyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: PA	District: 03	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : 81F861085AE138A463B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Moran for Kansas

Mailing Address PO Box 1151

City	State	Zip Code
Hays	KS	67601-1151

Purpose of Disbursement
2016 Primary

011

Candidate Name

Jerry W. MoranCategory/
Type

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: KS	District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2015

Transaction ID : 7313E66A22080ABE567

Amount of Each Disbursement this Period

2500.00

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

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Moran for Kansas

Mailing Address PO Box 1151

City Hays	State KS	Zip Code 67601-1151
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Purpose of Disbursement
2016 Primary

011

Candidate Name

Jerry W. MoranOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2015

Transaction ID : A3FE70386307400804A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Moving America Forward

Mailing Address 972 W. Whitmire Drive

City Melbourne	State FL	Zip Code 32935
-------------------	-------------	-------------------

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Moving America ForwardOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2015

Transaction ID : 4EE362C4684E75A44E8

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Moving America Forward

Mailing Address 972 W. Whitmire Drive

City Melbourne	State FL	Zip Code 32935
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Purpose of Disbursement
2015 Contribution

011

Candidate Name

Moving America ForwardOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2015

Transaction ID : 4C2CEC668E061A50F5D

Amount of Each Disbursement this Period

2500.00

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

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Mullin for Congress

Mailing Address PO Box 3681

City Muskogee	State OK	Zip Code 74402
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Purpose of Disbursement
2016 Primary

011

Candidate Name

Markwayne MullinCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2015

Transaction ID : 04772FEF05D3651D3F5

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. New Democrat Coalition PACMailing Address 700 13th Street, NW
Suite 600

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Disbursement
2015 Contribution

011

Candidate Name

New Democrat Coalition PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2015

Transaction ID : 8762559D63736B06983

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. New PAC

Mailing Address PO Box 7480

City Visalia	State CA	Zip Code 93290
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Purpose of Disbursement
2015 Contribution

011

Candidate Name

New PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2015

Transaction ID : A97761EC46F997A6278

Amount of Each Disbursement this Period

2500.00

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

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. New PAC

Mailing Address PO Box 7480

City Visalia	State CA	Zip Code 93290
-----------------	-------------	-------------------

Purpose of Disbursement
2015 Contribution

011

Candidate Name

New PACCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

Transaction ID : FEC91C7405C56F654CF

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. New Pioneers PAC

Mailing Address 228 S Washington St Ste 115

City Alexandria	State VA	Zip Code 22314
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Purpose of Disbursement
2015 Contribution

011

Candidate Name

New Pioneers PACCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2015

Transaction ID : DE3B2468C3B3F114AC7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. NRCC

Mailing Address 320 First Street SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement
2015 Contribution

011

Candidate Name

NRCCCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2015

Transaction ID : 7D342C184522166B0EB

Amount of Each Disbursement this Period

5000.00

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

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. NRSC

Mailing Address 425 2nd Street NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
2015 Contribution

011

Candidate Name

NRSC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2015

Transaction ID : 5AFB1552B3449DD250D

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. ORRINPAC

Mailing Address PO Box 3986

City
WashingtonState
DCZip Code
20027Purpose of Disbursement
2015 Contribution

011

Candidate Name

ORRINPAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : C03FAF361665C10CB11

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PAC To the Future

Mailing Address 700 13th Street, NW, Suite 600

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
2015 Contribution

011

Candidate Name

PAC To the Future

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2015

Transaction ID : 73B41C1081F565EBE5E

Amount of Each Disbursement this Period

2500.00

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

13500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 260 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Pallone for Congress

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement
2016 Primary

011

Candidate Name

Frank Pallone Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2015

Transaction ID : 1AD32B12FB5A02580AD

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PEM PACMailing Address 1050 17th Street, NW
Suite 590

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
2015 Contribution

011

Candidate Name

PEM PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Transaction ID : 18623FE4D074DF11023

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. People for Enterprise Trade and Economic Growth (PETE PAC)

Mailing Address 7804 Evening Lane

City	State	Zip Code
Alexandria	VA	22306-2754

Purpose of Disbursement
2015 Contribution

011

Candidate Name

People for Enterprise Trade and Economic Growth (PETE PAC)Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2015

Transaction ID : 9C9C88755ED1253C230

Amount of Each Disbursement this Period

2500.00

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

6000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 261 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Pete Sessions for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2015

