

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**Bluepac - Blue Cross Blue Shield Association Pac**

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00194746** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  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  /  /  2021 through  /  /  2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Trimble, Berry, , ,  
Type or Print Name of Treasurer

Signature of Treasurer *Trimble, Berry, , ,* [Electronically Filed] Date  /  /  2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Bluepac - Blue Cross Blue Shield Association Pac**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>		<input type="text" value="325599.24"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="325599.24"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="205499.02"/>	<input type="text" value="205499.02"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="531098.26"/>	<input type="text" value="531098.26"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="174150.00"/>	<input type="text" value="174150.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="356948.26"/>	<input type="text" value="356948.26"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

Write or Type Committee Name

**Bluepac - Blue Cross Blue Shield Association Pac**

Report Covering the Period: From:  /  /  To:  /  /

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).....	79963.80	79963.80
(ii) Unitemized .....	27431.22	27431.22
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	107395.02	107395.02
(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) .....	107395.02	107395.02
12. Transfers From Affiliated/Other Party Committees.....	98104.00	98104.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	205499.02	205499.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	205499.02	205499.02

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	174150.00	174150.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	174150.00	174150.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	174150.00	174150.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	107395.02	107395.02
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	107395.02	107395.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 257
	<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**

**A. Anderson, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 257 W Genesee St  
 City Buffalo State NY Zip Code 14202-2657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HealthNow New York Inc. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 577.50

Date of Receipt 04 / 27 / 2021  
**Transaction ID : D35CBEC4A60346A9AAF5**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

**B. Anderson, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 257 W Genesee St  
 City Buffalo State NY Zip Code 14202-2657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HealthNow New York Inc. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 577.50

Date of Receipt 04 / 27 / 2021  
**Transaction ID : 89108F051A224012A0F9**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

**C. Anderson, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 257 W Genesee St  
 City Buffalo State NY Zip Code 14202-2657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HealthNow New York Inc. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 577.50

Date of Receipt 06 / 21 / 2021  
**Transaction ID : C44140611AEA4870B62A**  
 Amount of Each Receipt this Period 115.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	269.50
<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 7 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Anderson, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 257 W Genesee St  
 City Buffalo State NY Zip Code 14202-2657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HealthNow New York Inc. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 577.50

Date of Receipt 06 / 21 / 2021  
**Transaction ID : 7BB0A2EF64A94359AE7E**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

**B. Anderson, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 257 W Genesee St  
 City Buffalo State NY Zip Code 14202-2657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HealthNow New York Inc. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 577.50

Date of Receipt 06 / 28 / 2021  
**Transaction ID : 4D7EA56E218440C0A702**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

**C. Barkach, Jim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Strategic Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 03 / 18 / 2021  
**Transaction ID : 2021031712216-24**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	189.00
<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 8 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Barkach, Jim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 04 / 01 / 2021  
**Transaction ID : 202103318136-24**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. Barkach, Jim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 04 / 15 / 2021  
**Transaction ID : 202104141295-24**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Barkach, Jim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 04 / 29 / 2021  
**Transaction ID : 2021042716418-25**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<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 9 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Barkach, Jim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 2021051117496-25**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. Barkach, Jim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-25**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Barkach, Jim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Strategic Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-25**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<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 10 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Barkach, Jim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-25**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. BARNETT, CURTIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USAbLe Mutual Insurance Company Occupation (for Individual) SRVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : 2021051720135-23**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. BARNETT, CURTIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USAbLe Mutual Insurance Company Occupation (for Individual) SRVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 05 / 15 / 2021  
**Transaction ID : 2021061520576-11**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<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 11 OF 257
	<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. BARNETT, CURTIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 USAble Mutual Insurance Company SRVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2021  
**Transaction ID : 2021061520576-12**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. BARNETT, CURTIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 USAble Mutual Insurance Company SRVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021071311375-11**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. BARNETT, CURTIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 USAble Mutual Insurance Company SRVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2021  
**Transaction ID : 2021071311375-12**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<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 12 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bergeman, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 89 Hidden Spring Cir  
 City Rochester State NY Zip Code 14616-1922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus, Inc. Occupation (for Individual) Corporate VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **06 / 28 / 2021**  
**Transaction ID : 063104F92CB44AC58CAA**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. Birtch, Sean, Bradley, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Manager LFS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-60**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Birtch, Sean, Bradley, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Manager LFS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-60**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<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 13 OF 257
	<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**

**A. Birtch, Sean, Bradley, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) Manager LFS
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2021

**Transaction ID : 2021052518136-60**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Birtch, Sean, Bradley, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) Manager LFS
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2021

**Transaction ID : 2021060817535-60**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Birtch, Sean, Bradley, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) Manager LFS
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2021

**Transaction ID : 202106221896-60**

Amount of Each Receipt this Period  
25.00

Memo Item

<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 14 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Black, Garrett E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr Health Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 04 / 2021  
**Transaction ID : 2021042015174-4**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Black, Garrett E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr Health Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 18 / 2021  
**Transaction ID : 2021042015174-12**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Black, Garrett E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr Health Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 04 / 01 / 2021  
**Transaction ID : 2021052511416-4**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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 15 OF 257
	<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**

**A. Black, Garrett E, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3535 Blue Cross Rd

City Eagan	State MN	Zip Code 55122-1154
---------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot	Occupation (for Individual) VP Sr Health Services
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 15 / 2021

**Transaction ID : 2021052511416-12**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Black, Garrett E, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3535 Blue Cross Rd

City Eagan	State MN	Zip Code 55122-1154
---------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot	Occupation (for Individual) VP Sr Health Services
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 29 / 2021

**Transaction ID : 2021052511416-20**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Black, Garrett E, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3535 Blue Cross Rd

City Eagan	State MN	Zip Code 55122-1154
---------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot	Occupation (for Individual) VP Sr Health Services
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
05 / 13 / 2021

**Transaction ID : 2021062513296-4**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 16 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Black, Garrett E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr Health Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2021  
**Transaction ID : 2021062513296-12**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Black, Garrett E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr Health Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2021  
**Transaction ID : 202107131296-4**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Black, Garrett E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr Health Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2021  
**Transaction ID : 202107131296-11**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 17 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Blevins, Judy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 USABLE Mutual Insurance Company Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2021  
**Transaction ID : 2021061520576-28**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. Blevins, Judy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 USABLE Mutual Insurance Company Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : 2021071311375-27**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. Blevins, Judy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 USABLE Mutual Insurance Company Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2021  
**Transaction ID : 2021071311375-28**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<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 18 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Bolton, Kimberly, R, ,**

Mailing Address 13320 Redspire Dr

City Silver Spring	State MD	Zip Code 20906-6741
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) ED OPR Comm Pln Admn
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2021

**Transaction ID : 202103318136-80**

Amount of Each Receipt this Period  
30.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Bolton, Kimberly, R, ,**

Mailing Address 13320 Redspire Dr

City Silver Spring	State MD	Zip Code 20906-6741
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) ED OPR Comm Pln Admn
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2021

**Transaction ID : 202104141295-79**

Amount of Each Receipt this Period  
30.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Bolton, Kimberly, R, ,**

Mailing Address 13320 Redspire Dr

City Silver Spring	State MD	Zip Code 20906-6741
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) ED OPR Comm Pln Admn
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2021

**Transaction ID : 2021042716418-80**

Amount of Each Receipt this Period  
30.00

Memo Item

<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: (check only one)	PAGE 19 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Bolton, Kimberly, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13320 Redspire Dr  
 City Silver Spring State MD Zip Code 20906-6741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED OPR Comm Pln Admn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 2021051117496-80**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Bolton, Kimberly, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13320 Redspire Dr  
 City Silver Spring State MD Zip Code 20906-6741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED OPR Comm Pln Admn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-80**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Bolton, Kimberly, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13320 Redspire Dr  
 City Silver Spring State MD Zip Code 20906-6741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED OPR Comm Pln Admn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-80**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<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: (check only one)	PAGE 20 OF 257
	<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**

