

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 06 01 2010 through 06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kathy Didawick

Signature of Treasurer Electronically Filed by Kathy Didawick Date 09 17 2010

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

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

A. Form/Schedule : **F3X**

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Bluepac - Blue Cross Blue Shield Association Pac

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		38783.69
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	73102.53									
(c) Total Receipts (from Line 19) .....	37624.02	201585.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	110726.55	240369.39								
7. Total Disbursements (from Line 31) .....	66000.00	195642.84								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	44726.55	44726.55								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Bluepac - Blue Cross Blue Shield Association Pac

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	18021.60	60036.90
(ii) Unitemized .....	5168.42	37742.75
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	23190.02	97779.65
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	23190.02	97779.65
12. Transfers From Affiliated/Other Party Committees .....	13434.00	101304.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	1000.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	2.05
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	37624.02	201585.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	37624.02	201585.70

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	142.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	142.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	66000.00	195500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	66000.00	195642.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66000.00	195642.84

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	23190.02	97779.65
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23190.02	97779.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	142.84
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	142.84

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<b>A.</b>	Full Name (Last, First, Middle Initial) Calvin L. Anderson		Date of Receipt
	Mailing Address 1655 Carr Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 10 / 2010
	City	State	Zip Code
	Memphis	TN	38104
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100610-72-16-59
Name of Employer BCBS of Tennessee		Occupation Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 50.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Edgar R. Black		Date of Receipt
	Mailing Address 225 N. Michigan		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 10 / 2010
	City	State	Zip Code
	Chicago	IL	60601
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100616152527-62
Name of Employer BCBSA		Occupation Med Director Plcy Sources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 325.00	<input type="text"/> 25.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Edgar R. Black		Date of Receipt
	Mailing Address 225 N. Michigan		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 24 / 2010
	City	State	Zip Code
	Chicago	IL	60601
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100628115111-61
Name of Employer BCBSA		Occupation Med Director Plcy Sources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 325.00	<input type="text"/> 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 100.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

Full Name (Last, First, Middle Initial)  
Christopher Booth

Mailing Address 10 Northstone Rise

City State Zip Code  
Pittsford NY 14534

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

Name of Employer Occupation  
Excellus BlueCross BlueShield EVP & CAO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2667.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 10 / 2010

Transaction ID: 20100610-26-16-59

Amount of Each Receipt this Period

2667.00

**B.**

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

Mailing Address 120 Beechwood Hill

City State Zip Code  
Exeter RI 02822

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

Name of Employer Occupation  
BCBS of Rhode Island E.v.p.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 247.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 04 / 2010

Transaction ID: 20100617-87-15-55

Amount of Each Receipt this Period

19.00

**C.**

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

Mailing Address 120 Beechwood Hill

City State Zip Code  
Exeter RI 02822

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

Name of Employer Occupation  
BCBS of Rhode Island E.v.p.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 247.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 18 / 2010

Transaction ID: 20100719-10-15-42

Amount of Each Receipt this Period

19.00

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

2705.00

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

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

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

FOR LINE NUMBER: PAGE 9 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.** Full Name (Last, First, Middle Initial)  
Daniel Todd Bradfield

Mailing Address 1310 G Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. C

Name of Employer BCBSA Occupation ED Advocacy & Allnce Dev

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 10 / 2010  
**Transaction ID:** 20100616152527-4

Amount of Each Receipt this Period 35.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel Todd Bradfield

Mailing Address 1310 G Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. C

Name of Employer BCBSA Occupation ED Advocacy & Allnce Dev

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 24 / 2010  
**Transaction ID:** 20100628115111-4

Amount of Each Receipt this Period 35.00

**C.** Full Name (Last, First, Middle Initial)  
Jerry W. Bradshaw

Mailing Address PO Box 2181

City Little Rock State AR Zip Code 72203

FEC ID number of contributing federal political committee. C

Name of Employer BCBS of Arkansas Occupation Health Insurer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 02 / 2010  
**Transaction ID:** 20100610-37-9-12

Amount of Each Receipt this Period 40.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<b>A.</b>	Full Name (Last, First, Middle Initial) Jerry W. Bradshaw		Date of Receipt
	Mailing Address PO Box 2181		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Little Rock	AR	72203
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer BCBS of Arkansas		Occupation Health Insurer	Transaction ID: 20100719-172-15-42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="300.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="40.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) William A. Breskin		Date of Receipt
	Mailing Address 1703 Hunts End Ct		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Vienna	VA	22182
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer BCBSA		Occupation Chief Washington Counsel	Transaction ID: 20100616152527-87
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="660.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="60.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) William A. Breskin		Date of Receipt
	Mailing Address 1703 Hunts End Ct		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Vienna	VA	22182
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer BCBSA		Occupation Chief Washington Counsel	Transaction ID: 20100628115111-86
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="660.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="60.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="160.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 11 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.** Full Name (Last, First, Middle Initial)  
Michael W. Brown

Mailing Address PO Box 8084

City State Zip Code  
Little Rock AR 72203

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

Name of Employer BCBS of Arkansas Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 02 / 2010  
Transaction ID: 20100610-38-9-12  
Amount of Each Receipt this Period: 40.00

**B.** Full Name (Last, First, Middle Initial)  
Michael W. Brown

Mailing Address PO Box 8084

City State Zip Code  
Little Rock AR 72203

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

Name of Employer BCBS of Arkansas Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 24 / 2010  
Transaction ID: 20100719-173-15-42  
Amount of Each Receipt this Period: 40.00

**C.** Full Name (Last, First, Middle Initial)  
Paul F. Brown

Mailing Address 225 N. Michigan

City State Zip Code  
Chicago IL 60601

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

Name of Employer BCBSA Occupation VP Deputy GC & Asst Corp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 10 / 2010  
Transaction ID: 20100616152527-53  
Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 130.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul F. Brown		Date of Receipt MM / DD / YYYY 06 / 24 / 2010		
	Mailing Address 225 N. Michigan		<b>Transaction ID:</b> 20100628115111-53		
	City Chicago	State IL	Zip Code 60601	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BCBSA	Occupation VP Deputy GC & Asst Corp			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul J. Canchester		Date of Receipt MM / DD / YYYY 06 / 10 / 2010		
	Mailing Address 225 N. Michigan		<b>Transaction ID:</b> 20100616152527-24		
	City Chicago	State IL	Zip Code 60601	Amount of Each Receipt this Period 45.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BCBSA	Occupation Dir Strategic Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 585.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul J. Canchester		Date of Receipt MM / DD / YYYY 06 / 24 / 2010		
	Mailing Address 225 N. Michigan		<b>Transaction ID:</b> 20100628115111-23		
	City Chicago	State IL	Zip Code 60601	Amount of Each Receipt this Period 45.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BCBSA	Occupation Dir Strategic Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 585.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	140.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

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

Mailing Address PO Box 2181

City State Zip Code  
Little Rock AR 72203

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

Name of Employer Occupation  
BCBS of Arkansas Manager

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

Date of Receipt

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

Transaction ID: 20100610-39-9-12

Amount of Each Receipt this Period

40.00

**B.**

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

Mailing Address PO Box 2181

City State Zip Code  
Little Rock AR 72203

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

Name of Employer Occupation  
BCBS of Arkansas Manager

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

Date of Receipt

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

Transaction ID: 20100719-174-15-42

Amount of Each Receipt this Period

40.00

**C.**

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

Mailing Address 5552 Sequoia Farms Drive

City State Zip Code  
Centreville VA 20120

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

Name of Employer Occupation  
BCBSA Exec Dir Congress Rel

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 540.00

Date of Receipt

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

Transaction ID: 20100616152527-89

Amount of Each Receipt this Period

60.00

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

140.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 81

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

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

Mailing Address 5552 Sequoia Farms  
Drive

City State Zip Code  
Centreville VA 20120

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

Name of Employer Occupation  
BCBSA Exec Dir Congress Rel

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00

Date of Receipt

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

Transaction ID: 20100628115111-88

Amount of Each Receipt this Period  
60.00

**B.**

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

Mailing Address 225 N. Michigan

City State Zip Code  
Chicago IL 60601

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

Name of Employer Occupation  
BCBSA Director Training

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt

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

Transaction ID: 20100616152527-61

Amount of Each Receipt this Period  
25.00

**C.**

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

Mailing Address 225 N. Michigan

City State Zip Code  
Chicago IL 60601

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

Name of Employer Occupation  
BCBSA Director Training

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt

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

Transaction ID: 20100628115111-60

Amount of Each Receipt this Period  
25.00

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

110.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.** Full Name (Last, First, Middle Initial)  
William James Colbourne  
 Mailing Address 225 N. Michigan  
 City Chicago State IL Zip Code 60601  
 Date of Receipt 06 / 10 / 2010  
**Transaction ID:** 20100616152527-37  
 Amount of Each Receipt this Period 65.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSA Occupation Sr VP HR & Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.00