Mailing Address PO Box 823047

City	State	Zip Code
Dallas	TX	75382-3047

Purpose of Disbursement
2016 Primary

011

Candidate Name

Peter Anderson SessionsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 32

Transaction ID : 99E06AF996D531FEC6F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Portman for Senate Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2015

Mailing Address 9856 Archer Lane

City	State	Zip Code
Dublin	OH	43017-8914

Purpose of Disbursement
2016 Primary

011

Candidate Name

Rob J. PortmanCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID : DF3FFB616EF87A4A8F2

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Portman for Senate Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2015

Mailing Address 9856 Archer Lane

City	State	Zip Code
Dublin	OH	43017-8914

Purpose of Disbursement
2016 General

011

Candidate Name

Rob J. PortmanCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District:

Transaction ID : E1E6C72B9F86C4B5669

Amount of Each Disbursement this Period

500.00

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

2000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 262 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Preserving America's Traditions (PATPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2015

Mailing Address 610 S. Boulevard

City	State	Zip Code
Tampa	FL	33606

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Preserving America's Traditions (PATPAC)

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Transaction ID : 9B5A1A755624C320C69

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Preserving America's Traditions (PATPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2015

Mailing Address 610 S. Boulevard

City	State	Zip Code
Tampa	FL	33606

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Preserving America's Traditions (PATPAC)

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Transaction ID : 2B6A0C6870B30064732

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Promoting Our Republican Team PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2015

Mailing Address 8331 Little Harbor Drive

City	State	Zip Code
Cincinnati	OH	45244-2768

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Promoting Our Republican Team PAC

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Transaction ID : 7E1667D76130E357254

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

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

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 263 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Promoting Our Republican Team PAC

Mailing Address 8331 Little Harbor Drive

City	State	Zip Code
Cincinnati	OH	45244-2768

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Promoting Our Republican Team PAC

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

Transaction ID : 9EBF0ADB8BADB6A1A15

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Republican Majority Fund

Mailing Address 901 N Washington St, Ste 700

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Republican Majority Fund

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : FEC5E9B595DFE0A88B0

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Rightnow Women PAC

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Rightnow Women PAC

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2015

Transaction ID : 5ADE412F791C26D3CD9

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

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

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Ron DeSantis for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2015

Mailing Address PO Box 1425

City	State	Zip Code
Ponte Vedra Beach	FL	32004

Transaction ID : A4E925D5E41CB285E6EPurpose of Disbursement
2016 Primary

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Ronald D. DeSantisCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District:

Full Name (Last, First, Middle Initial)

B. Ron Johnson for Senate Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2015

Mailing Address 219 E Washington Ave
Suite 101

City	State	Zip Code
Oshkosh	WI	54901

Transaction ID : 2050077DE6699668C3DPurpose of Disbursement
2016 Primary

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Ronald H. JohnsonCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WI District:

Full Name (Last, First, Middle Initial)

C. Ron Johnson for Senate Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

Mailing Address 219 E Washington Ave
Suite 101

City	State	Zip Code
Oshkosh	WI	54901

Transaction ID : 4F63580CE056DE96265Purpose of Disbursement
2015 Contribution

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

Ronald H. JohnsonCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WI District:

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

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 265 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Ron Johnson for Senate Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

Mailing Address 219 E Washington Ave
Suite 101

City Oshkosh State WI Zip Code 54901

Purpose of Disbursement
2016 Primary

011

Transaction ID : A791788F3ED09B082DC

Amount of Each Disbursement this Period

500.00

Candidate Name

Ronald H. JohnsonCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District:

Full Name (Last, First, Middle Initial)

B. Ryan for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2015

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement
2016 Primary

011

Transaction ID : E7BE5D7ACCF1776770C

Amount of Each Disbursement this Period

1500.00

Candidate Name

Paul Davis Ryan Jr.Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

Full Name (Last, First, Middle Initial)

C. Ryan for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement
2016 Primary

011

Transaction ID : 83D479D603ED58BB68C

Amount of Each Disbursement this Period

3500.00

Candidate Name

Paul Davis Ryan Jr.Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

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

5500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 266 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Ryan for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Mailing Address PO Box 1488

City	State	Zip Code
Janesville	WI	53547-1488

Transaction ID : 33BDAB4DEE8E4B39726Purpose of Disbursement
2016 General

011

Amount of Each Disbursement this Period

Candidate Name

Paul Davis Ryan Jr.Category/
Type

1500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 01

Full Name (Last, First, Middle Initial)