**A. Bolton, Kimberly, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13320 Redspire Dr  
 City Silver Spring State MD Zip Code 20906-6741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED OPR Comm Pln Admn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-80**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Bonadonna, Gary, J., , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Windsor Way  
 City Fairport State NY Zip Code 14450-8786  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus, Inc. Occupation (for Individual) Excellus Board of Directors  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 28 / 2021  
**Transaction ID : F3DEA1C845F64902B695**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Breskin, William, Adam, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1703 Hunts End Ct  
 City Vienna State VA Zip Code 22182-1833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) SVP Government Programs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt 01 / 21 / 2021  
**Transaction ID : 202101191996-112**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1140.00
<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 21 OF 257
	<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. Breskin, William, Adam, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1703 Hunts End Ct  
 City Vienna State VA Zip Code 22182-1833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) SVP Government Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt **02 / 04 / 2021**  
**Transaction ID : 2021020217535-111**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**B. Breskin, William, Adam, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1703 Hunts End Ct  
 City Vienna State VA Zip Code 22182-1833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) SVP Government Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt **02 / 18 / 2021**  
**Transaction ID : 202102171056-112**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**C. Breskin, William, Adam, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1703 Hunts End Ct  
 City Vienna State VA Zip Code 22182-1833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) SVP Government Programs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt **03 / 04 / 2021**  
**Transaction ID : 202103021895-110**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.00
<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 22 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Breskin, William, Adam, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1703 Hunts End Ct  
 City Vienna State VA Zip Code 22182-1833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) SVP Government Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt **03 / 18 / 2021**  
**Transaction ID : 2021031712216-110**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**B. Breskin, William, Adam, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1703 Hunts End Ct  
 City Vienna State VA Zip Code 22182-1833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) SVP Government Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-109**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**C. Breskin, William, Adam, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1703 Hunts End Ct  
 City Vienna State VA Zip Code 22182-1833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) SVP Government Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-108**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.00
<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 23 OF 257
	<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**

**A. Breskin, William, Adam, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1703 Hunts End Ct  
 City Vienna State VA Zip Code 22182-1833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) SVP Government Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-107**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**B. Breskin, William, Adam, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1703 Hunts End Ct  
 City Vienna State VA Zip Code 22182-1833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) SVP Government Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-104**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**C. Breskin, William, Adam, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1703 Hunts End Ct  
 City Vienna State VA Zip Code 22182-1833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) SVP Government Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-104**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	330.00
<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 24 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Breskin, William, Adam, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1703 Hunts End Ct  
 City Vienna State VA Zip Code 22182-1833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) SVP Government Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-105**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**B. Breskin, William, Adam, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1703 Hunts End Ct  
 City Vienna State VA Zip Code 22182-1833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) SVP Government Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-105**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**C. Browdy, Ed, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Corriedale PI  
 City Lovettsville State VA Zip Code 20180-8566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr Syst Proj Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-95**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<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 25 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Browdy, Ed, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Corriedale PI  
 City Lovettsville State VA Zip Code 20180-8566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr Syst Proj Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 06 / 10 / 2021  
**Transaction ID : 2021060817535-95**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Browdy, Ed, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Corriedale PI  
 City Lovettsville State VA Zip Code 20180-8566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr Syst Proj Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 06 / 24 / 2021  
**Transaction ID : 202106221896-95**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Brown, Teresa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1916 Village Green Dr  
 City Hyattsville State MD Zip Code 20785-4117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Office Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 05 / 27 / 2021  
**Transaction ID : 2021052518136-84**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<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 26 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Brown, Teresa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1916 Village Green Dr  
 City Hyattsville State MD Zip Code 20785-4117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Office Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 10 / 2021**  
**Transaction ID : 2021060817535-84**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Brown, Teresa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1916 Village Green Dr  
 City Hyattsville State MD Zip Code 20785-4117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Office Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202106221896-84**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Burrows, Denise, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 208 N Cameron St  
 City Sterling State VA Zip Code 20164-1910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Business Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-94**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<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 27 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Burrows, Denise, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 208 N Cameron St  
 City Sterling State VA Zip Code 20164-1910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Business Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 10 / 2021**  
**Transaction ID : 2021060817535-94**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Burrows, Denise, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 208 N Cameron St  
 City Sterling State VA Zip Code 20164-1910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Business Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202106221896-94**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Canchester, Paul, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Strategic Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1035.00

Date of Receipt **02 / 04 / 2021**  
**Transaction ID : 2021020217535-54**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<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 28 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Canchester, Paul, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1035.00

Date of Receipt 02 / 18 / 2021  
**Transaction ID : 202102171056-55**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**B. Canchester, Paul, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1035.00

Date of Receipt 03 / 04 / 2021  
**Transaction ID : 202103021895-53**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**C. Canchester, Paul, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1035.00

Date of Receipt 03 / 18 / 2021  
**Transaction ID : 2021031712216-53**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<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 29 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Canchester, Paul, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1035.00

Date of Receipt  
 04 / 01 / 2021  
**Transaction ID : 202103318136-52**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**B. Canchester, Paul, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1035.00

Date of Receipt  
 04 / 15 / 2021  
**Transaction ID : 202104141295-51**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**C. Canchester, Paul, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1035.00

Date of Receipt  
 04 / 29 / 2021  
**Transaction ID : 2021042716418-52**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<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 30 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Canchester, Paul, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) Dir Strategic Services
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1035.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2021

**Transaction ID : 2021051117496-52**

Amount of Each Receipt this Period  
80.00

Memo Item

**B. Canchester, Paul, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) Dir Strategic Services
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1035.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2021

**Transaction ID : 2021052518136-52**

Amount of Each Receipt this Period  
80.00

Memo Item

**C. Canchester, Paul, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) Dir Strategic Services
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1035.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2021

**Transaction ID : 2021060817535-52**

Amount of Each Receipt this Period  
80.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<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 31 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Canchester, Paul, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1035.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-52**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**B. Carson, Dwayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 04 / 2021  
**Transaction ID : 202103021895-4**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Carson, Dwayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Federal Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 18 / 2021  
**Transaction ID : 2021031712216-4**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<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 32 OF 257
	<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**

**A. Carson, Dwayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 04 / 01 / 2021  
**Transaction ID : 202103318136-4**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Carson, Dwayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 04 / 15 / 2021  
**Transaction ID : 202104141295-4**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Carson, Dwayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 04 / 29 / 2021  
**Transaction ID : 2021042716418-4**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 33 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Carson, Dwayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 2021051117496-4**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Carson, Dwayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-4**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Carson, Dwayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-4**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 34 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Carson, Dwayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-4**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Cerisano, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5552 Sequoia Farms Dr  
 City Centreville State VA Zip Code 20120-3302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt 01 / 21 / 2021  
**Transaction ID : 202101191996-102**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**C. Cerisano, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5552 Sequoia Farms Dr  
 City Centreville State VA Zip Code 20120-3302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt 02 / 04 / 2021  
**Transaction ID : 2021020217535-101**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	260.00
<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 35 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Cerisano, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5552 Sequoia Farms Dr  
 City Centreville State VA Zip Code 20120-3302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt **02 / 18 / 2021**  
**Transaction ID : 202102171056-102**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**B. Cerisano, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5552 Sequoia Farms Dr  
 City Centreville State VA Zip Code 20120-3302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt **03 / 04 / 2021**  
**Transaction ID : 202103021895-100**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**C. Cerisano, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5552 Sequoia Farms Dr  
 City Centreville State VA Zip Code 20120-3302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt **03 / 18 / 2021**  
**Transaction ID : 2021031712216-100**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	315.00
<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 36 OF 257
	<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. Cerisano, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5552 Sequoia Farms Dr  
 City Centreville State VA Zip Code 20120-3302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-99**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**B. Cerisano, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5552 Sequoia Farms Dr  
 City Centreville State VA Zip Code 20120-3302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-98**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**C. Cerisano, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5552 Sequoia Farms Dr  
 City Centreville State VA Zip Code 20120-3302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-99**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	315.00
<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 37 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Cerisano, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5552 Sequoia Farms Dr  
 City Centreville State VA Zip Code 20120-3302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2021  
**Transaction ID : 2021051117496-97**  
 Amount of Each Receipt this Period  
 105.00  
 Memo Item