**B.** Full Name (Last, First, Middle Initial)  
William James Colbourne  
 Mailing Address 225 N. Michigan  
 City Chicago State IL Zip Code 60601  
 Date of Receipt 06 / 24 / 2010  
**Transaction ID:** 20100628115111-36  
 Amount of Each Receipt this Period 65.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSA Occupation Sr VP HR & Administration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.00

**C.** Full Name (Last, First, Middle Initial)  
Jay Michael Cook  
 Mailing Address 225 N. Michigan  
 City Chicago State IL Zip Code 60601  
 Date of Receipt 06 / 10 / 2010  
**Transaction ID:** 20100616152527-39  
 Amount of Each Receipt this Period 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BCBSA Occupation MD Statagic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 155.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 16 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.** Full Name (Last, First, Middle Initial)  
Jay Michael Cook  
Mailing Address 225 N. Michigan

City State Zip Code  
Chicago IL 60601

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

Name of Employer BCBSA Occupation MD Statagic Services

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 24 / 2010  
Transaction ID: 20100628115111-38  
Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)  
Terrence J. Cooney  
Mailing Address 225 N. Michigan

City State Zip Code  
Chicago IL 60601

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

Name of Employer BCBSA Occupation Exec Dir National Progs

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

Date of Receipt: 06 / 10 / 2010  
Transaction ID: 20100616152527-30  
Amount of Each Receipt this Period: 20.00

**C.** Full Name (Last, First, Middle Initial)  
Terrence J. Cooney  
Mailing Address 225 N. Michigan

City State Zip Code  
Chicago IL 60601

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

Name of Employer BCBSA Occupation Exec Dir National Progs

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

Date of Receipt: 06 / 24 / 2010  
Transaction ID: 20100628115111-29  
Amount of Each Receipt this Period: 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 65.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 81  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

Full Name (Last, First, Middle Initial) Steven Coulter		Date of Receipt MM / DD / YYYY 06 / 10 / 2010
Mailing Address Corporate Headquarters 1 Cameron Hill Circle		<b>Transaction ID:</b> 20100610-79-16-59
City Chattanooga	State TN	Zip Code 37402
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer BCBS of Tennessee	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Karen M. Cox		Date of Receipt MM / DD / YYYY 06 / 10 / 2010
Mailing Address 225 N. Michigan		<b>Transaction ID:</b> 20100616152527-25
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer BCBSA	Occupation Director BQCT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

**C.**

Full Name (Last, First, Middle Initial) Karen M. Cox		Date of Receipt MM / DD / YYYY 06 / 24 / 2010
Mailing Address 225 N. Michigan		<b>Transaction ID:</b> 20100628115111-24
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer BCBSA	Occupation Director BQCT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.** Full Name (Last, First, Middle Initial)  
Kathy Ripley Didawick

Mailing Address 6760 N 25th St

City Arlington State VA Zip Code 22213

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

Name of Employer BCBSA Occupation Exec Dir Pol Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 06 / 10 / 2010  
**Transaction ID:** 20100616152527-90  
 Amount of Each Receipt this Period: 60.00

**B.** Full Name (Last, First, Middle Initial)  
Kathy Ripley Didawick

Mailing Address 6760 N 25th St

City Arlington State VA Zip Code 22213

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

Name of Employer BCBSA Occupation Exec Dir Pol Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 06 / 24 / 2010  
**Transaction ID:** 20100628115111-89  
 Amount of Each Receipt this Period: 60.00

**C.** Full Name (Last, First, Middle Initial)  
Charles Dubois

Mailing Address 18076 Gladstone Blvd N

City Osseo State MN Zip Code 55311

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

Name of Employer BCBS of Minnesota Occupation Vp Internal Audit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 10 / 2010  
**Transaction ID:** 20100610-6-16-59  
 Amount of Each Receipt this Period: 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **140.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 81  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

Full Name (Last, First, Middle Initial)  
Charles Dubois

Mailing Address 18076 Gladstone Blvd N

City State Zip Code  
Osseo MN 55311

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

Name of Employer Occupation  
BCBS of Minnesota Vp Internal Audit

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 20100719-152-15-42

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Emil (Zeke) Duda

Mailing Address 23 Old Westfall Drive

City State Zip Code  
Rochester NY 14534

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

Name of Employer Occupation  
Excellus BlueCross BlueShield Sr. EVP & CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2667.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

**Transaction ID:** 20100610-28-16-59

Amount of Each Receipt this Period  
2667.00

**C.**

Full Name (Last, First, Middle Initial)  
Jim Eppel

Mailing Address 4118 Sunnyside Road

City State Zip Code  
Minneapolis MN 55424

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

Name of Employer Occupation  
BCBS of Minnesota VP Network Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2010

**Transaction ID:** 20100610-3-9-12

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2712.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 81  
(check only one)

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

Full Name (Last, First, Middle Initial)  
Jim Eppel

Mailing Address 4118 Sunnyside Road

City State Zip Code  
Minneapolis MN 55424

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

Name of Employer Occupation  
BCBS of Minnesota VP Network Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

**Transaction ID:** 20100610-8-16-59

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Jim Eppel

Mailing Address 4118 Sunnyside Road

City State Zip Code  
Minneapolis MN 55424

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

Name of Employer Occupation  
BCBS of Minnesota VP Network Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 20100719-154-15-42

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
John T. Ericksen

Mailing Address 11405 Luxmanor Rd

City State Zip Code  
Rockville MD 20852

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

Name of Employer Occupation  
BCBSA VP Federal Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

**Transaction ID:** 20100616152527-79

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **110.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

Full Name (Last, First, Middle Initial)  
John T. Ericksen

Mailing Address 11405 Luxmanor Rd

City State Zip Code  
Rockville MD 20852

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

Name of Employer BCBSA Occupation VP Federal Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

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

**Transaction ID:** 20100628115111-78

Amount of Each Receipt this Period  
60.00

**B.**

Full Name (Last, First, Middle Initial)  
Garry Morrison Ewing

Mailing Address 3453 N 13th St

City State Zip Code  
Arlington VA 22201

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

Name of Employer BCBSA Occupation Dir Legis & Reg Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

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

**Transaction ID:** 20100616152527-94

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Garry Morrison Ewing

Mailing Address 3453 N 13th St

City State Zip Code  
Arlington VA 22201

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

Name of Employer BCBSA Occupation Dir Legis & Reg Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

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

**Transaction ID:** 20100628115111-93

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **110.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.** Full Name (Last, First, Middle Initial)  
Regina H. Favors  
Mailing Address PO Box 2181  
City Little Rock State AR Zip Code 72203  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBS of Arkansas Occupation Health Insurer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00  
Date of Receipt 06 / 02 / 2010  
Transaction ID: 20100610-63-9-12  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Regina H. Favors  
Mailing Address PO Box 2181  
City Little Rock State AR Zip Code 72203  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBS of Arkansas Occupation Health Insurer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 20100719-198-15-42  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Alissa T. Fox  
Mailing Address 6608 River Trail Ct Court  
City Bethesda State MD Zip Code 20817  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSA Occupation Sr VP Policy & Rep  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1274.00  
Date of Receipt 06 / 10 / 2010  
Transaction ID: 20100616152527-80  
Amount of Each Receipt this Period 98.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 298.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<p><b>A.</b> Full Name (Last, First, Middle Initial) Alissa T. Fox</p> <p>Mailing Address 6608 River Trail Ct Court</p> <p>City State Zip Code Bethesda MD 20817</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer BCBSA      Occupation Sr VP Policy &amp; Rep</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1274.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 24 / 2010</span></p> <p><b>Transaction ID:</b> 20100628115111-79</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">98.00</span></p>
---	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Stephen Gammarino</p> <p>Mailing Address 3 Hidden Ponds Ct</p> <p>City State Zip Code Gaithersburg MD 20878</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer BCBSA      Occupation Sr VP National Progs</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">650.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 10 / 2010</span></p> <p><b>Transaction ID:</b> 20100616152527-75</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span></p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Stephen Gammarino</p> <p>Mailing Address 3 Hidden Ponds Ct</p> <p>City State Zip Code Gaithersburg MD 20878</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer BCBSA      Occupation Sr VP National Progs</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">650.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 24 / 2010</span></p> <p><b>Transaction ID:</b> 20100628115111-74</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">198.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 81  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