B. Searchlight Leadership Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2015

Mailing Address 700 13th Street NW
Suite 600

City	State	Zip Code
Washington	DC	20005

Transaction ID : CBA0DA5D2D1C8396385Purpose of Disbursement
2015 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Searchlight Leadership FundCategory/
Type

2500.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Full Name (Last, First, Middle Initial)

C. Searchlight Leadership Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2015

Mailing Address 700 13th Street NW
Suite 600

City	State	Zip Code
Washington	DC	20005

Transaction ID : 8015943F378CCFE58EDPurpose of Disbursement
2015 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Searchlight Leadership FundCategory/
Type

2500.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

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

6500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 267 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Shore PAC

Mailing Address PO Box 3157

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Shore PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

Transaction ID : A0E93013C644E0A5210

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Shore PAC

Mailing Address PO Box 3157

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Shore PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2015

Transaction ID : CC8C3843949FC83E37C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Steve Knight for Congress

Mailing Address PO Box 984

City	State	Zip Code
Willows	CA	95988-0984

Purpose of Disbursement
2016 Primary

011

Candidate Name

Stephen Knight

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : B59AB85758659FBA0F2

Amount of Each Disbursement this Period

1000.00

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

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 268 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Stivers for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220-8113

Transaction ID : 368FB0B5C252E6A1EC5Purpose of Disbursement
2016 Primary

011

Amount of Each Disbursement this Period

Candidate Name

Steve StiversCategory/
Type

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Full Name (Last, First, Middle Initial)

B. The Committee for the Preservation of Capitalism

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2015

Mailing Address PO Box 65314

City	State	Zip Code
Washington	DC	20035-5314

Transaction ID : 311EC1ED49DF1A1A350Purpose of Disbursement
2015 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

The Committee for the Preservation of CapitalismCategory/
Type

2500.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Full Name (Last, First, Middle Initial)

C. The Eye of the Tiger Political Action Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2015

Mailing Address PO Box 2485

City	State	Zip Code
Springfield	VA	22152-0485

Transaction ID : CA64964EABE742D587DPurpose of Disbursement
2015 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

The Eye of the Tiger Political Action CommitteeCategory/
Type

1000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

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

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. The Freedom Project

Mailing Address 320 1st Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
2015 Contribution

Candidate Name

The Freedom ProjectOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

Transaction ID : 10837D4D8B6CA603730

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. The Richard Burr Committee

Mailing Address Post Office Box 5928

City	State	Zip Code
Winston-Salem	NC	27113

Purpose of Disbursement
2016 General

Candidate Name

Richard M. BurrOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2015

Transaction ID : 37FD20DFB59AEABF013

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. The Richard Burr Committee

Mailing Address Post Office Box 5928

City	State	Zip Code
Winston-Salem	NC	27113

Purpose of Disbursement
2016 General

Candidate Name

Richard M. BurrOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2015

Transaction ID : 63A81554361BB5CE4BE

Amount of Each Disbursement this Period

2000.00

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

8000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Thoroughbred PAC

Mailing Address PO Box 65116

City Washington	State DC	Zip Code 20035
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Purpose of Disbursement
2015 Contribution

011

Candidate Name

Thoroughbred PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2015

Transaction ID : 31254C3E538FD58799F

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Tim Murphy for Congress

Mailing Address PO Box 24551

City Pittsburgh	State PA	Zip Code 15234
--------------------	-------------	-------------------

Purpose of Disbursement
2016 Primary

011

Candidate Name

Timothy Francis Murphy

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2015

Transaction ID : CFFBFB372932D3FD4E4

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Tom Reed for Congress

Mailing Address PO Box 10847

City Rochester	State NY	Zip Code 14610-0847
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Purpose of Disbursement
2016 Primary

011

Candidate Name

Thomas W. Reed II.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2015

Transaction ID : 5B50B84FC2E8AD083D0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

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

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Tony Cardenas for Congress

Mailing Address 249 E. Ocean Blvd. Suite 685

City	State	Zip Code
Long Beach	CA	90802

Purpose of Disbursement
2016 Primary

Candidate Name

Tony CardenasOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : 0AE83E953F65986ED5D