**B. Cerisano, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5552 Sequoia Farms Dr  
 City Centreville State VA Zip Code 20120-3302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2021  
**Transaction ID : 2021052518136-97**  
 Amount of Each Receipt this Period  
 105.00  
 Memo Item

**C. Cerisano, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5552 Sequoia Farms Dr  
 City Centreville State VA Zip Code 20120-3302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2021  
**Transaction ID : 2021060817535-98**  
 Amount of Each Receipt this Period  
 105.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	315.00
<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 38 OF 257
	<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. Cerisano, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5552 Sequoia Farms Dr  
 City Centreville State VA Zip Code 20120-3302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202106221896-98**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**B. Choudhri, Anshuman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2250 Clarendon Blvd  
 City Arlington State VA Zip Code 22201-3332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Value Based Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt **03 / 18 / 2021**  
**Transaction ID : 2021031712216-91**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Choudhri, Anshuman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2250 Clarendon Blvd  
 City Arlington State VA Zip Code 22201-3332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Value Based Policy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-90**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<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 39 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Choudhri, Anshuman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2250 Clarendon Blvd  
 City Arlington State VA Zip Code 22201-3332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Value Based Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 04 / 15 / 2021  
**Transaction ID : 202104141295-89**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. Choudhri, Anshuman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2250 Clarendon Blvd  
 City Arlington State VA Zip Code 22201-3332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Value Based Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 04 / 29 / 2021  
**Transaction ID : 2021042716418-90**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Choudhri, Anshuman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2250 Clarendon Blvd  
 City Arlington State VA Zip Code 22201-3332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Value Based Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 2021051117496-89**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<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 40 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Choudhri, Anshuman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2250 Clarendon Blvd  
 City Arlington State VA Zip Code 22201-3332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Value Based Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-89**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. Choudhri, Anshuman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2250 Clarendon Blvd  
 City Arlington State VA Zip Code 22201-3332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Value Based Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt **06 / 10 / 2021**  
**Transaction ID : 2021060817535-89**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Choudhri, Anshuman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2250 Clarendon Blvd  
 City Arlington State VA Zip Code 22201-3332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Value Based Policy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202106221896-89**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<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 41 OF 257
	<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. Cooney, Terrence, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Investments & NEBA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 02 / 04 / 2021  
**Transaction ID : 2021020217535-65**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Cooney, Terrence, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Investments & NEBA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 02 / 18 / 2021  
**Transaction ID : 202102171056-66**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Cooney, Terrence, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Investments & NEBA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 03 / 04 / 2021  
**Transaction ID : 202103021895-64**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<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 42 OF 257
	<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**

**A. Cooney, Terrence, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Investments & NEBA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2021  
**Transaction ID : 2021031712216-64**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**B. Cooney, Terrence, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Investments & NEBA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2021  
**Transaction ID : 202103318136-63**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**C. Cooney, Terrence, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Investments & NEBA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2021  
**Transaction ID : 202104141295-62**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<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 43 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Cooney, Terrence, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Investments & NEBA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-63**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Cooney, Terrence, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Investments & NEBA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-63**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Cooney, Terrence, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Investments & NEBA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-63**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<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 44 OF 257
	<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**

**A. Cooney, Terrence, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Investments & NEBA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-63**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Cooney, Terrence, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Investments & NEBA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-63**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. DeCicco, Vincent, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Infra Supp and Net  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-66**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	170.00
<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 45 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DeCicco, Vincent, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Infra Supp and Net  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-66**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. DeCicco, Vincent, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Infra Supp and Net  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-66**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Didawick, Kathy, Ripley, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6760 25th St N  
 City Arlington State VA Zip Code 22213-1103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Congressional Comm  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 02 / 04 / 2021  
**Transaction ID : 2021020217535-103**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.00
<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 46 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Didawick, Kathy, Ripley, ,</b>			Date of Receipt
Mailing Address 6760 25th St N			<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2021"/>
City Arlington	State VA	Zip Code 22213-1103	<b>Transaction ID : 202102171056-104</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="95.00"/>
Name of Employer (for Individual) Blue Cross and Blue Shield Association		Occupation (for Individual) VP Congressional Comm	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="760.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Didawick, Kathy, Ripley, ,</b>			Date of Receipt
Mailing Address 6760 25th St N			<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2021"/>
City Arlington	State VA	Zip Code 22213-1103	<b>Transaction ID : 202103021895-102</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="95.00"/>
Name of Employer (for Individual) Blue Cross and Blue Shield Association		Occupation (for Individual) VP Congressional Comm	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="760.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Didawick, Kathy, Ripley, ,</b>			Date of Receipt
Mailing Address 6760 25th St N			<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2021"/>
City Arlington	State VA	Zip Code 22213-1103	<b>Transaction ID : 2021031712216-102</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="95.00"/>
Name of Employer (for Individual) Blue Cross and Blue Shield Association		Occupation (for Individual) VP Congressional Comm	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="760.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="285.00"/>
<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: (check only one)	PAGE 47 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Didawick, Kathy, Ripley, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6760 25th St N  
 City Arlington State VA Zip Code 22213-1103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Congressional Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-101**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

**B. Didawick, Kathy, Ripley, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6760 25th St N  
 City Arlington State VA Zip Code 22213-1103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Congressional Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-100**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

**C. DuMoulin, John, Philip, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3115 Juniper Ln  
 City Falls Church State VA Zip Code 22044-1813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED OPM & Govt Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 754.00

Date of Receipt **02 / 18 / 2021**  
**Transaction ID : 202102171056-103**  
 Amount of Each Receipt this Period 58.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	248.00
<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 48 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DuMoulin, John, Philip, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3115 Juniper Ln  
 City Falls Church State VA Zip Code 22044-1813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED OPM & Govt Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 754.00

Date of Receipt **03 / 04 / 2021**  
**Transaction ID : 202103021895-101**  
 Amount of Each Receipt this Period 58.00  
 Memo Item

**B. DuMoulin, John, Philip, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3115 Juniper Ln  
 City Falls Church State VA Zip Code 22044-1813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED OPM & Govt Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 754.00

Date of Receipt **03 / 18 / 2021**  
**Transaction ID : 2021031712216-101**  
 Amount of Each Receipt this Period 58.00  
 Memo Item

**C. DuMoulin, John, Philip, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3115 Juniper Ln  
 City Falls Church State VA Zip Code 22044-1813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED OPM & Govt Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 754.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-100**  
 Amount of Each Receipt this Period 58.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	174.00
<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 49 OF 257
	<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**

**A. DuMoulin, John, Philip, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3115 Juniper Ln  
 City Falls Church State VA Zip Code 22044-1813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED OPM & Govt Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 754.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-99**  
 Amount of Each Receipt this Period 58.00  
 Memo Item

**B. DuMoulin, John, Philip, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3115 Juniper Ln  
 City Falls Church State VA Zip Code 22044-1813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED OPM & Govt Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 754.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-100**  
 Amount of Each Receipt this Period 58.00  
 Memo Item

**C. DuMoulin, John, Philip, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3115 Juniper Ln  
 City Falls Church State VA Zip Code 22044-1813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED OPM & Govt Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 754.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-98**  
 Amount of Each Receipt this Period 58.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	174.00
<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 50 OF 257
	<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**