Full Name (Last, First, Middle Initial)  
Joan M. Gardner

Mailing Address 811 S Columbus St

City State Zip Code  
Alexandria VA 22314

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

Name of Employer BCBSA Occupation Exec Dir State Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 318.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 10 / 2010

**Transaction ID:** 20100616152527-86

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
Joan M. Gardner

Mailing Address 811 S Columbus St

City State Zip Code  
Alexandria VA 22314

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

Name of Employer BCBSA Occupation Exec Dir State Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 318.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 24 / 2010

**Transaction ID:** 20100628115111-85

Amount of Each Receipt this Period  
30.00

**C.**

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

Mailing Address 601 Pine Street

City State Zip Code  
Chattanooga TN 37402

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

Name of Employer BCBS of Tennessee Occupation EVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 10 / 2010

**Transaction ID:** 20100610-83-16-59

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **110.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

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

Mailing Address Corporate Headquarters  
1 Cameron Hill Circle

City State Zip Code  
Chattanooga TN 37402

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

Name of Employer Occupation  
BCBS of Tennessee Health Insurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

**Transaction ID:** 20100610-88-16-59

Amount of Each Receipt this Period  
75.00

**B.**

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

Mailing Address 1310 G Street NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation  
BCBSA ED Legislative Policy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

**Transaction ID:** 20100616152527-3

Amount of Each Receipt this Period  
35.00

**C.**

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

Mailing Address 1310 G Street NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation  
BCBSA ED Legislative Policy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 20100628115111-3

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **145.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.** Full Name (Last, First, Middle Initial)  
Justine Germann Handelman  
Mailing Address 10000 Grant Ave

City State Zip Code  
Silver Spring MD 20910

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

Name of Employer BCBSA Occupation Exec Dir Leg & Reg Policy

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt  

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

**Transaction ID:** 20100616152527-81  
 Amount of Each Receipt this Period 60.00

**B.** Full Name (Last, First, Middle Initial)  
Justine Germann Handelman  
Mailing Address 10000 Grant Ave

City State Zip Code  
Silver Spring MD 20910

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

Name of Employer BCBSA Occupation Exec Dir Leg & Reg Policy

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt  

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

**Transaction ID:** 20100628115111-80  
 Amount of Each Receipt this Period 60.00

**C.** Full Name (Last, First, Middle Initial)  
Joan Harp  
Mailing Address Corporate Headquarters  
1 Cameron Hill Circle

City State Zip Code  
Chattanooga TN 37402

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

Name of Employer BCBS of Tennessee Occupation Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  

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

**Transaction ID:** 20100610-90-16-59  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **170.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 81  
(check only one)

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

Full Name (Last, First, Middle Initial) Ron Harr		Date of Receipt MM / DD / YYYY 06 / 10 / 2010
Mailing Address Corporate Headquarters 1 Cameron Hill Circle		<b>Transaction ID:</b> 20100610-91-16-59
City Chattanooga	State Zip Code TN 37402	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer BCBS of Tennessee	Occupation Health Insurer	Aggregate Year-to-Date 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Michael W. Harty		Date of Receipt MM / DD / YYYY 06 / 10 / 2010
Mailing Address 225 N. Michigan		<b>Transaction ID:</b> 20100616152527-17
City Chicago	State Zip Code IL 60601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer BCBSA	Occupation MD Stategic Services	Aggregate Year-to-Date 325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Michael W. Harty		Date of Receipt MM / DD / YYYY 06 / 24 / 2010
Mailing Address 225 N. Michigan		<b>Transaction ID:</b> 20100628115111-16
City Chicago	State Zip Code IL 60601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer BCBSA	Occupation MD Stategic Services	Aggregate Year-to-Date 325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

Full Name (Last, First, Middle Initial)  
Philip J. Hays

Mailing Address 4037 N 35th Street

City Arlington State VA Zip Code 22207

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

Name of Employer BCBSA Occupation Dir Congressional Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 06 / 10 / 2010  
**Transaction ID:** 20100616152527-96  
 Amount of Each Receipt this Period: 60.00

**B.**

Full Name (Last, First, Middle Initial)  
Philip J. Hays

Mailing Address 4037 N 35th Street

City Arlington State VA Zip Code 22207

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

Name of Employer BCBSA Occupation Dir Congressional Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 06 / 24 / 2010  
**Transaction ID:** 20100628115111-95  
 Amount of Each Receipt this Period: 60.00

**C.**

Full Name (Last, First, Middle Initial)  
William Andrew Hensley

Mailing Address 225 N. Michigan

City Chicago State IL Zip Code 60601

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

Name of Employer BCBSA Occupation ED Strategic Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt: 06 / 10 / 2010  
**Transaction ID:** 20100616152527-50  
 Amount of Each Receipt this Period: 60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 180.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

Full Name (Last, First, Middle Initial)  
William Andrew Hensley

Mailing Address 225 N. Michigan

City State Zip Code  
Chicago IL 60601

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

Name of Employer BCBSA Occupation ED Strategic Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 20100628115111-50

Amount of Each Receipt this Period  
60.00

**B.**

Full Name (Last, First, Middle Initial)  
Mary Heywood

Mailing Address 5525 Reitz Avenue

City State Zip Code  
Baton Rouge LA 70809

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

Name of Employer BCBS of Louisiana Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 20100719-217-15-42

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Mary Heywood

Mailing Address 5525 Reitz Avenue

City State Zip Code  
Baton Rouge LA 70809

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

Name of Employer BCBS of Louisiana Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 20100719-128-15-42

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **110.00**

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

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

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

FOR LINE NUMBER: PAGE 30 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.** Full Name (Last, First, Middle Initial)  
Mary Heywood  
Mailing Address 5525 Reitz Avenue  
City Baton Rouge State LA Zip Code 70809  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBS of Louisiana Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 20100719-50-15-42  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
Mary Heywood  
Mailing Address 5525 Reitz Avenue  
City Baton Rouge State LA Zip Code 70809  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBS of Louisiana Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 20100719-89-15-42  
Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
John Byron Hollis  
Mailing Address 107 Brookshire Dr  
City Warrenton State VA Zip Code 20186  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSA Occupation MD BCBSA Anti-Fraud  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00  
Date of Receipt 06 / 10 / 2010  
Transaction ID: 20100616152527-92  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 70.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

Full Name (Last, First, Middle Initial)  
John Byron Hollis

Mailing Address 107 Brookshire Dr

City Warrenton State VA Zip Code 20186

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

Name of Employer BCBSA Occupation MD BCBSA Anti-Fraud

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

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

**Transaction ID:** 20100628115111-91

Amount of Each Receipt this Period  
20.00

**B.**

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

Mailing Address 16444 82nd Place N

City Osseo State MN Zip Code 55311

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

Name of Employer BCBS of Minnesota Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

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

**Transaction ID:** 20100610-5-9-12

Amount of Each Receipt this Period  
25.00

**C.**

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

Mailing Address 16444 82nd Place N

City Osseo State MN Zip Code 55311

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

Name of Employer BCBS of Minnesota Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

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

**Transaction ID:** 20100610-10-16-59

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 70.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.** Full Name (Last, First, Middle Initial)  
Mark J. Hudson

Mailing Address 16444 82nd Place N

City State Zip Code  
Osseo MN 55311

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

Name of Employer Occupation  
BCBS of Minnesota Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 20100719-156-15-42

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Robert G. Iadicicco

Mailing Address 6002 Madison Overlook Ct

City State Zip Code  
Falls Church VA 22041

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

Name of Employer Occupation  
BCBSA Associate Counsel II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

**Transaction ID:** 20100616152527-91

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Robert G. Iadicicco

Mailing Address 6002 Madison Overlook Ct

City State Zip Code  
Falls Church VA 22041

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

Name of Employer Occupation  
BCBSA Associate Counsel II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 20100628115111-90

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 81  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
Robert A. Imes

Mailing Address 1310 G Street NW

City Washington State DC Zip Code 20005

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

Name of Employer BCBSA Occupation Director Policy Analysis

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 377.00

Date of Receipt 06 / 10 / 2010

Transaction ID: 20100616152527-7

Amount of Each Receipt this Period 29.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert A. Imes

