

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 34
12/06/2000 11 : 40

1. NAME OF COMMITTEE (in full) BluePac, The Blue Cross and Blue Shield Association Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1310 G Street, N.W.	2. FEC IDENTIFICATION NUMBER C00194746
CITY, STATE, and ZIP CODE Washington DC 20001-0001	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report Twelfth day report preceding _____
(election type)
- July 31 Mid-Year Report (Non-election Year Only) election on _____ In the State of _____
- Thirtieth day report following the General Election
- Termination report on _____ In the State of _____
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/19/2000</u> through <u>11/27/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		21196.26
(b) Cash on Hand at Beginning of Reporting Period	7811.10	
(c) Total Receipts (from line 19)	19466.31	248789.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	27277.41	269985.42
7. Total Disbursements (from line 30)	17750.00	260458.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9527.41	9527.41
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.		Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
Type or Print Name of Treasurer Electronically Filed by Brenda L Becker		
Signature of Treasurer	Date 12/07/2000	

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

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE BluePac, The Blue Cross and Blue Shield Association Political Action Committee		REPORT COVERING PERIOD FROM 10/19/2000 TO: 11/27/2000	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	4024.74	40571.27	11.a.i.
ii. Unitemized	4957.99	71884.80	11.a.ii.
iii. Total	8982.73	118456.07	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	8982.73	118456.07	11.d.
12. Transfers From Affiliated/Other Party Committees	8501.00	124580.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	1925.43	5425.43	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	57.15	347.64	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	19466.31	248789.14	19.
20. Total Federal Receipts	19466.31	248789.14	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	142.83	21.b.
c. Total Operating Expenditures	0.00	142.83	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	17750.00	259315.18	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	1000.00	29.
30. Total Disbursements	17750.00	260458.01	30.
31. Total Federal Disbursements	17750.00	260458.01	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	8982.73	118456.07	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	8982.73	118456.07	34.
35. Total Federal Operating Expenditures	0.00	142.83	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	0.00	142.83	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 34
			FOR LINE NUMBER 11A1

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, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address, and ZIP Code Robert D. Cabe 308 N. Mississippi Ave Little Rock AR 72205-2510 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Arkansas Blue Cross and Blue Shield Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 20.00
	Occupation Executive Vice President
	Aggregate Year-to-Date > \$ 480.00
Full Name, Mailing Address, and ZIP Code Robert D. Cabe 308 N. Mississippi Ave Little Rock AR 72205-2510 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Arkansas Blue Cross and Blue Shield Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 20.00
	Occupation Executive Vice President
	Aggregate Year-to-Date > \$ 480.00
Full Name, Mailing Address, and ZIP Code Sharon K. Allen 2111 Hinson Rd. #7 Little Rock AR 72212 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSArkansas Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 10.00
	Occupation Health Insurance
	Aggregate Year-to-Date > \$ 240.00
Full Name, Mailing Address, and ZIP Code Sharon K. Allen 2111 Hinson Rd. #7 Little Rock AR 72212 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSArkansas Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 10.00
	Occupation Health Insurance
	Aggregate Year-to-Date > \$ 240.00
Full Name, Mailing Address, and ZIP Code Thomas Kinser 6303 Hamilton Island Road Harrison TN 37431 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross and Blue Shield of Tennessee Date (month, day, year) 10/31/2000 Amount of Each Receipt this Period 35.00
	Occupation President and CEO
	Aggregate Year-to-Date > \$ 350.00
Full Name, Mailing Address, and ZIP Code Mary N Lehrhard 4601 Rodman St., NW Washington DC 20016 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BlueCrossBlueShield Asso Date (month, day, year) 10/19/2000 Amount of Each Receipt this Period 115.00
	Occupation Senior VP
	Aggregate Year-to-Date > \$ 2530.00
Full Name, Mailing Address, and ZIP Code Mary N Lehrhard 4601 Rodman St., NW Washington DC 20016 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BlueCrossBlueShield Asso Date (month, day, year) 10/31/2000 Amount of Each Receipt this Period 115.00
	Occupation Senior VP
	Aggregate Year-to-Date > \$ 2530.00