**A. DuMoulin, John, Philip, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3115 Juniper Ln  
 City Falls Church State VA Zip Code 22044-1813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED OPM & Govt Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 754.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-98**  
 Amount of Each Receipt this Period 58.00  
 Memo Item

**B. DuMoulin, John, Philip, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3115 Juniper Ln  
 City Falls Church State VA Zip Code 22044-1813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED OPM & Govt Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 754.00

Date of Receipt **06 / 10 / 2021**  
**Transaction ID : 2021060817535-99**  
 Amount of Each Receipt this Period 58.00  
 Memo Item

**C. DuMoulin, John, Philip, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3115 Juniper Ln  
 City Falls Church State VA Zip Code 22044-1813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED OPM & Govt Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 754.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202106221896-99**  
 Amount of Each Receipt this Period 58.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	174.00
<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 51 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Duncan, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 Exchange St  
 City Providence State RI Zip Code 02903-2630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield Rhode Island Occupation (for Individual) Mng Dir Strategic Planning  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **05 / 28 / 2021**  
**Transaction ID : 202105271856-5**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Duncan, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 Exchange St  
 City Providence State RI Zip Code 02903-2630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield Rhode Island Occupation (for Individual) Mng Dir Strategic Planning  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 11 / 2021**  
**Transaction ID : 2021060913576-5**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Duncan, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 Exchange St  
 City Providence State RI Zip Code 02903-2630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross Blue Shield Rhode Island Occupation (for Individual) Mng Dir Strategic Planning  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 25 / 2021**  
**Transaction ID : 2021062415296-5**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<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 52 OF 257
	<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. Eiting, Paul, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 S Payne St  
 City Alexandria State VA Zip Code 22314-3930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Legislative and Regulatory Policy Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-104**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Eiting, Paul, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 S Payne St  
 City Alexandria State VA Zip Code 22314-3930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Legislative and Regulatory Policy Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-103**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Eiting, Paul, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 S Payne St  
 City Alexandria State VA Zip Code 22314-3930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Legislative and Regulatory Policy Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-102**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<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: (check only one)	PAGE 53 OF 257
	<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	<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. Eiting, Paul, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 S Payne St  
 City Alexandria State VA Zip Code 22314-3930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Legislative and Regulatory Policy Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 2021051117496-99**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Eiting, Paul, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 S Payne St  
 City Alexandria State VA Zip Code 22314-3930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Legislative and Regulatory Policy Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-99**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Eiting, Paul, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 S Payne St  
 City Alexandria State VA Zip Code 22314-3930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Legislative and Regulatory Policy Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-100**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<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: (check only one)	PAGE 54 OF 257
	<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**

**A. Eiting, Paul, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 S Payne St  
 City Alexandria State VA Zip Code 22314-3930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Legislative and Regulatory Policy Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-100**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Enright, Diane, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Finance Business Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 04 / 29 / 2021  
**Transaction ID : 2021042716418-20**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Enright, Diane, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Finance Business Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 2021051117496-20**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<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 OF 257
	<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**

**A. Enright, Diane, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Finance Business Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-20**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Enright, Diane, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Finance Business Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-20**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Enright, Diane, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Finance Business Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-20**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<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 56 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Gaige, Marianne, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 304  
 City Holland Patent State NY Zip Code 13354-0304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus BlueCross BlueShield Occupation (for Individual) Board Member, Vice Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2021  
**Transaction ID : 48670D133380472CBC70**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Gardner, Melissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Edenfield Rd  
 City Penfield State NY Zip Code 14526-1975  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus BCBS Occupation (for Individual) Sr. VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2021  
**Transaction ID : 3C44987D8FB9483DA8BA**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**C. Gauger, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USAbLe Mutual Insurance Company Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2021  
**Transaction ID : 2021061520576-50**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3520.00
<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 57 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gauger, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USABLE Mutual Insurance Company Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021071311375-49**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Gauger, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USABLE Mutual Insurance Company Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2021  
**Transaction ID : 2021071311375-50**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Goodrich, William, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Beauclaire Ln  
 City Fairport State NY Zip Code 14450-4618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus Occupation (for Individual) Board of Directors  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 28 / 2021  
**Transaction ID : FF17DE2CFB62426CBFDC**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1040.00
<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 58 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gorecki, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Mayers Gdn  
 City Webster State NY Zip Code 14580-4616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus Occupation (for Individual) Sr. VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 28 / 2021  
**Transaction ID : 8FF4E2B76D3446DD8032**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Guyaux, Joseph, Clinton, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 the Trillium  
 City Pittsburgh State PA Zip Code 15238-1928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus, Inc. Occupation (for Individual) Excellus Board of Directors  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 28 / 2021  
**Transaction ID : 46FA3EF21AB1447585F9**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Hafoka, Ruth G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr Chief Human Resources Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 02 / 04 / 2021  
**Transaction ID : 202103231495-7**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3080.00
<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 59 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Hafoka, Ruth G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr Chief Human Resources Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 18 / 2021  
**Transaction ID : 202103231495-16**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item

**B. Hafoka, Ruth G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr Chief Human Resources Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2021  
**Transaction ID : 2021042015174-6**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item

**C. Hafoka, Ruth G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr Chief Human Resources Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2021  
**Transaction ID : 2021042015174-14**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<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 60 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Hafoka, Ruth G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr Chief Human Resources Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2021  
**Transaction ID : 2021052511416-6**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item

**B. Hafoka, Ruth G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr Chief Human Resources Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2021  
**Transaction ID : 2021052511416-14**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item

**C. Hafoka, Ruth G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr Chief Human Resources Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2021  
**Transaction ID : 2021052511416-22**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<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 61 OF 257
	<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**

**A. Hafoka, Ruth G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr Chief Human Resources Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2021  
**Transaction ID : 2021062513296-6**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**B. Hafoka, Ruth G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr Chief Human Resources Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2021  
**Transaction ID : 2021062513296-13**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**C. Hafoka, Ruth G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr Chief Human Resources Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2021  
**Transaction ID : 202107131296-6**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<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 62 OF 257
	<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**

**A. Hafoka, Ruth G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesota Occupation (for Individual) VP Sr Chief Human Resources Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202107131296-13**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**B. Hagen, Stuart, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 S Washington St  
 City Rockville State MD Zip Code 20850-4420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Health Pol Analytics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-83**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Hagen, Stuart, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 S Washington St  
 City Rockville State MD Zip Code 20850-4420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Health Pol Analytics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-83**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<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 63 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Hagen, Stuart, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 S Washington St  
 City Rockville State MD Zip Code 20850-4420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Health Pol Analytics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-83**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Hagen, Stuart, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 S Washington St  
 City Rockville State MD Zip Code 20850-4420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Health Pol Analytics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 10 / 2021**  
**Transaction ID : 2021060817535-83**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Hagen, Stuart, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 S Washington St  
 City Rockville State MD Zip Code 20850-4420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Health Pol Analytics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202106221896-83**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<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 64 OF 257
	<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. Haltmeyer, Kris, O, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Legislative & Reg Pol  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 754.00

Date of Receipt **02 / 18 / 2021**  
**Transaction ID : 202102171056-8**  
 Amount of Each Receipt this Period 58.00  
 Memo Item

**B. Haltmeyer, Kris, O, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Legislative & Reg Pol  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 754.00

Date of Receipt **03 / 04 / 2021**  
**Transaction ID : 202103021895-7**  
 Amount of Each Receipt this Period 58.00  
 Memo Item

**C. Haltmeyer, Kris, O, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Legislative & Reg Pol  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 754.00

Date of Receipt **03 / 18 / 2021**  
**Transaction ID : 2021031712216-7**  
 Amount of Each Receipt this Period 58.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	174.00
<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 65 OF 257
	<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. Haltmeyer, Kris, O, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Legislative & Reg Pol  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 754.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-7**  
 Amount of Each Receipt this Period 58.00  
 Memo Item