Mailing Address 1310 G Street NW

City Washington State DC Zip Code 20005

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

Name of Employer BCBSA Occupation Director Policy Analysis

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 377.00

Date of Receipt 06 / 24 / 2010

Transaction ID: 20100628115111-7

Amount of Each Receipt this Period 29.00

**C.**

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

Mailing Address 225 N. Michigan

City Chicago State IL Zip Code 60601

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

Name of Employer BCBSA Occupation Chief Auditor & Comp Off

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 419.00

Date of Receipt 06 / 10 / 2010

Transaction ID: 20100616152527-47

Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 93.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.** Full Name (Last, First, Middle Initial)  
John Michael Joyce, Jr.  
Mailing Address 225 N. Michigan

City State Zip Code  
Chicago IL 60601

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

Name of Employer BCBSA Occupation Chief Auditor & Comp Off

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 419.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 20100628115111-47

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
Peter M. Kelly  
Mailing Address 225 N. Michigan

City State Zip Code  
Chicago IL 60601

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

Name of Employer BCBSA Occupation Chief Emp Benefit Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

**Transaction ID:** 20100616152527-58

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
Peter M. Kelly  
Mailing Address 225 N. Michigan

City State Zip Code  
Chicago IL 60601

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

Name of Employer BCBSA Occupation Chief Emp Benefit Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 20100628115111-57

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 115.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

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

Mailing Address 62 Meadow Cove Road

City State Zip Code  
Pittsford NY 14534

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

Name of Employer Occupation  
Excellus BlueCross BlueShield President & Ceo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 10 / 2010

**Transaction ID:** 20100610-29-16-59

Amount of Each Receipt this Period  
3000.00

**B.** Full Name (Last, First, Middle Initial)  
Gail Susan Kocher

Mailing Address 225 N. Michigan

City State Zip Code  
Chicago IL 60601

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

Name of Employer Occupation  
BCBSA Dir Health Info Tech

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 10 / 2010

**Transaction ID:** 20100616152527-70

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Gail Susan Kocher

Mailing Address 225 N. Michigan

City State Zip Code  
Chicago IL 60601

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

Name of Employer Occupation  
BCBSA Dir Health Info Tech

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 24 / 2010

**Transaction ID:** 20100628115111-69

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3040.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert J. Kolodgy, Jr.	Date of Receipt MM / DD / YYYY 06 / 10 / 2010
	Mailing Address 225 N. Michigan	<b>Transaction ID:</b> 20100616152527-72
	City State Zip Code Chicago IL 60601	Amount of Each Receipt this Period 65.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer BCBSA      Occupation Sr VP & CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 805.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert J. Kolodgy, Jr.	Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 225 N. Michigan	<b>Transaction ID:</b> 20100628115111-71
	City State Zip Code Chicago IL 60601	Amount of Each Receipt this Period 65.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer BCBSA      Occupation Sr VP & CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 805.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Allan M. Korn	Date of Receipt MM / DD / YYYY 06 / 10 / 2010
	Mailing Address 225 N. Michigan	<b>Transaction ID:</b> 20100616152527-48
	City State Zip Code Chicago IL 60601	Amount of Each Receipt this Period 65.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer BCBSA      Occupation Sr VP Clinical Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 845.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	195.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 37 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

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

Mailing Address 225 N. Michigan

City State Zip Code  
Chicago IL 60601

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

Name of Employer BCBSA Occupation Sr VP Clinical Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 845.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 20100628115111-48

Amount of Each Receipt this Period  
65.00

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

Mailing Address Corporate Headquarters  
1 Cameron Hill Circle

City State Zip Code  
Chattanooga TN 37402

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

Name of Employer BCBS of Tennessee Occupation Health Insurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

**Transaction ID:** 20100610-99-16-59

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas P. Leibensperger, Jr.

Mailing Address 5275 Bradgen Ct

City State Zip Code  
Springfield VA 22151

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

Name of Employer BCBSA Occupation Dir Grassrts and Advocacy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

**Transaction ID:** 20100616152527-93

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **145.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

Full Name (Last, First, Middle Initial)  
Thomas P. Leibensperger, Jr.

Mailing Address 5275 Bradgen Ct

City Springfield State VA Zip Code 22151

FEC ID number of contributing federal political committee. C

Name of Employer BCBSA Occupation Dir Grassrts and Advocacy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 24 / 2010

**Transaction ID:** 20100628115111-92

Amount of Each Receipt this Period 30.00

**B.**

Full Name (Last, First, Middle Initial)  
Dana G Lien

Mailing Address 14371 Fridley Way

City St. Paul State MN Zip Code 55124

FEC ID number of contributing federal political committee. C

Name of Employer BCBS of Minnesota Occupation VP Process & Performance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 02 / 2010

**Transaction ID:** 20100610-6-9-12

Amount of Each Receipt this Period 20.00

**C.**

Full Name (Last, First, Middle Initial)  
Dana G Lien

Mailing Address 14371 Fridley Way

City St. Paul State MN Zip Code 55124

FEC ID number of contributing federal political committee. C

Name of Employer BCBS of Minnesota Occupation VP Process & Performance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 10 / 2010

**Transaction ID:** 20100610-11-16-59

Amount of Each Receipt this Period 20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 81
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<b>A.</b>	Full Name (Last, First, Middle Initial) Dana G Lien		Date of Receipt
	Mailing Address 14371 Fridley Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 24 / 2010
	City	State	Zip Code
	St. Paul	MN	55124
	FEC ID number of contributing federal political committee.		Transaction ID: 20100719-157-15-42
Name of Employer BCBS of Minnesota		Occupation VP Process & Performance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert A. Long		Date of Receipt
	Mailing Address 225 N. Michigan		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 10 / 2010
	City	State	Zip Code
	Chicago	IL	60601
	FEC ID number of contributing federal political committee.		Transaction ID: 20100616152527-57
Name of Employer BCBSA		Occupation ED Strategic Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 45.00
		<input type="text"/> 545.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert A. Long		Date of Receipt
	Mailing Address 225 N. Michigan		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 24 / 2010
	City	State	Zip Code
	Chicago	IL	60601
	FEC ID number of contributing federal political committee.		Transaction ID: 20100628115111-56
Name of Employer BCBSA		Occupation ED Strategic Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 45.00
		<input type="text"/> 545.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 110.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 40 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.** Full Name (Last, First, Middle Initial)  
Scott B Lynch

Mailing Address 22966 Forest Ridge Drive

City State Zip Code  
Lakeville MN 55044

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

Name of Employer BCBS of Minnesota Occupation SVP, Chief Legal Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2010

**Transaction ID:** 20100610-7-9-12

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Scott B Lynch

Mailing Address 22966 Forest Ridge Drive

City State Zip Code  
Lakeville MN 55044

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

Name of Employer BCBS of Minnesota Occupation SVP, Chief Legal Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

**Transaction ID:** 20100610-12-16-59

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Scott B Lynch

Mailing Address 22966 Forest Ridge Drive

City State Zip Code  
Lakeville MN 55044

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

Name of Employer BCBS of Minnesota Occupation SVP, Chief Legal Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 20100719-158-15-42

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

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

Mailing Address 225 N. Michigan

City State Zip Code  
Chicago IL 60601

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

Name of Employer BCBSA Occupation MD Finl Svcs & Reporting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 10 / 2010

**Transaction ID:** 20100616152527-68

Amount of Each Receipt this Period  
30.00

**B.**

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

Mailing Address 225 N. Michigan

City State Zip Code  
Chicago IL 60601

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

Name of Employer BCBSA Occupation MD Finl Svcs & Reporting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 24 / 2010

**Transaction ID:** 20100628115111-67

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
Nancy F. Nelson

Mailing Address 1781 Tamberwood Trail

City State Zip Code  
Woodbury MN 55125

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

Name of Employer BCBS of Minnesota Occupation Health Insurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 10 / 2010

**Transaction ID:** 20100610-17-16-59

Amount of Each Receipt this Period  
18.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **78.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

Full Name (Last, First, Middle Initial)  
Nancy F. Nelson

Mailing Address 1781 Tamberwood Trail

City State Zip Code  
Woodbury MN 55125

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

Name of Employer BCBS of Minnesota Occupation Health Insurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 20100719-163-15-42