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

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					FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) BluePac, The Blue Cross and Blue Shield Association Political Action Committee					
Full Name, Mailing Address, and ZIP Code Mary N Lehrhard 4601 Rodman St., NW Washington DC 20016		Name of Employer BlueCrossBlueShield Asso		Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 115.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Senior VP			
		Aggregate Year-to-Date > \$ 2530.00			
Full Name, Mailing Address, and ZIP Code Mary N Lehrhard 4601 Rodman St., NW Washington DC 20016		Name of Employer BlueCrossBlueShield Asso		Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 115.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Senior VP			
		Aggregate Year-to-Date > \$ 2530.00			
Full Name, Mailing Address, and ZIP Code Norman P. Becker 2716 Huber Heights Drive Las Vegas NV 89126		Name of Employer Blue Cross and Blue Shield of New Mexi		Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation President and CEO			
		Aggregate Year-to-Date > \$ 240.00			
Full Name, Mailing Address, and ZIP Code Sind Parker 32 Hill Street Montpelier VT 05602		Name of Employer BCBSVermont		Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurer			
		Aggregate Year-to-Date > \$ 240.00			
Full Name, Mailing Address, and ZIP Code Sind Parker 32 Hill Street Montpelier VT 05602		Name of Employer BCBSVermont		Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurer			
		Aggregate Year-to-Date > \$ 240.00			
Full Name, Mailing Address, and ZIP Code Judith Berting 207 Winston Drive Bolingbrook IL 60439		Name of Employer BCBSAssociation		Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 12.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance/Managing, Govt Busin			
		Aggregate Year-to-Date > \$ 264.00			
Full Name, Mailing Address, and ZIP Code Judith Berting 207 Winston Drive Bolingbrook IL 60439		Name of Employer BCBSAssociation		Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 12.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance/Managing, Govt Busin			
		Aggregate Year-to-Date > \$ 264.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 34
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
BluePac, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address, and ZIP Code Judith Berting 207 Winston Drive Bolingbrook IL 60439 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSAssociation	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 12.00
	Occupation Health Insurance/Managing, Govt Busin	Aggregate Year-to-Date > \$ 264.00	
Full Name, Mailing Address, and ZIP Code Judith Berting 207 Winston Drive Bolingbrook IL 60439 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSAssociation	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 12.00
	Occupation Health Insurance/Managing, Govt Busin	Aggregate Year-to-Date > \$ 264.00	
Full Name, Mailing Address, and ZIP Code Katherine Hamen 1119 West Montana Chicago IL 60614 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSA	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 10.00
	Occupation Regional Executive	Aggregate Year-to-Date > \$ 220.00	
Full Name, Mailing Address, and ZIP Code Katherine Hamen 1119 West Montana Chicago IL 60614 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSA	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Regional Executive	Aggregate Year-to-Date > \$ 220.00	
Full Name, Mailing Address, and ZIP Code Katherine Hamen 1119 West Montana Chicago IL 60614 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSA	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 10.00
	Occupation Regional Executive	Aggregate Year-to-Date > \$ 220.00	
Full Name, Mailing Address, and ZIP Code Katherine Hamen 1119 West Montana Chicago IL 60614 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSA	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 10.00
	Occupation Regional Executive	Aggregate Year-to-Date > \$ 220.00	
Full Name, Mailing Address, and ZIP Code Bernard Talbert 533 Longree Drive Wheeling IL 60090 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSAssociation	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 12.00
	Occupation Health Insurance	Aggregate Year-to-Date > \$ 264.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 34
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NAME OF COMMITTEE (In Full)
BluePac, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address, and ZIP Code Bernard Talbert 533 Longtree Drive Wheeling IL 60090 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSAssociation	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 12.00
	Occupation Health Insurance	Aggregate Year-to-Date > \$ 264.00	
	Full Name, Mailing Address, and ZIP Code Bernard Talbert 533 Longtree Drive Wheeling IL 60090 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code Bernard Talbert 533 Longtree Drive Wheeling IL 60090 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance	Aggregate Year-to-Date > \$ 264.00
Full Name, Mailing Address, and ZIP Code Bernard Talbert 533 Longtree Drive Wheeling IL 60090 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSAssociation	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 12.00
	Occupation Health Insurance	Aggregate Year-to-Date > \$ 264.00	
	Full Name, Mailing Address, and ZIP Code Bernard Talbert 533 Longtree Drive Wheeling IL 60090 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code Dean Todaro 1240 Foxdale Drive Addison IL 60101 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance	Aggregate Year-to-Date > \$ 264.00
Full Name, Mailing Address, and ZIP Code Dean Todaro 1240 Foxdale Drive Addison IL 60101 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross Blue Shield Association	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 10.00
	Occupation Director Tax Svcs., Brand Protection/F	Aggregate Year-to-Date > \$ 220.00	
	Full Name, Mailing Address, and ZIP Code Dean Todaro 1240 Foxdale Drive Addison IL 60101 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code Dean Todaro 1240 Foxdale Drive Addison IL 60101 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Director Tax Svcs., Brand Protection/F	Aggregate Year-to-Date > \$ 220.00
Full Name, Mailing Address, and ZIP Code Dean Todaro 1240 Foxdale Drive Addison IL 60101 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross Blue Shield Association	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 10.00
	Occupation Director Tax Svcs., Brand Protection/F	Aggregate Year-to-Date > \$ 220.00	
	Full Name, Mailing Address, and ZIP Code Dean Todaro 1240 Foxdale Drive Addison IL 60101 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code Dean Todaro 1240 Foxdale Drive Addison IL 60101 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Director Tax Svcs., Brand Protection/F	Aggregate Year-to-Date > \$ 220.00
Full Name, Mailing Address, and ZIP Code Dean Todaro 1240 Foxdale Drive Addison IL 60101 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross Blue Shield Association	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 10.00
	Occupation Director Tax Svcs., Brand Protection/F	Aggregate Year-to-Date > \$ 220.00	
	Full Name, Mailing Address, and ZIP Code Dean Todaro 1240 Foxdale Drive Addison IL 60101 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code Dean Todaro 1240 Foxdale Drive Addison IL 60101 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Director Tax Svcs., Brand Protection/F	Aggregate Year-to-Date > \$ 220.00

SUBTOTALS of Receipts This Page (Optional)	
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NAME OF COMMITTEE (In Full)
BluePac, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address, and ZIP Code Michael B. Unhjern 2122 Stirling Rose Lane Fargo ND 58104 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BlueCross BlueShield of North Dakota Date (month, day, year) 10/31/2000 Amount of Each Receipt this Period 50.00
	Occupation President and CEO Aggregate Year-to-Date > \$ 1000.00
Full Name, Mailing Address, and ZIP Code Michael Hamerlik 2601 Meadow Creek Circle Fargo ND 58104 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross Blue Shield of North Dakota Date (month, day, year) 10/31/2000 Amount of Each Receipt this Period 25.00
	Occupation Senior Vice President Aggregate Year-to-Date > \$ 230.00
Full Name, Mailing Address, and ZIP Code Brenda L. Becker 2703 Fleming Street Alexandria VA 22306 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross and Blue Shield Association Date (month, day, year) 10/19/2000 Amount of Each Receipt this Period 25.00
	Occupation Vice President, Congressional Communic Aggregate Year-to-Date > \$ 550.00
Full Name, Mailing Address, and ZIP Code Brenda L. Becker 2703 Fleming Street Alexandria VA 22306 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross and Blue Shield Association Date (month, day, year) 10/31/2000 Amount of Each Receipt this Period 25.00
	Occupation Vice President, Congressional Communic Aggregate Year-to-Date > \$ 550.00
Full Name, Mailing Address, and ZIP Code Brenda L. Becker 2703 Fleming Street Alexandria VA 22306 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross and Blue Shield Association Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 25.00
	Occupation Vice President, Congressional Communic Aggregate Year-to-Date > \$ 550.00
Full Name, Mailing Address, and ZIP Code Brenda L. Becker 2703 Fleming Street Alexandria VA 22306 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross and Blue Shield Association Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 25.00
	Occupation Vice President, Congressional Communic Aggregate Year-to-Date > \$ 550.00
Full Name, Mailing Address, and ZIP Code Paul A. Dykas 5351 Hickory Ridge Baton Rouge LA Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross Blue Shield of Louisiana Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 10.00
	Occupation SVP, Corp. Systems and Services Aggregate Year-to-Date > \$ 220.00
SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	

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			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
BluePac, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address, and ZIP Code Paul A. Dykes 5351 Hickory Ridge Baton Rouge LA Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross Blue Shield of Louisiana Occupation SVP, Corp. Systems and Services Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 10.00
Full Name, Mailing Address, and ZIP Code Michael Hayes 1667 Stonegate Court Baton Rouge LA 70815 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSLouisiana Occupation Health Insurer Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 15.00
Full Name, Mailing Address, and ZIP Code Michael Hayes 1867 Stonegate Court Baton Rouge LA 70815 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSLouisiana Occupation Health Insurer Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 15.00
Full Name, Mailing Address, and ZIP Code Kathryn M. Sullivan 14314 Coltingham Court Baton Rouge LA 70817 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross and Blue Shield of Louisian Occupation President and CEO Aggregate Year-to-Date > \$ 440.00	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 20.00
Full Name, Mailing Address, and ZIP Code Kathryn M. Sullivan 14314 Coltingham Court Baton Rouge LA 70817 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross and Blue Shield of Louisian Occupation President and CEO Aggregate Year-to-Date > \$ 440.00	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 20.00
Full Name, Mailing Address, and ZIP Code James Adamson 3 Evergreen Court Little Rock AR 72227 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSArkansas Occupation Health Insurance Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 10.00
Full Name, Mailing Address, and ZIP Code James Adamson 3 Evergreen Court Little Rock AR 72227 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSArkansas Occupation Health Insurance Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 10.00