**B. Haltmeyer, Kris, O, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Legislative & Reg Pol  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 754.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-7**  
 Amount of Each Receipt this Period 58.00  
 Memo Item

**C. Haltmeyer, Kris, O, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Legislative & Reg Pol  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 754.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-8**  
 Amount of Each Receipt this Period 58.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	174.00
<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 66 OF 257
	<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. Haltmeyer, Kris, O, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Legislative & Reg Pol  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 754.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 2021051117496-8**  
 Amount of Each Receipt this Period 58.00  
 Memo Item

**B. Haltmeyer, Kris, O, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20220-0007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Legislative & Reg Pol  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 754.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-8**  
 Amount of Each Receipt this Period 58.00  
 Memo Item

**C. Haltmeyer, Kris, O, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Legislative & Reg Pol  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 754.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-8**  
 Amount of Each Receipt this Period 58.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	174.00
<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 OF 257 (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. Haltmeyer, Kris, O, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Legislative & Reg Pol  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 754.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-8**  
 Amount of Each Receipt this Period 58.00  
 Memo Item

**B. Handelman, Justine, Germann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9915 Hillridge Dr  
 City Kensington State MD Zip Code 20895-3230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Policy & Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 01 / 21 / 2021  
**Transaction ID : 202101191996-81**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. Handelman, Justine, Germann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9915 Hillridge Dr  
 City Kensington State MD Zip Code 20895-3230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Policy & Rep  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 02 / 04 / 2021  
**Transaction ID : 2021020217535-80**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	442.00
<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 68 OF 257 (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. Handelman, Justine, Germann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9915 Hillridge Dr  
 City Kensington State MD Zip Code 20895-3230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Policy & Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **02 / 18 / 2021**  
**Transaction ID : 202102171056-81**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**B. Handelman, Justine, Germann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9915 Hillridge Dr  
 City Kensington State MD Zip Code 20895-3230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Policy & Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **03 / 04 / 2021**  
**Transaction ID : 202103021895-79**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. Handelman, Justine, Germann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9915 Hillridge Dr  
 City Kensington State MD Zip Code 20895-3230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Policy & Rep  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **03 / 18 / 2021**  
**Transaction ID : 2021031712216-79**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.00
<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 69 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Handelman, Justine, Germann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9915 Hillridge Dr  
 City Kensington State MD Zip Code 20895-3230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Policy & Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-78**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**B. Handelman, Justine, Germann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9915 Hillridge Dr  
 City Kensington State MD Zip Code 20895-3230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Policy & Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-77**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. Handelman, Justine, Germann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9915 Hillridge Dr  
 City Kensington State MD Zip Code 20895-3230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Policy & Rep  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-78**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.00
<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 70 OF 257
	<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**

**A. Handelman, Justine, Germann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9915 Hillridge Dr  
 City Kensington State MD Zip Code 20895-3230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Policy & Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-78**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**B. Handelman, Justine, Germann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9915 Hillridge Dr  
 City Kensington State MD Zip Code 20895-3230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Policy & Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-78**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. Handelman, Justine, Germann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9915 Hillridge Dr  
 City Kensington State MD Zip Code 20895-3230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Policy & Rep  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **06 / 10 / 2021**  
**Transaction ID : 2021060817535-78**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.00
<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 71 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Handelman, Justine, Germann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9915 Hillridge Dr  
 City Kensington State MD Zip Code 20895-3230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Policy & Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202106221896-78**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**B. Hays, Philip, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4037 35th St N  
 City Arlington State VA Zip Code 22207-4427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Congressional Relation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt **02 / 04 / 2021**  
**Transaction ID : 2021020217535-107**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

**C. Hays, Philip, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4037 35th St N  
 City Arlington State VA Zip Code 22207-4427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Congressional Relation  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt **02 / 18 / 2021**  
**Transaction ID : 202102171056-108**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	382.00
<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 72 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hays, Philip, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4037 35th St N  
 City Arlington State VA Zip Code 22207-4427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Congressional Relation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt **03 / 04 / 2021**  
**Transaction ID : 202103021895-106**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

**B. Hays, Philip, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4037 35th St N  
 City Arlington State VA Zip Code 22207-4427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Congressional Relation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt **03 / 18 / 2021**  
**Transaction ID : 2021031712216-106**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

**C. Hays, Philip, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4037 35th St N  
 City Arlington State VA Zip Code 22207-4427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Congressional Relation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-105**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	285.00
<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 73 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hays, Philip, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4037 35th St N  
 City Arlington State VA Zip Code 22207-4427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Congressional Relation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-104**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

**B. Hays, Philip, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4037 35th St N  
 City Arlington State VA Zip Code 22207-4427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Congressional Relation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-103**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

**C. Hays, Philip, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4037 35th St N  
 City Arlington State VA Zip Code 22207-4427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Congressional Relation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-100**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	285.00
<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 74 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Hays, Philip, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4037 35th St N  
 City Arlington State VA Zip Code 22207-4427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Congressional Relation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-100**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

**B. Hays, Philip, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4037 35th St N  
 City Arlington State VA Zip Code 22207-4427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Congressional Relation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-101**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

**C. Hays, Philip, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4037 35th St N  
 City Arlington State VA Zip Code 22207-4427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Congressional Relation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-101**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	285.00
<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 75 OF 257
	<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. Hedges, Kari, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) SVP Comm Mkts Data Strat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **02 / 04 / 2021**  
**Transaction ID : 2021020217535-37**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Hedges, Kari, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) SVP Comm Mkts Data Strat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **02 / 18 / 2021**  
**Transaction ID : 202102171056-38**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Hedges, Kari, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) SVP Comm Mkts Data Strat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **03 / 04 / 2021**  
**Transaction ID : 202103021895-37**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<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 76 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Hedges, Kari, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) SVP Comm Mkts Data Strat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2021  
**Transaction ID : 2021031712216-37**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**B. Hedges, Kari, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) SVP Comm Mkts Data Strat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2021  
**Transaction ID : 202103318136-36**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**C. Hedges, Kari, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) SVP Comm Mkts Data Strat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2021  
**Transaction ID : 202104141295-35**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<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 77 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hedges, Kari, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) SVP Comm Mkts Data Strat
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
975.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2021

**Transaction ID : 2021042716418-36**

Amount of Each Receipt this Period  
75.00

Memo Item

**B. Hedges, Kari, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) SVP Comm Mkts Data Strat
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
975.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2021

**Transaction ID : 2021051117496-36**

Amount of Each Receipt this Period  
75.00

Memo Item

**C. Hedges, Kari, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) SVP Comm Mkts Data Strat
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
975.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2021

**Transaction ID : 2021052518136-36**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<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 78 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hedges, Kari, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) SVP Comm Mkts Data Strat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
 06 / 10 / 2021  
**Transaction ID : 2021060817535-36**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Hedges, Kari, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) SVP Comm Mkts Data Strat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
 06 / 24 / 2021  
**Transaction ID : 202106221896-36**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Horky, Kathy, Grace, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Strategic Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 04 / 29 / 2021  
**Transaction ID : 2021042716418-37**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<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 79 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Horky, Kathy, Grace, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 2021051117496-37**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Horky, Kathy, Grace, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-37**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Horky, Kathy, Grace, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-37**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<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 80 OF 257
	<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	<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. Horky, Kathy, Grace, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-37**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. HOUN, MEGAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2509 E Boulevard Ave  
 City Bismarck State ND Zip Code 58501-3045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Noridian Mutual Insurance Company Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 03 / 2021  
**Transaction ID : 0F8FA42E52A74B878D4D**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Iadicicco, Robert, George, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6002 Madison  
 City Overlook Ct State VA Zip Code 22041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Associate Counsel II  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 03 / 18 / 2021  
**Transaction ID : 2021031712216-108**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<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 81 OF 257
	<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**