Amount of Each Receipt this Period  
18.00

**B.**

Full Name (Last, First, Middle Initial)  
William B. O'Loughlin

Mailing Address 2861 St Barts Square

City State Zip Code  
Vero Beach FL 32967

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

Name of Employer BCBSA Occupation VP Chief Tech Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

**Transaction ID:** 20100616152527-14

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
William B. O'Loughlin

Mailing Address 2861 St Barts Square

City State Zip Code  
Vero Beach FL 32967

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

Name of Employer BCBSA Occupation VP Chief Tech Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 20100628115111-14

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **118.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

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

Mailing Address 1310 G Street NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation  
BCBSA Dir Decision Support Sys

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 455.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 10 / 2010

Transaction ID: 20100616152527-2

Amount of Each Receipt this Period

35.00

**B.**

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

Mailing Address 1310 G Street NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation  
BCBSA Dir Decision Support Sys

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 455.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 24 / 2010

Transaction ID: 20100628115111-2

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)  
Plamen Petrov

Mailing Address 225 N. Michigan

City State Zip Code  
Chicago IL 60601

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

Name of Employer Occupation  
BCBSA Exec Dir & Chief Ent Arch

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

Date of Receipt

M M / D D / Y Y Y Y  
06 / 10 / 2010

Transaction ID: 20100616152527-54

Amount of Each Receipt this Period

20.00

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

90.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 81  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

Full Name (Last, First, Middle Initial)  
Plamen Petrov

Mailing Address 225 N. Michigan

City Chicago State IL Zip Code 60601

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

Name of Employer BCBSA Occupation Exec Dir & Chief Ent Arch

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 06 / 24 / 2010  
**Transaction ID:** 20100628115111-54  
 Amount of Each Receipt this Period: 20.00

**B.**

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

Mailing Address 225 N. Michigan

City Chicago State IL Zip Code 60601

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

Name of Employer BCBSA Occupation Sr VP & CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt: 06 / 10 / 2010  
**Transaction ID:** 20100616152527-64  
 Amount of Each Receipt this Period: 50.00

**C.**

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

Mailing Address 225 N. Michigan

City Chicago State IL Zip Code 60601

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

Name of Employer BCBSA Occupation Sr VP & CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt: 06 / 24 / 2010  
**Transaction ID:** 20100628115111-63  
 Amount of Each Receipt this Period: 60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 130.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 81
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<b>A.</b>	Full Name (Last, First, Middle Initial) Jason Pray		Date of Receipt
	Mailing Address 3535 South Ball Stre #721		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 10 / 2010
	City	State	Zip Code
	Arlington	VA	22202
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100616152527-101
Name of Employer BCBSA		Occupation Executive Washington Rep	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 35.00
		<input type="text"/> 245.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jason Pray		Date of Receipt
	Mailing Address 3535 South Ball Stre #721		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 24 / 2010
	City	State	Zip Code
	Arlington	VA	22202
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100628115111-100
Name of Employer BCBSA		Occupation Executive Washington Rep	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 35.00
		<input type="text"/> 245.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) James E Purcell		Date of Receipt
	Mailing Address 6 Elton Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 04 / 2010
	City	State	Zip Code
	Barrington	RI	02806
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100617-83-15-55
Name of Employer BCBS of Rhode Island		Occupation Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.00
		<input type="text"/> 533.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 111.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 81  
(check only one)

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

**A.**

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

Mailing Address 6 Elton Road

City State Zip Code  
Barrington RI 02806

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

Name of Employer Occupation  
BCBS of Rhode Island Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 533.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2010

**Transaction ID:** 20100719-6-15-42

Amount of Each Receipt this Period  
41.00

**B.**

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

Mailing Address 1310 G Street NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation  
BCBSA Dir Congressional Rel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

**Transaction ID:** 20100616152527-11

Amount of Each Receipt this Period  
35.00

**C.**

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

Mailing Address 1310 G Street NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation  
BCBSA Dir Congressional Rel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 20100628115111-11

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **111.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Reitz		Date of Receipt
	Mailing Address 5525 Reitz Avenue		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Baton Rouge	LA	70809
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100719-141-15-42
Name of Employer BCBS of Louisiana		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	<input type="text" value="50.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Reitz		Date of Receipt
	Mailing Address 5525 Reitz Avenue		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Baton Rouge	LA	70809
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100719-231-15-42
Name of Employer BCBS of Louisiana		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	<input type="text" value="50.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Reitz		Date of Receipt
	Mailing Address 5525 Reitz Avenue		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Baton Rouge	LA	70809
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100719-103-15-42
Name of Employer BCBS of Louisiana		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	<input type="text" value="50.00"/>

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

Full Name (Last, First, Middle Initial)  
Michael Reitz

Mailing Address 5525 Reitz Avenue

City State Zip Code  
Baton Rouge LA 70809

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

Name of Employer Occupation  
BCBS of Louisiana Director

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

Date of Receipt

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

Transaction ID: 20100719-64-15-42

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Kathleen O. Ryan

Mailing Address PO Box 2181

City State Zip Code  
Little Rock AR 72203

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

Name of Employer Occupation  
BCBS of Arkansas Health Insurer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

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

Transaction ID: 20100719-196-15-42

Amount of Each Receipt this Period  
40.00

**C.**

Full Name (Last, First, Middle Initial)  
Scott P. Serota

Mailing Address 225 N. Michigan

City State Zip Code  
Chicago IL 60601

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

Name of Employer Occupation  
BCBSA President & CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2499.90

Date of Receipt

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

Transaction ID: 20100616152527-34

Amount of Each Receipt this Period  
192.30

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

282.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott P. Serota	Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 225 N. Michigan	<b>Transaction ID:</b> 20100628115111-33
	City State Zip Code Chicago IL 60601	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer BCBSA      Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90	

<b>B.</b>	Full Name (Last, First, Middle Initial) Terence K. Shea	Date of Receipt MM / DD / YYYY 06 / 10 / 2010
	Mailing Address Corporate Headquarters 1 Cameron Hill Circle	<b>Transaction ID:</b> 20100610-109-16-59
	City State Zip Code Chattanooga TN 37402	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer BCBS of Tennessee      Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Steven J. Short	Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address PO Box 2181	<b>Transaction ID:</b> 20100610-55-9-12
	City State Zip Code Little Rock AR 72203	Amount of Each Receipt this Period 34.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer BCBS of Arkansas      Occupation Health Insurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	276.30
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 50 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.** Full Name (Last, First, Middle Initial)  
Steven J. Short  
Mailing Address PO Box 2181  
City Little Rock State AR Zip Code 72203  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBS of Arkansas Occupation Health Insurer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 20100719-190-15-42  
Amount of Each Receipt this Period 34.00

**B.** Full Name (Last, First, Middle Initial)  
Annette M. Shupert  
Mailing Address 225 N. Michigan  
City Chicago State IL Zip Code 60601  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSA Occupation Director Facility Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00  
Date of Receipt 06 / 10 / 2010  
Transaction ID: 20100616152527-26  
Amount of Each Receipt this Period 20.00

**C.** Full Name (Last, First, Middle Initial)  
Annette M. Shupert  
Mailing Address 225 N. Michigan  
City Chicago State IL Zip Code 60601  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSA Occupation Director Facility Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 20100628115111-25  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 74.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

Full Name (Last, First, Middle Initial)

Jana L. Skewes

Mailing Address 401 Chestnut Street

City State Zip Code  
Chattanooga TN 37402

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

Name of Employer Occupation  
BCBS of Tennessee Chief Executive Officer

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

Date of Receipt

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

Transaction ID: 20100610-118-16-59

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen Sloan

Mailing Address 35 Thomas Grove

City State Zip Code  
Pittsford NY 14534

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

Name of Employer Occupation  
Excellus BlueCross BlueShield Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2667.00

Date of Receipt

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

Transaction ID: 20100610-27-16-59

Amount of Each Receipt this Period

2667.00

**C.**

Full Name (Last, First, Middle Initial)

Brian Small

Mailing Address 5525 Reitz Avenue

City State Zip Code  
Baton Rouge LA 70809

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

Name of Employer Occupation  
BCBS of Louisiana Director

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

Date of Receipt

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

Transaction ID: 20100719-69-15-42

Amount of Each Receipt this Period

30.00

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

2747.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

A.