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	9 / 34
			FOR LINE NUMBER 11A1

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, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address, and ZIP Code Karen Raley Post Office Box 1245 Pine Bluff AR 71613 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSArkansas	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 10.00
	Occupation Health Insurance	Aggregate Year-to-Date > \$ 240.00	
Full Name, Mailing Address, and ZIP Code Karen Raley Post Office Box 1245 Pine Bluff AR 71613 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSArkansas	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 10.00
	Occupation Health Insurance	Aggregate Year-to-Date > \$ 240.00	
Full Name, Mailing Address, and ZIP Code Steven Spaulding 356 Quail Creek Hot Springs AR 71901 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSArkansas	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 10.00
	Occupation Health Insurer	Aggregate Year-to-Date > \$ 240.00	
Full Name, Mailing Address, and ZIP Code Steven Spaulding 356 Quail Creek Hot Springs AR 71901 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSArkansas	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 10.00
	Occupation Health Insurer	Aggregate Year-to-Date > \$ 240.00	
Full Name, Mailing Address, and ZIP Code Regina Favors 10605 San Joaquin Valley Dr Little Rock AR 72212 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSArkansas	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 10.00
	Occupation Health Insurance	Aggregate Year-to-Date > \$ 240.00	
Full Name, Mailing Address, and ZIP Code Regina Favors 10605 San Joaquin Valley Dr Little Rock AR 72212 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSArkansas	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 10.00
	Occupation Health Insurance	Aggregate Year-to-Date > \$ 240.00	
Full Name, Mailing Address, and ZIP Code Richard Niemiec 4238 Harriet South Minneapolis MN 55409 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSMinnesota	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 50.00
	Occupation SVP, Corporate Affairs	Aggregate Year-to-Date > \$ 1200.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	10 / 34
			FOR LINE NUMBER 11A1

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, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address, and ZIP Code Richard Niemiec 4239 Harriet South Minneapolis MN 55409 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSMinnesota Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 50.00	Occupation SVP, Corporate Affairs Aggregate Year-to-Date > \$ 1200.00
	Name of Employer BCBSMinnesota Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 50.00	
	Name of Employer BCBSMinnesota Date (month, day, year) 10/31/2000 Amount of Each Receipt this Period 14.00	
Full Name, Mailing Address, and ZIP Code Richard Niemiec 4239 Harriet South Minneapolis MN 55409 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSMinnesota Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 14.00	Occupation Health Insurer Aggregate Year-to-Date > \$ 336.00
	Name of Employer BCBSMinnesota Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 14.00	
	Name of Employer BCBSMinnesota Date (month, day, year) 10/31/2000 Amount of Each Receipt this Period 15.00	
Full Name, Mailing Address, and ZIP Code Roger Kleppe 2901 Mead Court Burnsville MN 55337 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSMinnesota Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 15.00	Occupation Health Insurer Aggregate Year-to-Date > \$ 360.00
	Name of Employer BCBSMinnesota Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 15.00	
	Name of Employer BCBSMinnesota Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 15.00	
Full Name, Mailing Address, and ZIP Code Christopher Aasland 13645 Garrett Avenue Apple Valley MN 55124 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSMinnesota Date (month, day, year) 10/31/2000 Amount of Each Receipt this Period 15.00	Occupation Health Insurer Aggregate Year-to-Date > \$ 360.00
	Name of Employer BCBSMinnesota Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 15.00	
	Name of Employer BCBSMinnesota Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 15.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	11 / 34
			FOR LINE NUMBER 11A1

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, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address, and ZIP Code Christopher Aasland 13645 Garrett Avenue Apple Valley MN 55124 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSMinnesota Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 15.00
	Occupation Health Insurer Aggregate Year-to-Date > \$ 360.00
Full Name, Mailing Address, and ZIP Code Robert J Mills 7915 Lower 139th Court Apple Valley MN 55124 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSMinnesota Date (month, day, year) 10/31/2000 Amount of Each Receipt this Period 10.00
	Occupation Health Insurance Aggregate Year-to-Date > \$ 240.00
Full Name, Mailing Address, and ZIP Code Robert J Mills 7915 Lower 139th Court Apple Valley MN 55124 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSMinnesota Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 10.00
	Occupation Health Insurance Aggregate Year-to-Date > \$ 240.00
Full Name, Mailing Address, and ZIP Code Robert J Mills 7915 Lower 139th Court Apple Valley MN 55124 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSMinnesota Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 10.00
	Occupation Health Insurance Aggregate Year-to-Date > \$ 240.00
Full Name, Mailing Address, and ZIP Code Scott Serola 1510 Rosewood Avenue Deerfield IL 60015 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSAssociation Date (month, day, year) 10/19/2000 Amount of Each Receipt this Period 80.00
	Occupation Health Insurance Aggregate Year-to-Date > \$ 2760.00
Full Name, Mailing Address, and ZIP Code Scott Serola 1510 Rosewood Avenue Deerfield IL 60015 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSAssociation Date (month, day, year) 10/31/2000 Amount of Each Receipt this Period 80.00
	Occupation Health Insurance Aggregate Year-to-Date > \$ 2760.00
Full Name, Mailing Address, and ZIP Code Scott Serola 1510 Rosewood Avenue Deerfield IL 60015 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSAssociation Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 80.00
	Occupation Health Insurance Aggregate Year-to-Date > \$ 2760.00