**A. Iadicicco, Robert, George, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6002 Madison

City Overlook Ct	State VA	Zip Code 22041
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) Associate Counsel II
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
455.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2021

**Transaction ID : 202103318136-107**

Amount of Each Receipt this Period  
35.00

Memo Item

**B. Iadicicco, Robert, George, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6002 Madison

City Overlook Ct	State VA	Zip Code 22041
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) Associate Counsel II
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
455.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2021

**Transaction ID : 202104141295-106**

Amount of Each Receipt this Period  
35.00

Memo Item

**C. Iadicicco, Robert, George, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6002 Madison

City Overlook Ct	State VA	Zip Code 22041
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) Associate Counsel II
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
455.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2021

**Transaction ID : 2021042716418-105**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<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 82 OF 257
	<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**

**A. Iadicicco, Robert, George, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6002 Madison  
 City Overlook Ct State VA Zip Code 22041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Associate Counsel II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-102**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. Iadicicco, Robert, George, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6002 Madison  
 City Overlook Ct State VA Zip Code 22041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Associate Counsel II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-102**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Iadicicco, Robert, George, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6002 Madison  
 City Overlook Ct State VA Zip Code 22041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Associate Counsel II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt **06 / 10 / 2021**  
**Transaction ID : 2021060817535-103**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<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 83 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Iadicco, Robert, George, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6002 Madison  
 City Overlook Ct State VA Zip Code 22041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Associate Counsel II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202106221896-103**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. Jackson, Veronica, Esther, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Planning & Outreach  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-9**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Jackson, Veronica, Esther, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Planning & Outreach  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-9**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<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: (check only one)	PAGE 84 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 of Individual (Last, First, Middle Initial) or Full Organization Name  
Jackson, Veronica, Esther, ,

Mailing Address 1310 G St NW

City Washington	State DC	Zip Code 20005-3000
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) MD Planning & Outreach
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2021  
**Transaction ID : 2021042716418-10**

Amount of Each Receipt this Period  
 30.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Jackson, Veronica, Esther, ,

Mailing Address 1310 G St NW

City Washington	State DC	Zip Code 20005-3000
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) MD Planning & Outreach
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2021  
**Transaction ID : 2021051117496-10**

Amount of Each Receipt this Period  
 30.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Jackson, Veronica, Esther, ,

Mailing Address 1310 G St NW

City Washington	State DC	Zip Code 20220-0007
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) MD Planning & Outreach
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2021  
**Transaction ID : 2021052518136-10**

Amount of Each Receipt this Period  
 30.00

Memo Item

<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: (check only one)	PAGE 85 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jackson, Veronica, Esther, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Planning & Outreach  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2021  
**Transaction ID : 2021060817535-10**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Jackson, Veronica, Esther, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Planning & Outreach  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2021  
**Transaction ID : 202106221896-10**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. James, Ronald, Lenel, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Bus Lead Hlth Info Ex Inn  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2021  
**Transaction ID : 2021051117496-58**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<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 86 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. James, Ronald, Lenel, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Bus Lead Hlth Info Ex Inn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-58**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. James, Ronald, Lenel, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Bus Lead Hlth Info Ex Inn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-58**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. James, Ronald, Lenel, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Bus Lead Hlth Info Ex Inn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-58**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**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: (check only one)	PAGE 87 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jones, Bruce, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Stover Rd  
 City Rochester State NY Zip Code 14624-4446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus Occupation (for Individual) CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **06 / 28 / 2021**  
**Transaction ID : C6AC49DCC9F24A7AAF7L**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. Joyce Jr., Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Chief Aud and Comp Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt **02 / 18 / 2021**  
**Transaction ID : 202102171056-33**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

**C. Joyce Jr., Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Chief Aud and Comp Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt **03 / 04 / 2021**  
**Transaction ID : 202103021895-32**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1630.00
<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 88 OF 257
	<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. Joyce Jr., Mike, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) VP Chief Aud and Comp Off
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
845.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2021

**Transaction ID : 2021031712216-32**

Amount of Each Receipt this Period  
65.00

Memo Item

**B. Joyce Jr., Mike, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) VP Chief Aud and Comp Off
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
845.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2021

**Transaction ID : 202103318136-32**

Amount of Each Receipt this Period  
65.00

Memo Item

**C. Joyce Jr., Mike, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) VP Chief Aud and Comp Off
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
845.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2021

**Transaction ID : 202104141295-31**

Amount of Each Receipt this Period  
65.00

Memo Item

<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: (check only one)	PAGE 89 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 of Individual (Last, First, Middle Initial) or Full Organization Name  
Joyce Jr., Mike, , ,

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) VP Chief Aud and Comp Off
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
845.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2021  
**Transaction ID : 2021042716418-32**

Amount of Each Receipt this Period  
65.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Joyce Jr., Mike, , ,

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) VP Chief Aud and Comp Off
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
845.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2021  
**Transaction ID : 2021051117496-32**

Amount of Each Receipt this Period  
65.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Joyce Jr., Mike, , ,

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) VP Chief Aud and Comp Off
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
845.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2021  
**Transaction ID : 2021052518136-32**

Amount of Each Receipt this Period  
65.00

Memo Item

<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: (check only one)	PAGE 90 OF 257
	<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**

**A. Joyce Jr., Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Chief Aud and Comp Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-32**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

**B. Joyce Jr., Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Chief Aud and Comp Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-32**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

**C. Kaczanowski, Gina, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr Cons Strategic Svs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 04 / 30 / 2021  
**Transaction ID : 2021051720135-37**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**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: (check only one)	PAGE 91 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Kaczanowski, Gina, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr Cons Strategic Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **05 / 15 / 2021**  
**Transaction ID : 2021061520576-25**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Kaczanowski, Gina, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr Cons Strategic Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **05 / 31 / 2021**  
**Transaction ID : 2021061520576-26**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Kaczanowski, Gina, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr Cons Strategic Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 15 / 2021**  
**Transaction ID : 2021071311375-25**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<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 92 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Kaczanowski, Gina, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr Cons Strategic Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2021  
**Transaction ID : 2021071311375-26**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Kahler, Camille, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 W Garden St  
 City Rome State NY Zip Code 13440-3426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus, Inc. Occupation (for Individual) Attorney and Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 28 / 2021  
**Transaction ID : D2B84950D8014C0C9731**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Karlsruher, David, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11408 SW Oaks  
 City Austin State TX Zip Code 78737-9405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Grassrts and Advocacy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 04 / 2021  
**Transaction ID : 202103021895-90**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1075.00
<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 93 OF 257
	<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**

**A. Karlsruhe, David, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11408 SW Oaks  
 City Austin State TX Zip Code 78737-9405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Grassrts and Advocacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **03 / 18 / 2021**  
**Transaction ID : 2021031712216-90**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Karlsruhe, David, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11408 SW Oaks  
 City Austin State TX Zip Code 78737-9405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Grassrts and Advocacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-89**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Karlsruhe, David, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11408 SW Oaks  
 City Austin State TX Zip Code 78737-9405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Grassrts and Advocacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-88**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 94 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Karlsruhe, David, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11408 SW Oaks  
 City Austin State TX Zip Code 78737-9405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Grassrts and Advocacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-89**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Karlsruhe, David, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11408 SW Oaks  
 City Austin State TX Zip Code 78737-9405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Grassrts and Advocacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-88**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Karlsruhe, David, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11408 SW Oaks  
 City Austin State TX Zip Code 78737-9405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Grassrts and Advocacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-88**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 95 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Karlsruher, David, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11408 SW Oaks  
 City Austin State TX Zip Code 78737-9405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Grassrts and Advocacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-88**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Karlsruher, David, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11408 SW Oaks  
 City Austin State TX Zip Code 78737-9405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Grassrts and Advocacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-88**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Keck, Kim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Buena Vista Rd  
 City West Hartford State CT Zip Code 06107-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSA Occupation (for Individual) payrollLoadCreatedOccupat  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2170.00