Full Name (Last, First, Middle Initial)  
Brian Small

Mailing Address 5525 Reitz Avenue

City	State	Zip Code
Baton Rouge	LA	70809

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

Name of Employer BCBS of Louisiana	Occupation Director
---------------------------------------	------------------------

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

Date of Receipt

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

Transaction ID: 20100719-108-15-42

Amount of Each Receipt this Period  
30.00

B.

Full Name (Last, First, Middle Initial)  
Brian Small

Mailing Address 5525 Reitz Avenue

City	State	Zip Code
Baton Rouge	LA	70809

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

Name of Employer BCBS of Louisiana	Occupation Director
---------------------------------------	------------------------

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

Date of Receipt

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

Transaction ID: 20100719-146-15-42

Amount of Each Receipt this Period  
30.00

C.

Full Name (Last, First, Middle Initial)  
Brian Small

Mailing Address 5525 Reitz Avenue

City	State	Zip Code
Baton Rouge	LA	70809

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

Name of Employer BCBS of Louisiana	Occupation Director
---------------------------------------	------------------------

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

Date of Receipt

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

Transaction ID: 20100719-236-15-42

Amount of Each Receipt this Period  
30.00

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

90.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 81  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
Jeffrey Smokler

Mailing Address 2701 Elton Ct

City State Zip Code  
Crofton MD 21114

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

Name of Employer BCBSA Occupation ED Strategic Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

**Transaction ID:** 20100616152527-84

Amount of Each Receipt this Period  
40.00

**B.**

Full Name (Last, First, Middle Initial)  
Jeffrey Smokler

Mailing Address 2701 Elton Ct

City State Zip Code  
Crofton MD 21114

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

Name of Employer BCBSA Occupation ED Strategic Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** 20100628115111-83

Amount of Each Receipt this Period  
40.00

**C.**

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

Mailing Address 2400 Shadow Creek

City State Zip Code  
St. Paul MN 55125

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

Name of Employer BCBS of Minnesota Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2010

**Transaction ID:** 20100610-15-9-12

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **105.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<b>A.</b>	Full Name (Last, First, Middle Initial) David Spalding		Date of Receipt MM / DD / YYYY 06 / 10 / 2010		
	Mailing Address 2400 Shadow Creek		<b>Transaction ID:</b> 20100610-20-16-59		
	City St. Paul	State MN	Zip Code 55125	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BCBS of Minnesota	Occupation Vice President	Aggregate Year-to-Date 325.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) David Spalding		Date of Receipt MM / DD / YYYY 06 / 24 / 2010		
	Mailing Address 2400 Shadow Creek		<b>Transaction ID:</b> 20100719-166-15-42		
	City St. Paul	State MN	Zip Code 55125	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BCBS of Minnesota	Occupation Vice President	Aggregate Year-to-Date 325.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Joyce M. Sterk		Date of Receipt MM / DD / YYYY 06 / 10 / 2010		
	Mailing Address 225 N. Michigan		<b>Transaction ID:</b> 20100616152527-51		
	City Chicago	State IL	Zip Code 60601	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BCBSA	Occupation MD BPFs	Aggregate Year-to-Date 325.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<b>A.</b>	Full Name (Last, First, Middle Initial) Joyce M. Sterk		Date of Receipt	
	Mailing Address 225 N. Michigan		M M / D D / Y Y Y Y 06 / 24 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 20100628115111-51
	Chicago	IL	60601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		25.00	
Name of Employer BCBSA		Occupation MD BPFs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Maureen E. Sullivan		Date of Receipt	
	Mailing Address 225 N. Michigan		M M / D D / Y Y Y Y 06 / 10 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 20100616152527-21
	Chicago	IL	60601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		35.00	
Name of Employer BCBSA		Occupation Sr VP Strategic Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 455.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Maureen E. Sullivan		Date of Receipt	
	Mailing Address 225 N. Michigan		M M / D D / Y Y Y Y 06 / 24 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 20100628115111-20
	Chicago	IL	60601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		35.00	
Name of Employer BCBSA		Occupation Sr VP Strategic Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 455.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	95.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 56 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

Full Name (Last, First, Middle Initial)  
Eric R. Swanson

Mailing Address 225 N. Michigan

City State Zip Code  
Chicago IL 60601

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

Name of Employer Occupation  
BCBSA Dir Strategic Services

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 325.00

Date of Receipt

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

Transaction ID: 20100616152527-19

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Eric R. Swanson

Mailing Address 225 N. Michigan

City State Zip Code  
Chicago IL 60601

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

Name of Employer Occupation  
BCBSA Dir Strategic Services

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 325.00

Date of Receipt

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

Transaction ID: 20100628115111-18

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Patricia Bonkiewicz Taylor

Mailing Address 5226 Cahaba Valley C  
Cove

City State Zip Code  
Birmingham AL 35242

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

Name of Employer Occupation  
BCBSA Exec Dir IT Informatics

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

Date of Receipt

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

Transaction ID: 20100616152527-1

Amount of Each Receipt this Period  
50.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 57 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.** Full Name (Last, First, Middle Initial)  
Patricia Bonkiewicz Taylor

Mailing Address 5226 Cahaba Valley C  
Cove

City Birmingham State AL Zip Code 35242

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

Name of Employer BCBSA Occupation Exec Dir IT Informatics

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 24 / 2010  
**Transaction ID:** 20100628115111-1  
 Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Dean S. Todaro

Mailing Address 225 N. Michigan

City Chicago State IL Zip Code 60601

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

Name of Employer BCBSA Occupation MD Plan Tax Services

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 10 / 2010  
**Transaction ID:** 20100616152527-73  
 Amount of Each Receipt this Period 20.00

**C.** Full Name (Last, First, Middle Initial)  
Dean S. Todaro

Mailing Address 225 N. Michigan

City Chicago State IL Zip Code 60601

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

Name of Employer BCBSA Occupation MD Plan Tax Services

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 24 / 2010  
**Transaction ID:** 20100628115111-72  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.** Full Name (Last, First, Middle Initial)  
James B. Trimble  
Mailing Address 5818 Hillburne Way  
City State Zip Code  
Chevy Chase MD 20815  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSA Occupation MD Political Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 780.00  
Date of Receipt 06 / 10 / 2010  
Transaction ID: 20100616152527-78  
Amount of Each Receipt this Period 60.00

**B.** Full Name (Last, First, Middle Initial)  
James B. Trimble  
Mailing Address 5818 Hillburne Way  
City State Zip Code  
Chevy Chase MD 20815  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSA Occupation MD Political Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 780.00  
Date of Receipt 06 / 24 / 2010  
Transaction ID: 20100628115111-77  
Amount of Each Receipt this Period 60.00

**C.** Full Name (Last, First, Middle Initial)  
Jennifer Vachon  
Mailing Address 225 N. Michigan  
City State Zip Code  
Chicago IL 60601  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCBSA Occupation VP Marketing Services  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 690.00  
Date of Receipt 06 / 10 / 2010  
Transaction ID: 20100616152527-46  
Amount of Each Receipt this Period 60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 180.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 59 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

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

Mailing Address 225 N. Michigan

City State Zip Code  
Chicago IL 60601

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

Name of Employer Occupation  
BCBSA VP Marketing Services

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 690.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 24 / 2010

Transaction ID: 20100628115111-46

Amount of Each Receipt this Period  
60.00

**B.**

Full Name (Last, First, Middle Initial)  
Kendall Lee Vanpool

Mailing Address 6637 Thurlton Drive

City State Zip Code  
Alexandria VA 22315

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

Name of Employer Occupation  
BCBSA Sr Federal Relations Mgr

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

Date of Receipt

M M / D D / Y Y Y Y  
06 / 10 / 2010

Transaction ID: 20100616152527-100

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
Kendall Lee Vanpool

Mailing Address 6637 Thurlton Drive

City State Zip Code  
Alexandria VA 22315

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

Name of Employer Occupation  
BCBSA Sr Federal Relations Mgr

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

Date of Receipt

M M / D D / Y Y Y Y  
06 / 24 / 2010

Transaction ID: 20100628115111-99

Amount of Each Receipt this Period  
30.00

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

120.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.** Full Name (Last, First, Middle Initial)  
Paul Von Ebers

Mailing Address 26 Thomas Grove

City Pittsford State NY Zip Code 14534

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

Name of Employer: Excellus BlueCross BlueShield  
Occupation: Evp/coo

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 10 / 2010  
**Transaction ID:** 20100610-61-16-59  
 Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Stephen Walker