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	12 / 34
					FOR LINE NUMBER 11A1
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, The Blue Cross and Blue Shield Association Political Action Committee					
Full Name, Mailing Address, and ZIP Code Scott Serota 1510 Rosewood Avenue Dearfield IL 60015		Name of Employer BCBSAssociation		Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 80.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance			
		Aggregate Year-to-Date > \$ 2780.00			
Full Name, Mailing Address, and ZIP Code Judith M Davis 1309 Wellington Drive Columbia SC 29204		Name of Employer BCBS SC		Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 13.23
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance			
		Aggregate Year-to-Date > \$ 264.60			
Full Name, Mailing Address, and ZIP Code Judith M Davis 1309 Wellington Drive Columbia SC 29204		Name of Employer BCBS SC		Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 13.23
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance			
		Aggregate Year-to-Date > \$ 264.60			
Full Name, Mailing Address, and ZIP Code George L Johnson 217 White Birch Circle Columbia SC 29223		Name of Employer Blue Cross and Blue Shield of South C		Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 15.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Vice President, Marketing Communicatio			
		Aggregate Year-to-Date > \$ 290.00			
Full Name, Mailing Address, and ZIP Code George L Johnson 217 White Birch Circle Columbia SC 29223		Name of Employer Blue Cross and Blue Shield of South C		Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 15.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Vice President, Marketing Communicatio			
		Aggregate Year-to-Date > \$ 280.00			
Full Name, Mailing Address, and ZIP Code William R Shrader 104 Harvel Drive Columbia SC 29223		Name of Employer BCBSSouthCarolina		Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Vice President and Chief Actuary			
		Aggregate Year-to-Date > \$ 400.00			
Full Name, Mailing Address, and ZIP Code William R Shrader 104 Harvel Drive Columbia SC 29223		Name of Employer BCBSSouthCarolina		Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Vice President and Chief Actuary			
		Aggregate Year-to-Date > \$ 400.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	13 / 34
					FOR LINE NUMBER 11A1
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, The Blue Cross and Blue Shield Association Political Action Committee					
Full Name, Mailing Address, and ZIP Code Ronald L Rushton 106 West Butler Avenue Columbia SC 29223		Name of Employer BCBS SC		Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance			
		Aggregate Year-to-Date > \$ 400.00			
Full Name, Mailing Address, and ZIP Code Ronald L Rushton 106 West Butler Avenue Columbia SC 29223		Name of Employer BCBS SC		Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance			
		Aggregate Year-to-Date > \$ 400.00			
Full Name, Mailing Address, and ZIP Code Wayne T Roberts 108 East Springs Road Columbia SC 29223		Name of Employer BCBSSouthCarolina		Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 12.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance			
		Aggregate Year-to-Date > \$ 222.00			
Full Name, Mailing Address, and ZIP Code Wayne T Roberts 109 East Springs Road Columbia SC 29223		Name of Employer BCBSSouthCarolina		Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 12.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurance			
		Aggregate Year-to-Date > \$ 222.00			
Full Name, Mailing Address, and ZIP Code Joan M Gardner 811 South Columbus Street Alexandria VA 22314		Name of Employer BCBSAssociation		Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation			
		Aggregate Year-to-Date > \$ 440.00			
Full Name, Mailing Address, and ZIP Code Joan M Gardner 811 South Columbus Street Alexandria VA 22314		Name of Employer BCBSAssociation		Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation			
		Aggregate Year-to-Date > \$ 440.00			
Full Name, Mailing Address, and ZIP Code Joan M Gardner 811 South Columbus Street Alexandria VA 22314		Name of Employer BCBSAssociation		Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation			
		Aggregate Year-to-Date > \$ 440.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	14 / 34
					FOR LINE NUMBER 11A1
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, The Blue Cross and Blue Shield Association Political Action Committee					
Full Name, Mailing Address, and ZIP Code Joan M Gardner 811 South Columbus Street Alexandria VA 22314		Name of Employer BCBSAssociation		Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation			
		Aggregate Year-to-Date > \$ 440.00			
Full Name, Mailing Address, and ZIP Code James B Trimble 5818 Hillburne Way Chevy Chase MD 20815		Name of Employer BCBSAssociation		Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 15.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurer			
		Aggregate Year-to-Date > \$ 330.00			
Full Name, Mailing Address, and ZIP Code James B Trimble 5818 Hillburne Way Chevy Chase MD 20815		Name of Employer BCBSAssociation		Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 15.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurer			
		Aggregate Year-to-Date > \$ 330.00			
Full Name, Mailing Address, and ZIP Code James B Trimble 5818 Hillburne Way Chevy Chase MD 20815		Name of Employer BCBSAssociation		Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 15.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurer			
		Aggregate Year-to-Date > \$ 330.00			
Full Name, Mailing Address, and ZIP Code James B Trimble 5818 Hillburne Way Chevy Chase MD 20815		Name of Employer BCBSAssociation		Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 15.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurer			
		Aggregate Year-to-Date > \$ 330.00			
Full Name, Mailing Address, and ZIP Code Mark W. Banks 4634 Edgebrook Place Edina MN 55424		Name of Employer Blue Cross and Blue Shield of Minnesota		Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 27.08
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation President and CEO			
		Aggregate Year-to-Date > \$ 1175.76			
Full Name, Mailing Address, and ZIP Code Mark W. Banks 4634 Edgebrook Place Edina MN 55424		Name of Employer Blue Cross and Blue Shield of Minnesota		Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation President and CEO			
		Aggregate Year-to-Date > \$ 1175.76			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	15 / 34
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
BluePac, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address, and ZIP Code Mark W. Banks 4634 Edgebrook Place Edina MN 55424 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross and Blue Shield of Minnesota Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 40.00	Occupation President and CEO Aggregate Year-to-Date > \$ 1175.78
	Name of Employer BCBS SC Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 16.00	
	Occupation Health Insurance Aggregate Year-to-Date > \$ 302.00	
Full Name, Mailing Address, and ZIP Code Charles L Higgins 645 Marina Way Prosperity SC 29127 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS SC Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 16.00	Occupation Health Insurance Aggregate Year-to-Date > \$ 302.00
	Name of Employer BCBS SC Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period -1.00	
	Occupation Health Insurance Aggregate Year-to-Date > \$ 279.00	
Full Name, Mailing Address, and ZIP Code Charles L Higgins 848 Marina Way Prosperity SC 29127 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS SC Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 14.00	Occupation Health Insurance Aggregate Year-to-Date > \$ 279.00
	Name of Employer BCBS SC Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 14.00	
	Occupation Health Insurance Aggregate Year-to-Date > \$ 279.00	
Full Name, Mailing Address, and ZIP Code Bruce Hughes 416 Maingate Drive Columbia SC 29223 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS SC Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 14.00	Occupation Health Insurance Aggregate Year-to-Date > \$ 279.00
	Name of Employer BCBS SC Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 14.00	
	Occupation Health Insurance Aggregate Year-to-Date > \$ 279.00	
Full Name, Mailing Address, and ZIP Code Bruce Hughes 416 Maingate Drive Columbia SC 29223 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS Tennessee Date (month, day, year) 10/31/2000 Amount of Each Receipt this Period 75.00	Occupation Health Insurance Aggregate Year-to-Date > \$ 750.00
	Name of Employer BCBS SC Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 14.00	
	Occupation Health Insurance Aggregate Year-to-Date > \$ 279.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	16 / 34
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
BluePac, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address, and ZIP Code Joyce C Gandy 111 West Thomas Street Lake City SC 29560 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS SC	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 15.00
	Occupation Health Insurer		
	Aggregate Year-to-Date > \$ 255.00		
Full Name, Mailing Address, and ZIP Code Joyce C Gandy 111 West Thomas Street Lake City SC 29560 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS SC	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 15.00
	Occupation Health Insurer		
	Aggregate Year-to-Date > \$ 255.00		
Full Name, Mailing Address, and ZIP Code Steve Vonfange 217 Springwater Drive Columbia SC 29223 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS SC	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 11.50
	Occupation Health Insurance		
	Aggregate Year-to-Date > \$ 230.00		
Full Name, Mailing Address, and ZIP Code Steve Vonfange 217 Springwater Drive Columbia SC 29223 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS SC	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 11.50
	Occupation Health Insurance		
	Aggregate Year-to-Date > \$ 230.00		
Full Name, Mailing Address, and ZIP Code Kay L Andrews 383 Addison Court Florence SC 29501 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS SC	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 28.00
	Occupation Health Insurer		
	Aggregate Year-to-Date > \$ 448.00		
Full Name, Mailing Address, and ZIP Code Kay L Andrews 383 Addison Court Florence SC 29501 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS SC	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 28.00
	Occupation Health Insurer		
	Aggregate Year-to-Date > \$ 448.00		
Full Name, Mailing Address, and ZIP Code Teryl Scholes 413 Crescent Drive Conway SC 29526 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS SC	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 10.00
	Occupation Health Insurer		
	Aggregate Year-to-Date > \$ 700.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	17 / 34
			FOR LINE NUMBER 11A1