Date of Receipt 02 / 18 / 2021  
**Transaction ID : 202102171056-2**  
 Amount of Each Receipt this Period 217.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	317.00
<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 96 OF 257
	<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. Keck, Kim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Buena Vista Rd  
 City West Hartford State CT Zip Code 06107-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSA Occupation (for Individual) payrollLoadCreatedOccupat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2170.00

Date of Receipt **03 / 04 / 2021**  
**Transaction ID : 202103021895-2**  
 Amount of Each Receipt this Period 217.00  
 Memo Item

**B. Keck, Kim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Buena Vista Rd  
 City West Hartford State CT Zip Code 06107-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSA Occupation (for Individual) payrollLoadCreatedOccupat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2170.00

Date of Receipt **03 / 18 / 2021**  
**Transaction ID : 2021031712216-2**  
 Amount of Each Receipt this Period 217.00  
 Memo Item

**C. Keck, Kim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Buena Vista Rd  
 City West Hartford State CT Zip Code 06107-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSA Occupation (for Individual) payrollLoadCreatedOccupat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2170.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-2**  
 Amount of Each Receipt this Period 217.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	651.00
<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 97 OF 257
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Keck, Kim, , ,</b>			Date of Receipt
Mailing Address 3 Buena Vista Rd			<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2021"/>
City West Hartford	State CT	Zip Code 06107-2912	<b>Transaction ID : 202104141295-2</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="217.00"/>
Name of Employer (for Individual) BCBSA		Occupation (for Individual) payrollLoadCreatedOccupat	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2170.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Keck, Kim, , ,</b>			Date of Receipt
Mailing Address 3 Buena Vista Rd			<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2021"/>
City West Hartford	State CT	Zip Code 06107-2912	<b>Transaction ID : 2021042716418-2</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="217.00"/>
Name of Employer (for Individual) BCBSA		Occupation (for Individual) payrollLoadCreatedOccupat	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2170.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Keck, Kim, , ,</b>			Date of Receipt
Mailing Address 3 Buena Vista Rd			<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2021"/>
City West Hartford	State CT	Zip Code 06107-2912	<b>Transaction ID : 2021051117496-2</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="217.00"/>
Name of Employer (for Individual) BCBSA		Occupation (for Individual) payrollLoadCreatedOccupat	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="2170.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="651.00"/>
<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: (check only one)	PAGE 98 OF 257
	<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	<input type="checkbox"/> 17

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

**A. Keck, Kim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Buena Vista Rd  
 City West Hartford State CT Zip Code 06107-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSA Occupation (for Individual) payrollLoadCreatedOccupat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2170.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-2**  
 Amount of Each Receipt this Period 217.00  
 Memo Item

**B. Keck, Kim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Buena Vista Rd  
 City West Hartford State CT Zip Code 06107-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSA Occupation (for Individual) payrollLoadCreatedOccupat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2170.00

Date of Receipt **06 / 10 / 2021**  
**Transaction ID : 2021060817535-2**  
 Amount of Each Receipt this Period 217.00  
 Memo Item

**C. Keck, Kim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Buena Vista Rd  
 City West Hartford State CT Zip Code 06107-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSA Occupation (for Individual) payrollLoadCreatedOccupat  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2170.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202106221896-2**  
 Amount of Each Receipt this Period 217.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	651.00
<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 99 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Keefer, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021052511416-21**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Keefer, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021062513296-5**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Keefer, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Public Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : A0BF52D01DD14CB0A072**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<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 100 OF 257
	<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**

**A. Keefer, Scott, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3535 Blue Cross Rd

City Eagan	State MN	Zip Code 55122-1154
---------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot	Occupation (for Individual) VP Public Affairs
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2021

**Transaction ID : 202107131296-5**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Keefer, Scott, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3535 Blue Cross Rd

City Eagan	State MN	Zip Code 55122-1154
---------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot	Occupation (for Individual) VP Public Affairs
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2021

**Transaction ID : 202107131296-12**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Kocher, Gail, Susan, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) Dir Health Info Tech
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2021

**Transaction ID : 2021052518136-24**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<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 101 OF 257
	<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. Kocher, Gail, Susan, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Health Info Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-24**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Kocher, Gail, Susan, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Health Info Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-24**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Koewler, Julie, Lynn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Brand Strategy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 04 / 2021  
**Transaction ID : 202103021895-36**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<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: (check only one)	PAGE 102 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Koewler, Julie, Lynn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Brand Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 18 / 2021  
**Transaction ID : 2021031712216-36**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Koewler, Julie, Lynn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Brand Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 04 / 01 / 2021  
**Transaction ID : 202103318136-35**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Koewler, Julie, Lynn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Brand Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 04 / 15 / 2021  
**Transaction ID : 202104141295-34**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 103 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Koewler, Julie, Lynn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Brand Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-35**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Koewler, Julie, Lynn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Brand Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-35**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Koewler, Julie, Lynn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Brand Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-35**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 104 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Koewler, Julie, Lynn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Brand Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-35**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Koewler, Julie, Lynn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Brand Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-35**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Kolodgy, Bob, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) EVP and CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt 01 / 21 / 2021  
**Transaction ID : 202101191996-59**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<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 105 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kolodgy, Bob, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) EVP and CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2021  
**Transaction ID : 2021020217535-59**  
 Amount of Each Receipt this Period  
 110.00  
 Memo Item

**B. Kolodgy, Bob, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) EVP and CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 18 / 2021  
**Transaction ID : 202102171056-60**  
 Amount of Each Receipt this Period  
 110.00  
 Memo Item

**C. Kolodgy, Bob, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) EVP and CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2021  
**Transaction ID : 202103021895-58**  
 Amount of Each Receipt this Period  
 110.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	330.00
<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 106 OF 257
	<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. Kolodgy, Bob, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) EVP and CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt **03 / 18 / 2021**  
**Transaction ID : 2021031712216-58**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**B. Kolodgy, Bob, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) EVP and CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-57**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**C. Kolodgy, Bob, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) EVP and CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-56**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.00
<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 107 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kolodgy, Bob, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) EVP and CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-57**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**B. Kolodgy, Bob, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) EVP and CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-57**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**C. Kolodgy, Bob, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) EVP and CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-57**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	330.00
<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 108 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kolodgy, Bob, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) EVP and CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt  
 06 / 10 / 2021  
**Transaction ID : 2021060817535-57**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**B. Kolodgy, Bob, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) EVP and CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt  
 06 / 24 / 2021  
**Transaction ID : 202106221896-57**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**C. Kompare, J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 Concord Dr  
 City Pittsford State NY Zip Code 14534-4011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus, Inc. Occupation (for Individual) Senior VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 06 / 28 / 2021  
**Transaction ID : 51F6E44096174B219309**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1720.00
<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 109 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Korabik, Joseph, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Chief Actuary LFS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 04 / 2021  
**Transaction ID : 202103021895-34**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Korabik, Joseph, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Chief Actuary LFS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 18 / 2021  
**Transaction ID : 2021031712216-34**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Korabik, Joseph, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Chief Actuary LFS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 04 / 01 / 2021  
**Transaction ID : 202103318136-34**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 110 OF 257
	<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**