Mailing Address Corporate Headquarters  
1 Cameron Hill Circle

City Chattanooga State TN Zip Code 37402

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

Name of Employer: BCBS of Tennessee  
Occupation: Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 10 / 2010  
**Transaction ID:** 20100610-65-16-59  
 Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
Lois Wattman

Mailing Address 3535 Blue Cross Road

City Eagan State MN Zip Code 55121

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

Name of Employer: BCBS of Minnesota  
Occupation: Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 06 / 02 / 2010  
**Transaction ID:** 20100610-17-9-12  
 Amount of Each Receipt this Period: 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 180.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

Full Name (Last, First, Middle Initial) Lois Wattman		Date of Receipt MM / DD / YYYY 06 / 10 / 2010
Mailing Address 3535 Blue Cross Road		<b>Transaction ID:</b> 20100610-22-16-59
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer BCBS of Minnesota	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

**B.**

Full Name (Last, First, Middle Initial) Lois Wattman		Date of Receipt MM / DD / YYYY 06 / 24 / 2010
Mailing Address 3535 Blue Cross Road		<b>Transaction ID:</b> 20100719-168-15-42
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer BCBS of Minnesota	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

**C.**

Full Name (Last, First, Middle Initial) Michelle Lynn Werr		Date of Receipt MM / DD / YYYY 06 / 10 / 2010
Mailing Address 225 N. Michigan		<b>Transaction ID:</b> 20100616152527-59
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer BCBSA	Occupation MD Statagic Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	95.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

Full Name (Last, First, Middle Initial)  
Michelle Lynn Werr

Mailing Address 225 N. Michigan

City State Zip Code  
Chicago IL 60601

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

Name of Employer BCBSA Occupation MD Statigic Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

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

**Transaction ID:** 20100628115111-58

Amount of Each Receipt this Period  
35.00

**B.**

Full Name (Last, First, Middle Initial)  
Paul M. White

Mailing Address PO Box 2181

City State Zip Code  
Little Rock AR 72203

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

Name of Employer BCBS of Arkansas Occupation Health Insurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

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

**Transaction ID:** 20100610-59-9-12

Amount of Each Receipt this Period  
80.00

**C.**

Full Name (Last, First, Middle Initial)  
Paul M. White

Mailing Address PO Box 2181

City State Zip Code  
Little Rock AR 72203

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

Name of Employer BCBS of Arkansas Occupation Health Insurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

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

**Transaction ID:** 20100719-194-15-42

Amount of Each Receipt this Period  
80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **195.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 81  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

Full Name (Last, First, Middle Initial)  
Connie A. Woodard

Mailing Address 4901 Dublin Dr  
Place

City State Zip Code  
Suitland MD 20746

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

Name of Employer BCBSA Occupation Dir Program Integrity

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 10 / 2010

**Transaction ID:** 20100616152527-77

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Connie A. Woodard

Mailing Address 4901 Dublin Dr  
Place

City State Zip Code  
Suitland MD 20746

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

Name of Employer BCBSA Occupation Dir Program Integrity

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 24 / 2010

**Transaction ID:** 20100628115111-76

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Laura Wooster

Mailing Address 1310 G Street NW

City State Zip Code  
Washington DC 20005

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

Name of Employer BCBSA Occupation Executive Washington Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 10 / 2010

**Transaction ID:** 20100616152527-10

Amount of Each Receipt this Period  
29.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **79.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 81  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

Full Name (Last, First, Middle Initial)  
Laura Wooster

Mailing Address 1310 G Street NW

City Washington State DC Zip Code 20005

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

Name of Employer BCBSA Occupation Executive Washington Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

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

**Transaction ID:** 20100628115111-10

Amount of Each Receipt this Period  
 29.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert E Worthington

Mailing Address Corporate Headquarters  
1 Cameron Hill Circle

City Chattanooga State TN Zip Code 37402

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

Name of Employer BCBS of Tennessee Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** 20100610-68-16-59

Amount of Each Receipt this Period  
 50.00

**C.**

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

Mailing Address 500 Exchange Street

City Providence State RI Zip Code 02903

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

Name of Employer BCBS of Rhode Island Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

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

**Transaction ID:** 20100617-84-15-55

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 99.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 81  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

A.

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

Mailing Address 500 Exchange Street

City State Zip Code  
Providence RI 02903

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

Name of Employer Occupation  
BCBS of Rhode Island Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: 20100719-7-15-42

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	20.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	18021.60

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 81
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<b>A.</b>	Full Name (Last, First, Middle Initial) Blue Cross and Blue Shield of Kansas, Inc. Employee Pac	Date of Receipt MM / DD / YYYY 06 / 10 / 2010
	Mailing Address 1133 SW Topeka Blvd. Cc:855 - B3	<b>Transaction ID:</b> 6E41D836888B413D3FC
	City Topeka State KS Zip Code 66629	Amount of Each Receipt this Period 684.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 101304.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Blue Cross Voice	Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address 19 North Main Street	<b>Transaction ID:</b> 092DD14DDA8FED780A3
	City Wilkes Barre State PA Zip Code 18711	Amount of Each Receipt this Period 1750.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 101304.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Florida Health Political Action Committee (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL, IN	Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address PO Box 6936 4800 Deerwood Campus Parkwy, Dc3-4	<b>Transaction ID:</b> 566F129591E8DFA7F6F
	City Jacksonville State FL Zip Code 32236	Amount of Each Receipt this Period 4000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Transfer between affiliated federal committees
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 101304.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	6434.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 81  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

**A.**

Full Name (Last, First, Middle Initial)  
Healthy Government Committee-the Political Action Cmte/Blue Cross

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2010

Mailing Address Post Office Box 13466

Transaction ID: AA8A4D335E7E463760B

City State Zip Code  
Phoenix AZ 85002

Amount of Each Receipt this Period  
3000.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
101304.00

**B.**

Full Name (Last, First, Middle Initial)  
Highmark Health Pac of Highmark Inc.

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2010

Mailing Address 1800 Center Street

Transaction ID: 1E75DE7A197AB44C226

City State Zip Code  
Camp Hill PA 17089

Amount of Each Receipt this Period  
4000.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
101304.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	13434.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 68 / 81	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

A.

Full Name (Last, First, Middle Initial) Dirigo Pac		Date of Receipt	
Mailing Address PO Box 1355		M M / D D / Y Y Y Y 06 / 02 / 2010	
City	State	Zip Code	<b>Transaction ID:</b> FF12FC3AC56203ADF73
Alexandria	VA	22313	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		1000.00	
Name of Employer	Occupation	Refund of excessive contribution	
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		1000.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	1000.00

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

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

FOR LINE NUMBER: (check only one)

PAGE 69 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<p><b>A.</b> Full Name (Last, First, Middle Initial) Adler for Congress</p> <p>Mailing Address 14 Knightswood Drive</p> <p>City Marlton State NJ Zip Code 08053</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name John H. Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> ODA67115AEF01802F4E</p> <p>Date of Disbursement 06 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Alamo Pac</p> <p>Mailing Address 919 Congress Ave Suite 1400 Frost Bank Plaza</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Alamo Pac</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> 843CC75D9D9D8E8F782</p> <p>Date of Disbursement 06 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md for Congress, Inc.</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Charles W. Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8ADCCE4FB25CABA77C5</p> <p>Date of Disbursement 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<b>A.</b> Full Name (Last, First, Middle Initial) Committee for the Preservation of Capitalism (CPC), the <hr/> Mailing Address PO Box 65314 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Committee for the Preservation of Capitalism (CPC), the Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution 	Transaction ID: 857B37C27F9BA4AD9B4 Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> Category/ Type 011
	<b>B.</b> Full Name (Last, First, Middle Initial) Committee To Re-Elect Trent Franks To Congress <hr/> Mailing Address PO Box 8105 <hr/> City Glendale State AZ Zip Code 85312 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Trent Franks Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 02 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Freedom and Security Pac <hr/> Mailing Address 228 S. Washington St., Ste. 115 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Freedom and Security Pac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: C2F7877C650839C099B Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> Category/ Type 011