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, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address, and ZIP Code Teryl Scholes 413 Crescent Drive Conway SC 29526 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS SC Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 10.00	Occupation Health Insurer Aggregate Year-to-Date > \$ 700.00
	Name of Employer BCBSLouisiana Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 30.00	
	Occupation Health Insurer Aggregate Year-to-Date > \$ 690.00	
Full Name, Mailing Address, and ZIP Code Mike H Reitz 4522 Chelsea Drive Baton Rouge LA 70809 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSLouisiana Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 30.00	Occupation Health Insurer Aggregate Year-to-Date > \$ 690.00
	Name of Employer BCBSLouisiana Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 30.00	
	Occupation Health Insurer Aggregate Year-to-Date > \$ 690.00	
Full Name, Mailing Address, and ZIP Code Nancy Nelson 1781 Tamberwoods Trail Woodbury MN 55125 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS Minnesota Date (month, day, year) 10/31/2000 Amount of Each Receipt this Period 18.00	Occupation Health Insurer Aggregate Year-to-Date > \$ 432.00
	Name of Employer BCBS Minnesota Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 18.00	
	Occupation Health Insurer Aggregate Year-to-Date > \$ 432.00	
Full Name, Mailing Address, and ZIP Code Nancy Nelson 1781 Tamberwoods Trail Woodbury MN 55125 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS Minnesota Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 18.00	Occupation Health Insurer Aggregate Year-to-Date > \$ 432.00
	Name of Employer BCBS Minnesota Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 18.00	
	Occupation Health Insurer Aggregate Year-to-Date > \$ 432.00	
Full Name, Mailing Address, and ZIP Code Terry A. Peace 258 Woodthrush Road Chapin SC 29063 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS SC Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 12.00	Occupation Health Insurer Aggregate Year-to-Date > \$ 204.00
	Name of Employer BCBS SC Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 12.00	
	Occupation Health Insurer Aggregate Year-to-Date > \$ 204.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		18 / 34
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11A1	
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, The Blue Cross and Blue Shield Association Political Action Committee				
Full Name, Mailing Address, and ZIP Code Terry A. Peace 258 Woodthrush Road Chapin SC 29063 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS SC Occupation Health Insurer Aggregate Year-to-Date > \$ 204.00	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 12.00	
Full Name, Mailing Address, and ZIP Code Charles D. Pace 203 Club Court Madison MS 39110 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross & Blue Shield of Mississippi Occupation Director, Legislative Affairs Aggregate Year-to-Date > \$ 720.00	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code Charles D. Pace 203 Club Court Madison MS 39110 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross & Blue Shield of Mississippi Occupation Director, Legislative Affairs Aggregate Year-to-Date > \$ 720.00	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code Mike Skarupa 904 Lorraine Avenue Florence SC 29501 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS SC Occupation Health Insurer Aggregate Year-to-Date > \$ 614.40	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 30.72	
Full Name, Mailing Address, and ZIP Code Mike Skarupa 904 Lorraine Avenue Florence SC 29501 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS SC Occupation Health Insurer Aggregate Year-to-Date > \$ 614.40	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 30.72	
Full Name, Mailing Address, and ZIP Code Dwight Wicker 1813 Brigadoone Lane Florence SC 29505 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS SC Occupation Health Insurer Aggregate Year-to-Date > \$ 458.40	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 22.52	
Full Name, Mailing Address, and ZIP Code Dwight Wicker 1813 Brigadoone Lane Florence SC 29505 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS SC Occupation Health Insurer Aggregate Year-to-Date > \$ 458.40	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 22.82	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	19 / 34
			FOR LINE NUMBER 11A1

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, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address, and ZIP Code Janis L. Lysen 2849 - 42nd Avenue South Minneapolis MN 55406 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS MN Occupation Health Insurer Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 10.00
Full Name, Mailing Address, and ZIP Code Janis L. Lysen 2849 - 42nd Avenue South Minneapolis MN 55406 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS MN Occupation Health Insurer Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 10.00
Full Name, Mailing Address, and ZIP Code Janis L. Lysen 2849 - 42nd Avenue South Minneapolis MN 55406 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS MN Occupation Health Insurer Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 10.00
Full Name, Mailing Address, and ZIP Code John N. Ourjan 1314 Marquette Avenue #3105 Minneapolis MN 55403 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS MN Occupation Health Insurer Aggregate Year-to-Date > \$ 480.00	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 20.00
Full Name, Mailing Address, and ZIP Code John N. Ourjan 1314 Marquette Avenue #3105 Minneapolis MN 55403 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS MN Occupation Health Insurer Aggregate Year-to-Date > \$ 480.00	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 20.00
Full Name, Mailing Address, and ZIP Code John N. Ourjan 1314 Marquette Avenue #3105 Minneapolis MN 55403 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS MN Occupation Health Insurer Aggregate Year-to-Date > \$ 480.00	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 20.00
Full Name, Mailing Address, and ZIP Code Steven Warren Richards 6804 Dakota Trail Edina MN 55439 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS MN Occupation Health Insurer Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 10.00

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	20 / 34
			FOR LINE NUMBER 11A1