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Treasure State PAC

Mailing Address 3242 Cummins Way

City	State	Zip Code
Missoula	MT	59802

Purpose of Disbursement
2015 Contribution

Candidate Name

Treasure State PACOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

Transaction ID : FCAEFF1CA2D18D8D125

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Treasure State PAC

Mailing Address 3242 Cummins Way

City	State	Zip Code
Missoula	MT	59802

Purpose of Disbursement
2015 Contribution

Candidate Name

Treasure State PACOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2015

Transaction ID : DFD0D013E583E2BEA26

Amount of Each Disbursement this Period

2500.00

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

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Tuesday Group Political Action Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2015

Mailing Address 209 Pennsylvania Avenue, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
2015 Contribution

011

Transaction ID : BA6A980B4F16717A62D

Amount of Each Disbursement this Period

2500.00

Candidate Name

Tuesday Group Political Action CommitteeCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Full Name (Last, First, Middle Initial)

B. Valadao for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2015

Mailing Address 5132 N Palm Ave #227

City	State	Zip Code
Fresno	CA	93704

Purpose of Disbursement
2016 Primary

011

Transaction ID : D7A3D3C5682B7E41EF8

Amount of Each Disbursement this Period

1500.00

Candidate Name

David G. ValadaoCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 21

Full Name (Last, First, Middle Initial)

C. Volunteers for Shimkus

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2015

Mailing Address PO Box 661

City	State	Zip Code
Collinsville	IL	62234-0661

Purpose of Disbursement
2016 Primary

011

Transaction ID : A263BF05F94A2D34FD0

Amount of Each Disbursement this Period

1000.00

Candidate Name

John M. ShimkusCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 15

SUBTOTAL of Disbursements This Page (optional)..... ►

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

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Volunteers for Shimkus

Mailing Address PO Box 661

City	State	Zip Code
Collinsville	IL	62234-0661

Purpose of Disbursement
2016 Primary

Candidate Name

John M. ShimkusOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2015

Transaction ID : C244CB148B0D7582A1D

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Walden for Congress

Mailing Address PO Box 1091

City	State	Zip Code
Hood River	OR	97031-0037

Purpose of Disbursement
2016 Primary

Candidate Name

Gregory Paul WaldenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2015

Transaction ID : 09F89DA3873DAD28141

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Westmoreland for Congress

Mailing Address PO Box 458

City	State	Zip Code
Sharpsburg	GA	30277

Purpose of Disbursement
2016 Primary

Candidate Name

Lynn A. WestmorelandOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2015

Transaction ID : C56ED6A0C486E7822B0

Amount of Each Disbursement this Period

1000.00

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

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 274 OF 276

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Whitfield for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2015

Mailing Address PO Box 391

City	State	Zip Code
Hopkinsville	KY	42241

Purpose of Disbursement
2016 Primary

011

Transaction ID : 2D26B59127D8CF9EBA3

Amount of Each Disbursement this Period

2500.00

Candidate Name

Edward WhitfieldCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 01

Full Name (Last, First, Middle Initial)

B. Yoder for Congress, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2015

Mailing Address PO Box 26742

City	State	Zip Code
Overland Park	KS	66225-6742

Purpose of Disbursement
2016 Primary - Original check issued Dec. 2014

011

Transaction ID : B66B08382E2EAB34645

Amount of Each Disbursement this Period

-2500.00

Candidate Name

Kevin Wayne YoderCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 03

Full Name (Last, First, Middle Initial)

C. Yoder for Congress, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2015

Mailing Address PO Box 26742

City	State	Zip Code
Overland Park	KS	66225-6742

Purpose of Disbursement
2016 Primary

011

Transaction ID : 8271994812C7124F592

Amount of Each Disbursement this Period

2500.00

Candidate Name

Kevin Wayne YoderCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 03

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

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Zeldin for Congress

Mailing Address 47 Flintlock Drive

City	State	Zip Code
Shirley	NY	11967

Purpose of Disbursement
2016 Primary

011

Candidate Name

Lee M. Zeldin

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2015

Transaction ID : 353F2DC500C238FAF58

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

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

1000.00

321250.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

Full Name (Last, First, Middle Initial)

A. Scott P. Serota

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2015

Mailing Address 225 N Michigan Ave

City	State	Zip Code
Chicago	IL	60601

Purpose of Disbursement
Refund of 2014 excessive contribution

010

Candidate Name

Category/
Type

Transaction ID : 299F1BD9BFB5CFE16E5

Amount of Each Disbursement this Period

192.10

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

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

192.10
192.10