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<p><b>A.</b> Full Name (Last, First, Middle Initial) Freedom Project; the</p> <p>Mailing Address 631-B Pennsylvania Ave., SE Basement Unit</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Freedom Project; the</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> CA6D2002B96961F6A2D <b>Date of Disbursement</b> 06 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Congressman Tim Holden</p> <p>Mailing Address 18 North Second Street, Box 37</p> <p>City Saint Clair State PA Zip Code 17970</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Tim Holden</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 1599FE7F8152E689E6A <b>Date of Disbursement</b> 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of John Thune</p> <p>Mailing Address 200 North Phillips Avenue Ste L101</p> <p>City Sioux Falls State SD Zip Code 57104</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name John R. Thune</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 29253549BE7F9633AB0 <b>Date of Disbursement</b> 06 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of John Thune</p> <p>Mailing Address 200 North Phillips Avenue Ste L101</p> <p>City Sioux Falls State SD Zip Code 57104</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name John R. Thune</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D14AFB1BA0E74AB8DEE</p> <p>Date of Disbursement 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Kent Conrad</p> <p>Mailing Address PO Box 812</p> <p>City Bismarck State ND Zip Code 58502</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Kent Conrad</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4424FC0A377F29BC611</p> <p>Date of Disbursement 06 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Georgians for Isakson</p> <p>Mailing Address Post Office Box 250116</p> <p>City Atlanta State GA Zip Code 30325</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Johnny Isakson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01BC72BB5FEADB91D1D</p> <p>Date of Disbursement 06 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 73 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<b>A.</b> Full Name (Last, First, Middle Initial) Heath Shuler for Congress <hr/> Mailing Address PO Box 8446 <hr/> City Asheville State NC Zip Code 28814 <hr/> Purpose of Disbursement 2010 General Candidate Name Heath Shuler <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29D11A89346D84D3D5F Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Herron for Congress <hr/> Mailing Address 142 West Main Street <hr/> City Dresden State TN Zip Code 38225 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Roy Brasfield Herron <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 88A1E833B91FB04D5C9 Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Jane Norton for Colorado Inc <hr/> Mailing Address 8006 East Arapahoe Road Suite 150 <hr/> City Centennial State CO Zip Code 80112 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Jane Norton <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E43558FE67DAA3737FB Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2010
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5000.00

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<b>A.</b> Full Name (Last, First, Middle Initial) Jim Risch for U S Senate Committee <hr/> Mailing Address 5400 S Cole Road <hr/> City Boise State ID Zip Code 83709 <hr/> Purpose of Disbursement 2008 General Debt Retirement Candidate Name James E. Risch <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District:	Transaction ID: 9633BDD6292B73C43C7 Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2010
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) John Sullivan for Congress Inc <hr/> Mailing Address Post Office Box 470840 <hr/> City Tulsa State OK Zip Code 74147 <hr/> Purpose of Disbursement 2010 Primary Candidate Name John Sullivan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OK District: 01	Transaction ID: ADCF62DDFBDB39D525B Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Jonathan Paton for Congress <hr/> Mailing Address 7400 N. Oracle Rd., Suite 125 <hr/> City Tucson State AZ Zip Code 85704 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Jonathan Paton <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 08	Transaction ID: 879896F0C27E6BDDF8E Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5000.00

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<b>A.</b> Full Name (Last, First, Middle Initial) Kirk for Senate <hr/> Mailing Address PO Box 8 <hr/> City Winnetka State IL Zip Code 60093 <hr/> Purpose of Disbursement 2010 General Candidate Name Mark Steven Kirk <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4E66E47D0947FECF010 Date of Disbursement 06 / 02 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Lincoln Davis for Congress <hr/> Mailing Address PO Box 350 <hr/> City Jamestown State TN Zip Code 38556 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Lincoln Davis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 372AD7C990284618575 Date of Disbursement 06 / 02 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Majority Committee Pac--Mc Pac <hr/> Mailing Address PO Box 10134 <hr/> City Bakersfield State CA Zip Code 93389 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Majority Committee Pac--Mc Pac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: BEBBAE79C799F5A94ED Date of Disbursement 06 / 02 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<p><b>A.</b> Full Name (Last, First, Middle Initial) Making Business Excel Political Action Committee</p> <p>Mailing Address PO Box 3241</p> <p>City Cheyenne State WY Zip Code 82003</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Making Business Excel Political Action Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> F61F2EB2219FC496EAD</p> <p>Date of Disbursement 06 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mark Pryor for Us Senate</p> <p>Mailing Address PO Box 2720</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement 2014 Primary</p> <p>Candidate Name Mark Lunsford Pryor</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B2111F947B6D5DD8A14</p> <p>Date of Disbursement 06 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mike McMahon for Congress</p> <p>Mailing Address 66 Arnold Street</p> <p>City Staten Island State NY Zip Code 10301</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Michael E. McMahon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> DEB066EF1EFA8E22CBF</p> <p>Date of Disbursement 06 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6000.00

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<b>A.</b> Full Name (Last, First, Middle Initial) Mike Pence Committee <hr/> Mailing Address PO Box 408 <hr/> City Anderson State IN Zip Code 46015 <hr/> Purpose of Disbursement 2010 General Candidate Name Mike Pence <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1A58B29C12CAF382A9C Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) New Pac <hr/> Mailing Address PO Box 7480 <hr/> City Visalia State CA Zip Code 93290 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name New Pac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 9DCF5622068A4C4340C Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Pat Roberts for U S Senate Inc <hr/> Mailing Address PO Box 433 <hr/> City Great Bend State KS Zip Code 67530 <hr/> Purpose of Disbursement 2014 Primary Candidate Name Pat Roberts <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: <hr/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A67BE21ED9B1EC4A3CD Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

A.	Full Name (Last, First, Middle Initial) Preserving America's Traditions (PATPAC)	Transaction ID: 33857135B4926518646
	Mailing Address 610 S. Boulevard	Date of Disbursement 06 / 23 / 2010
	City Tampa State FL Zip Code 33606	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement 2010 Contribution	011 Category/ Type
	Candidate Name Preserving America's Traditions (PATPAC)	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Price for Congress	Transaction ID: AC753845453673875A0
	Mailing Address PO Box 425	Date of Disbursement 06 / 11 / 2010
	City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2010 Primary	011 Category/ Type
	Candidate Name Thomas E. Price	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: GA District: 06	

C.	Full Name (Last, First, Middle Initial) Rand Paul for Us Senate	Transaction ID: FC3EF21366CEFFF35CD
	Mailing Address 1332 Andrea St	Date of Disbursement 06 / 23 / 2010
	City Bowling Green State KY Zip Code 42103	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement 2010 General	011 Category/ Type
	Candidate Name Rand Paul	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: KY District:	

SUBTOTAL of Disbursements This Page (optional) .....

8000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rodney Alexander for Congress Inc.</p> <p>Mailing Address 319 Nancy's Road</p> <p>City Quitman State LA Zip Code 71268</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Rodney Alexander</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8CD8C6DCBF847B55EFF</p> <p>Date of Disbursement 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rogers for Congress</p> <p>Mailing Address PO Box 581 Post Office Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Mike Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4594B432FBEEB39B427</p> <p>Date of Disbursement 06 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Team Emerson for Jo Ann Emerson</p> <p>Mailing Address PO Box 822 400 Broadway, Suite 501</p> <p>City Cape Girardeau State MO Zip Code 63702</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Jo Ann Emerson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 318C205FDF148C86124</p> <p>Date of Disbursement 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Bluepac - Blue Cross Blue Shield Association Pac

<b>A.</b> Full Name (Last, First, Middle Initial) Tiberi for Congress <hr/> Mailing Address 2931 E Dublin Granville Road Suite 190 <hr/> City Columbus State OH Zip Code 43231 <hr/> Purpose of Disbursement 2010 General Candidate Name Pat Tiberi <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 12	Transaction ID: ACFB5B30F5D191A9965 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type
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<b>B.</b> Full Name (Last, First, Middle Initial) Truth Accountability and Courage Political Action Commi- tee (TACPAC) <hr/> Mailing Address 228 S Washington St Ste 115 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Truth Accountability and Courage Political Action Committee (TACPAC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: DDAB208A345549EBBA0 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> 011 Category/ Type
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<b>C.</b> Full Name (Last, First, Middle Initial) Value in Electing Women Political Action Committee <hr/> Mailing Address 701 8th Street, NW Suite 500 <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Value in Electing Women Political Action Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 3677747FFF77FC90F3C Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type
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**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Bluepac - Blue Cross Blue Shield Association Pac

A.

Full Name (Last, First, Middle Initial)

Whitfield for Congress Committee

Mailing Address PO Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement  
2010 General

Candidate Name  
Edward Whitfield

Office Sought:  House  
 Senate  
 President

State: KY District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 4778A3B61562FE3F8B1

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00
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011  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

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

66000.00