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, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address, and ZIP Code Steven Warren Richards 6804 Dakota Trail Edina MN 55430 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS MN Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 10.00	Aggregate Year-to-Date > \$ 240.00
	Occupation Health Insurer	
	Name of Employer BCBS MN Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 10.00	
Full Name, Mailing Address, and ZIP Code Steven Warren Richards 6804 Dakota Trail Edina MN 55430 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS MN Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 15.00	Aggregate Year-to-Date > \$ 300.00
	Occupation Health Insurer	
	Name of Employer BCBS MN Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 15.00	
Full Name, Mailing Address, and ZIP Code Taylor I. Cook 109 President Circle Summerville SC 29489 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS SC Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 11.54	Aggregate Year-to-Date > \$ 230.80
	Occupation Health Insurer	
	Name of Employer BCBS SC Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 11.54	
Full Name, Mailing Address, and ZIP Code Taylor I. Cook 109 President Circle Summerville SC 29489 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS SC Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 35.00	Aggregate Year-to-Date > \$ 1340.00
	Occupation Health Insurer	
	Name of Employer Arkansas Blue Cross and Blue Shield Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 35.00	
Full Name, Mailing Address, and ZIP Code Robert W. Johnson 408 Cedar Road Windsor SC 29450 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Arkansas Blue Cross and Blue Shield Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 35.00	Aggregate Year-to-Date > \$ 1340.00
	Occupation Health Insurer	
	Name of Employer Arkansas Blue Cross and Blue Shield Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 35.00	
Full Name, Mailing Address, and ZIP Code Robert W. Johnson 408 Cedar Road Windsor SC 29450 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Arkansas Blue Cross and Blue Shield Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 35.00	Aggregate Year-to-Date > \$ 1340.00
	Occupation Health Insurer	
	Name of Employer Arkansas Blue Cross and Blue Shield Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 35.00	
Full Name, Mailing Address, and ZIP Code Robert Shoptaw 21 River Ridge Circle Little Rock AR 72227 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Arkansas Blue Cross and Blue Shield Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 35.00	Aggregate Year-to-Date > \$ 1340.00
	Occupation Health Insurer	
	Name of Employer Arkansas Blue Cross and Blue Shield Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 35.00	
SUBTOTALS of Receipts This Page (Optional)		
TOTALS This Period (last page this line number only)		

SCHEDULE A		ITEMIZED RECEIPTS		21 / 34
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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, The Blue Cross and Blue Shield Association Political Action Committee				
Full Name, Mailing Address, and ZIP Code Robert Shoptaw 21 River Ridge Circle Little Rock AR 72227	Name of Employer Arkansas Blue Cross and Blue Shield	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 35.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation President and Chief Executive Officer	Aggregate Year-to-Date > \$ 1340.00		
Full Name, Mailing Address, and ZIP Code Jack Erickson 11405 Luxmanor Road Rockville MD 20852	Name of Employer	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 15.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive Director, Congressional Rea	Aggregate Year-to-Date > \$ 330.00		
Full Name, Mailing Address, and ZIP Code Jack Erickson 11405 Luxmanor Road Rockville MD 20852	Name of Employer	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 15.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive Director, Congressional Rea	Aggregate Year-to-Date > \$ 330.00		
Full Name, Mailing Address, and ZIP Code Jack Erickson 11405 Luxmanor Road Rockville MD 20852	Name of Employer	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 15.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive Director, Congressional Rea	Aggregate Year-to-Date > \$ 330.00		
Full Name, Mailing Address, and ZIP Code Jack Erickson 11405 Luxmanor Road Rockville MD 20852	Name of Employer	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 15.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive Director, Congressional Rea	Aggregate Year-to-Date > \$ 330.00		
Full Name, Mailing Address, and ZIP Code Alan L. Smith 4221 West Urbana Street Broken Arrow OK 74012	Name of Employer BCBSOK	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 0.78	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Health Insurer	Aggregate Year-to-Date > \$ 508.53		
Full Name, Mailing Address, and ZIP Code John Carisano 1310 G Street, N.W. Washington DC 20005	Name of Employer BCBSA	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 10.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 220.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		22 / 34
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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, The Blue Cross and Blue Shield Association Political Action Committee				
Full Name, Mailing Address, and ZIP Code John Carisano 1310 G Street, N.W. Washington DC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSA Occupation Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 10.00	
Full Name, Mailing Address, and ZIP Code John Carisano 1310 G Street, N.W. Washington DC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSA Occupation Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 10.00	
Full Name, Mailing Address, and ZIP Code John Carisano 1310 G Street, N.W. Washington DC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSA Occupation Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 10.00	
Full Name, Mailing Address, and ZIP Code William Cobourne 551 Woodvale Avenue Deerfield IL 60015 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSAssociation Occupation Health Insurer Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 15.00	
Full Name, Mailing Address, and ZIP Code William Cobourne 551 Woodvale Avenue Deerfield IL 60015 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSAssociation Occupation Health Insurer Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 15.00	
Full Name, Mailing Address, and ZIP Code William Cobourne 551 Woodvale Avenue Deerfield IL 60015 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSAssociation Occupation Health Insurer Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 15.00	
Full Name, Mailing Address, and ZIP Code William Cobourne 551 Woodvale Avenue Deerfield IL 60015 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSAssociation Occupation Health Insurer Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 15.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	23 / 34
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
BluePac, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address, and ZIP Code Paul M. White 300 Cottonwood England AR 72046 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSArkansas Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 20.00	Aggregate Year-to-Date > \$ 480.00
	Occupation Health Insurer	
	Name of Employer BCBSArkansas Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 20.00	
Occupation Health Insurer	Aggregate Year-to-Date > \$ 480.00	
Full Name, Mailing Address, and ZIP Code Steven J. Short 7313 H Street Little Rock AR 72205 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSArkansas Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 10.00	Aggregate Year-to-Date > \$ 240.00
	Occupation Health Insurer	
	Name of Employer BCBSArkansas Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 10.00	
Occupation Health Insurer	Aggregate Year-to-Date > \$ 240.00	
Full Name, Mailing Address, and ZIP Code Jerry W. Bradshaw 134 Calais Drive Maumelle AR 72115 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSArkansas Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 20.00	Aggregate Year-to-Date > \$ 480.00
	Occupation Health Insurer	
	Name of Employer BCBSArkansas Date (month, day, year) 11/22/2000 Amount of Each Receipt this Period 20.00	
Occupation Health Insurer	Aggregate Year-to-Date > \$ 480.00	
Full Name, Mailing Address, and ZIP Code Calvin E. Kellogg 601 Gaines Street Little Rock AR 72203 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBSArkansas Date (month, day, year) 11/21/2000 Amount of Each Receipt this Period 10.00	Aggregate Year-to-Date > \$ 240.00
	Occupation Health Insurer/VP Enterprise Development	

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	24 / 34
					FOR LINE NUMBER 11A1
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, The Blue Cross and Blue Shield Association Political Action Committee					
Full Name, Mailing Address, and ZIP Code Calvin E. Kellogg 601 Galnes Street Little Rock AR 72203		Name of Employer BCBSArkansas		Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurer/VP Enterprise Development			
		Aggregate Year-to-Date > \$ 240.00			
Full Name, Mailing Address, and ZIP Code Bill Meyer 901 Cloisters Drive Florence SC 29505		Name of Employer BCBSSouthCarolina		Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 26.04
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurer			
		Aggregate Year-to-Date > \$ 520.80			
Full Name, Mailing Address, and ZIP Code Bill Meyer 901 Cloisters Drive Florence SC 29505		Name of Employer BCBSSouthCarolina		Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 26.04
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurer			
		Aggregate Year-to-Date > \$ 520.80			
Full Name, Mailing Address, and ZIP Code Kenneth Nelson 124 White Birch Circle Columbia SC 29233		Name of Employer BCBSSouthCarolina		Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 12.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurer			
		Aggregate Year-to-Date > \$ 240.00			
Full Name, Mailing Address, and ZIP Code Kenneth Nelson 124 White Birch Circle Columbia SC 29233		Name of Employer BCBSSouthCarolina		Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 12.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurer			
		Aggregate Year-to-Date > \$ 240.00			
Full Name, Mailing Address, and ZIP Code Joel N. Slackman Post Office Box 431 Barnesville MD 20838		Name of Employer BCBSAssociation		Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurer			
		Aggregate Year-to-Date > \$ 220.00			
Full Name, Mailing Address, and ZIP Code Joel N. Slackman Post Office Box 431 Barnesville MD 20838		Name of Employer BCBSAssociation		Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Health Insurer			
		Aggregate Year-to-Date > \$ 220.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		25 / 34
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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, The Blue Cross and Blue Shield Association Political Action Committee				
Full Name, Mailing Address, and ZIP Code Joel N. Slackman Post Office Box 431 Barnesville MD 20838	Name of Employer BCBSAssociation	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 10.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Health Insurer	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Joel N. Slackman Post Office Box 431 Barnesville MD 20838	Name of Employer BCBSAssociation	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 10.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Health Insurer	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Richard P. Neuner 5005 Newton Avenue South Minneapolis MN 55419	Name of Employer BCBSMinnesota	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 10.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Health Insurer	Aggregate Year-to-Date > \$ 240.00		
Full Name, Mailing Address, and ZIP Code Richard P. Neuner 5005 Newton Avenue South Minneapolis MN 55419	Name of Employer BCBSMinnesota	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 10.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Health Insurer	Aggregate Year-to-Date > \$ 240.00		
Full Name, Mailing Address, and ZIP Code Richard P. Neuner 5005 Newton Avenue South Minneapolis MN 55419	Name of Employer BCBSMinnesota	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 10.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Health Insurer	Aggregate Year-to-Date > \$ 240.00		
Full Name, Mailing Address, and ZIP Code Joseph A. Donohoe 1481 Cayuse Helena MT 59601	Name of Employer BCBS Montana	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 15.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Health Insurer	Aggregate Year-to-Date > \$ 270.00		
Full Name, Mailing Address, and ZIP Code Joseph A. Donohoe 1481 Cayuse Helena MT 59601	Name of Employer BCBS Montana	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 15.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Health Insurer	Aggregate Year-to-Date > \$ 270.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	26 / 34
			FOR LINE NUMBER 11A1

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, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address, and ZIP Code Thomas G. Fenter 112 Dumaine Place Madison MS 39110 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS Mississippi	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 60.00	
	Occupation Health Insurer	Aggregate Year-to-Date > \$ 690.00		
	Full Name, Mailing Address, and ZIP Code Thomas G. Fenter 112 Dumaine Place Madison MS 39110 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			Name of Employer BCBS Mississippi
Occupation Health Insurer		Aggregate Year-to-Date > \$ 690.00		
Full Name, Mailing Address, and ZIP Code John H. Proctor, III 3545 Lakeland Dr. Jackson MS 39215-1043 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer BCBS Mississippi	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 20.00
Occupation V>P> Corporate Affairs, Legal		Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code John H. Proctor, III 3545 Lakeland Dr. Jackson MS 39215-1043 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer BCBS Mississippi	Date (month, day, year) 11/21/2000	
Occupation V>P> Corporate Affairs, Legal		Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Deborah Bum Madson 1124 Orchard Place Mendota Heights MN 55118 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer BCBS Minnesota	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 15.00
Occupation Health Insurer		Aggregate Year-to-Date > \$ 360.00		
Full Name, Mailing Address, and ZIP Code Deborah Bum Madson 1124 Orchard Place Mendota Heights MN 55118 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer BCBS Minnesota	Date (month, day, year) 11/21/2000	
Occupation Health Insurer		Aggregate Year-to-Date > \$ 360.00		
Full Name, Mailing Address, and ZIP Code Deborah Bum Madson 1124 Orchard Place Mendota Heights MN 55118 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer BCBS Minnesota	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 15.00
Occupation Health Insurer		Aggregate Year-to-Date > \$ 360.00		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	27 / 34
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
BluePac, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address, and ZIP Code Kathleen Ann Mock 3766 Wascott Hills Drive Eagan MN 55123 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS Minnesota	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Health Insurer	Aggregate Year-to-Date > \$ 240.00	
Full Name, Mailing Address, and ZIP Code Kathleen Ann Mock 3766 Wascott Hills Drive Eagan MN 55123 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS Minnesota	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 10.00
	Occupation Health Insurer	Aggregate Year-to-Date > \$ 240.00	
Full Name, Mailing Address, and ZIP Code Kathleen Ann Mock 3766 Wascott Hills Drive Eagan MN 55123 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS Minnesota	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 10.00
	Occupation Health Insurer	Aggregate Year-to-Date > \$ 240.00	
Full Name, Mailing Address, and ZIP Code Christina Groszer Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS Association	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period 10.00
	Occupation Health Insurer	Aggregate Year-to-Date > \$ 220.00	
Full Name, Mailing Address, and ZIP Code Christina Groszer Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS Association	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 10.00
	Occupation Health Insurer	Aggregate Year-to-Date > \$ 220.00	
Full Name, Mailing Address, and ZIP Code Christina Groszer Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS Association	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 10.00
	Occupation Health Insurer	Aggregate Year-to-Date > \$ 220.00	
Full Name, Mailing Address, and ZIP Code Christina Groszer Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS Association	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 10.00
	Occupation Health Insurer	Aggregate Year-to-Date > \$ 220.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	28 / 34
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
BluePac, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address, and ZIP Code John G. Anderson 43 Edgewater Drive Orchard Park NY 14127 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS of Western NY	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 40.00
	Occupation Senior VP, COO Buffalo Market		
	Aggregate Year-to-Date > \$ 280.00		
Full Name, Mailing Address, and ZIP Code John G. Anderson 43 Edgewater Drive Orchard Park NY 14127 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS of Western NY	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 40.00
	Occupation Senior VP, COO Buffalo Market		
	Aggregate Year-to-Date > \$ 280.00		
Full Name, Mailing Address, and ZIP Code John G. Anderson 43 Edgewater Drive Orchard Park NY 14127 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS of Western NY	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 40.00
	Occupation Senior VP, COO Buffalo Market		
	Aggregate Year-to-Date > \$ 280.00		
Full Name, Mailing Address, and ZIP Code Stephen Jepson 1901 Main Street Buffalo NY 14208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross and Blue Shield of Western	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 250.00
	Occupation Chief Operating Officer		
	Aggregate Year-to-Date > \$ 250.00		

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SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	4024.74

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	29 / 34
			FOR LINE NUMBER 12

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, The Blue Cross and Blue Shield Association Political Action Committee

Full Name, Mailing Address, and ZIP Code Blue Cross Blue Shield II Committee 233 North Michigan Chicago IL 60601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS Illinois	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 435.00
	Occupation		
	Aggregate Year-to-Date > \$ 5317.00		
Full Name, Mailing Address, and ZIP Code Blue Cross Blue Shield II Committee 233 North Michigan Chicago IL 60601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS Illinois	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 430.00
	Occupation		
	Aggregate Year-to-Date > \$ 5317.00		
Full Name, Mailing Address, and ZIP Code BCBS Michigan PAC 100 Lafayette East Detroit MI 48226 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS Michigan	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 1500.00
	Occupation		
	Aggregate Year-to-Date > \$ 12500.00		
Full Name, Mailing Address, and ZIP Code CarePac of Kansas Blue Cross Shield 1133 Topoka Boulevard Topeka KS 66620 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS Kansas	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 635.00
	Occupation		
	Aggregate Year-to-Date > \$ 6945.00		
Full Name, Mailing Address, and ZIP Code BCBS NC Employees PAC PO Box 2291 Durham NC 27702 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer BCBS North Carolina	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 5500.00
	Occupation		
	Aggregate Year-to-Date > \$ 5500.00		

SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			8501.00

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	30 / 34
			FOR LINE NUMBER 16
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BluePac, The Blue Cross and Blue Shield Association Political Action Committee			
Full Name, Mailing Address, and ZIP Code Representative Ernie Fletcher PO Box 4703 Lexington KY 40544	Name of Employer Occupation	Date (month, day, year) 10/31/2000	Amount of Each Receipt This Period 1925.43
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 5 1925.43		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			1925.43

SCHEDULE A		ITEMIZED RECEIPTS		31 / 34
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 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, The Blue Cross and Blue Shield Association Political Action Committee				
Full Name, Mailing Address, and ZIP Code First National Bank of Chicago One First National Plaza Chicago IL 60670	Name of Employer First National Bank of Chicago Occupation	Date (month, day, year) 11/21/2000	Amount of Each Receipt This Period 57.15	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date 5 347.64		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				57.15

SCHEDULE B		ITEMIZED DISBURSEMENTS		32 / 34
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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, The Blue Cross and Blue Shield Association Political Action Committee				
Full Name, Mailing Address, and ZIP Code Runbeck for Congress Post Office Box 40340 St. Paul MN 55104	Purpose of Disbursement House/Linda Runbeck (MN-4-R)/P-lan Reques House/Linda Runbeck (MN-4-R)/Plan Request Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 11/03/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code Friends of John LaFalce 164 Fruitwood Terrace Williamsville NY 14221	Purpose of Disbursement House/John J. LaFalce (NY-29-D) House/John J. LaFalce (NY-29-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>Primary</u>	Date (month, day, year) 11/03/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code Rangel for the 106th Congress Com Post Office Box 5577 365 West 125th Street New York NY 10019	Purpose of Disbursement House/Charles B. Rangel (NY-15-D) House/Charles B. Rangel (NY-15-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 11/03/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Sandhills PAC c/o Honorable Chuck Hagel 618 Connecticut Avenue, NW #1008 Washington DC 20006	Purpose of Disbursement Contribution: Sandhills PAC Contribution: Sandhills PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u>	Date (month, day, year) 11/03/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Istook For Congress Committee c/o Honorable Ernest Istook 5400 North Grand Boulevard, Suite 1 Oklahoma City OK 73112	Purpose of Disbursement House/Ernest J. Istook, Jr. (OK-5-R) House/Ernest J. Istook, Jr. (OK-5-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 11/03/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Mac Collins For Congress c/o Honorable Mac Collins Post Office Box 35 Jonesboro GA 30237	Purpose of Disbursement House/Mac Collins (GA-3-R) House/Mac Collins (GA-3-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 11/03/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Re-Elect Nancy Johnson To Congress Com c/o Honorable Nancy Johnson 1232 Corbin Avenue New Britain CT 06053	Purpose of Disbursement House/Nancy L. Johnson (CT-6-R) House/Nancy L. Johnson (CT-6-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 11/03/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Roth Senate Committee P.O. Box 105 Wilmington DE 19899	Purpose of Disbursement Senate/William V. Roth, Jr. (D-E-R) Senate/William V. Roth, Jr. (DE-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 11/03/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Sununu for Congress PO Box 500 Rye NH 03870	Purpose of Disbursement House/John E. Sununu (NH-1-R) House/John E. Sununu (NH-1-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 11/03/2000	Amount of Each Disbursement This Period 500.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	34 / 34
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NAME OF COMMITTEE (In Full) BluePac, The Blue Cross and Blue Shield Association Political Action Committee					
Full Name, Mailing Address, and ZIP Code Simmons for Congress c/o Robert Simmons Post Office Box 268, Drawer 271 Stonington CT 06378	Purpose of Disbursement House -- Debt Retirement/Robert Simmons House -- Debt Retirement/Robert Simmons (CT-2-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 11/21/2000	Amount of Each Disbursement This Period 500.00		
Full Name, Mailing Address, and ZIP Code Congressman Waxman Campaign Committee 8665 Wilshire Blvd #220 Beverly Hills CA 90211	Purpose of Disbursement House/Henry A. Waxman (CA-29-D) House/Henry A. Waxman (CA-29-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>Primary</u>	Date (month, day, year) 11/21/2000	Amount of Each Disbursement This Period 2000.00		
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)					17750.00