**A. Korabik, Joseph, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Chief Actuary LFS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 04 / 15 / 2021  
**Transaction ID : 202104141295-33**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Korabik, Joseph, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Chief Actuary LFS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 04 / 29 / 2021  
**Transaction ID : 2021042716418-34**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Korabik, Joseph, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Chief Actuary LFS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 2021051117496-34**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 111 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Korabik, Joseph, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Chief Actuary LFS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-34**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Korabik, Joseph, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Chief Actuary LFS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-34**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Korabik, Joseph, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Chief Actuary LFS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-34**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 112 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Langston, Cynthia, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2948 N Southern Hills Dr  
 City Wadsworth State IL Zip Code 60083-8927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus, Inc. Occupation (for Individual) Senior VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **06 / 28 / 2021**  
**Transaction ID : 4A8460E340EA4BD7BAE5**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. Lauderback, Jim, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Tech Solutions Fellow  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-25**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Lauderback, Jim, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Tech Solutions Fellow  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-25**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1560.00
<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 113 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Lauderback, Jim, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Tech Solutions Fellow  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-26**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Lauderback, Jim, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Tech Solutions Fellow  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-26**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Lauderback, Jim, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Tech Solutions Fellow  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-26**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<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: (check only one)	PAGE 114 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Lauderback, Jim, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Tech Solutions Fellow  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-26**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Lauderback, Jim, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Tech Solutions Fellow  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-26**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Leahey Jr, Robert, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1201 County Road H Unit A21  
 City Genoa City State WI Zip Code 53128-2615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Lic and Comp LFS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-106**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<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 115 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Leahy Jr, Robert, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1201 County Road H  
 Unit A21  
 City Genoa City State WI Zip Code 53128-2615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Lic and Comp LFS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 10 / 2021**  
**Transaction ID : 2021060817535-107**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Leahy Jr, Robert, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1201 County Road H  
 Unit A21  
 City Genoa City State WI Zip Code 53128-2615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Lic and Comp LFS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202106221896-107**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Lederberg, Michele, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 92 Laurel Ave  
 City Providence State RI Zip Code 02906-4221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS of Rhode Island Occupation (for Individual) Svp  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **04 / 02 / 2021**  
**Transaction ID : 2021033114176-7**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<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 116 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Lederberg, Michele, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 92 Laurel Ave  
 City Providence State RI Zip Code 02906-4221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS of Rhode Island Occupation (for Individual) Svp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **04 / 16 / 2021**  
**Transaction ID : 2021041614174-7**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Lederberg, Michele, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 92 Laurel Ave  
 City Providence State RI Zip Code 02906-4221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS of Rhode Island Occupation (for Individual) Svp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **04 / 30 / 2021**  
**Transaction ID : 2021042819255-7**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Lederberg, Michele, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 92 Laurel Ave  
 City Providence State RI Zip Code 02906-4221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS of Rhode Island Occupation (for Individual) Svp  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **05 / 14 / 2021**  
**Transaction ID : 2021051720135-7**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Lederberg, Michele, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 92 Laurel Ave  
 City Providence State RI Zip Code 02906-4221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS of Rhode Island Occupation (for Individual) Svp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **05 / 28 / 2021**  
**Transaction ID : 202105271856-7**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Lederberg, Michele, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 92 Laurel Ave  
 City Providence State RI Zip Code 02906-4221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS of Rhode Island Occupation (for Individual) Svp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **06 / 11 / 2021**  
**Transaction ID : 2021060913576-7**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Lederberg, Michele, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 92 Laurel Ave  
 City Providence State RI Zip Code 02906-4221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS of Rhode Island Occupation (for Individual) Svp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **06 / 25 / 2021**  
**Transaction ID : 2021062415296-7**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<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: (check only one)	PAGE 118 OF 257
	<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. Lubrant, Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 18 / 2021  
**Transaction ID : 202102171056-15**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**B. Lubrant, Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2021  
**Transaction ID : 202103021895-14**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**C. Lubrant, Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2021  
**Transaction ID : 2021031712216-14**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<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 119 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Lubrant, Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 04 / 01 / 2021  
**Transaction ID : 202103318136-14**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**B. Lubrant, Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 04 / 15 / 2021  
**Transaction ID : 202104141295-14**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. Lubrant, Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 04 / 29 / 2021  
**Transaction ID : 2021042716418-15**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<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 120 OF 257
	<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**

**A. Lubrant, Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2021  
**Transaction ID : 2021051117496-15**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**B. Lubrant, Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2021  
**Transaction ID : 2021052518136-15**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**C. Lubrant, Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2021  
**Transaction ID : 2021060817535-15**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<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 121 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Lubrant, Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2021  
**Transaction ID : 202106221896-15**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**B. Lulla, Nisha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 166 President Ave  
 City Providence State RI Zip Code 02906-4616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Office of the President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2021  
**Transaction ID : 202103021895-89**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Lulla, Nisha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 166 President Ave  
 City Providence State RI Zip Code 02906-4616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Office of the President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2021  
**Transaction ID : 2021031712216-89**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<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 122 OF 257
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name  
Lulla, Nisha, , ,

Mailing Address 166 President Ave

City Providence	State RI	Zip Code 02906-4616
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) VP Office of the President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2021

**Transaction ID : 202103318136-88**

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Lulla, Nisha, , ,

Mailing Address 166 President Ave

City Providence	State RI	Zip Code 02906-4616
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) VP Office of the President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2021

**Transaction ID : 202104141295-87**

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Lulla, Nisha, , ,

Mailing Address 166 President Ave

City Providence	State RI	Zip Code 02906-4616
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) VP Office of the President
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2021

**Transaction ID : 2021042716418-88**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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 123 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Lynch, Scott B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr Chief Legal Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021062513296-11**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Lynch, Scott B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr Chief Legal Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 10 / 2021**  
**Transaction ID : 202107131296-3**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Lynch, Scott B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr Chief Legal Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202107131296-10**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<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 124 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Manocchia, Augustine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Cassandra Ln  
 City N Kingstown State RI Zip Code 02852-3410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS of Rhode Island Occupation (for Individual) Medical Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **05 / 28 / 2021**  
**Transaction ID : 202105271856-8**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Manocchia, Augustine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Cassandra Ln  
 City N Kingstown State RI Zip Code 02852-3410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS of Rhode Island Occupation (for Individual) Medical Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 11 / 2021**  
**Transaction ID : 2021060913576-8**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Manocchia, Augustine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Cassandra Ln  
 City N Kingstown State RI Zip Code 02852-3410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS of Rhode Island Occupation (for Individual) Medical Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 25 / 2021**  
**Transaction ID : 2021062415296-8**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<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 125 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Marek, Annette, Renata, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Off of the President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-12**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Marek, Annette, Renata, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Off of the President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-12**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Marek, Annette, Renata, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Off of the President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-13**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<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: (check only one)	PAGE 126 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Marek, Annette, Renata, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Off of the President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 2021051117496-13**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Marek, Annette, Renata, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Off of the President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-13**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Marek, Annette, Renata, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Off of the President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-13**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<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: (check only one)	PAGE 127 OF 257
	<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**

**A. Marek, Annette, Renata, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Off of the President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-13**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Masiello Rotunno, Melissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Dep Genl Counsel Brand  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 04 / 29 / 2021  
**Transaction ID : 2021042716418-46**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Masiello Rotunno, Melissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Dep Genl Counsel Brand  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 2021051117496-46**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<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 128 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Masiello Rotunno, Melissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Dep Genl Counsel Brand  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-46**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Masiello Rotunno, Melissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Dep Genl Counsel Brand  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-46**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Masiello Rotunno, Melissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Dep Genl Counsel Brand  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-46**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<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 129 OF 257
	<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**

**A. Masood, Faheem, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Latour Mnr  
 City Fairport State NY Zip Code 14450-4637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus Occupation (for Individual) Board of Directors  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 28 / 2021**  
**Transaction ID : A5DB761BA69E4961869A**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Matushak, Jay S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr CFO & Assistant Secretary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt **02 / 18 / 2021**  
**Transaction ID : 202103231495-17**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

**C. Matushak, Jay S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr CFO & Assistant Secretary  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt **03 / 04 / 2021**  
**Transaction ID : 2021042015174-7**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1130.00
<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 130 OF 257		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

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

**A. Matushak, Jay S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot  
 Occupation (for Individual) VP Sr CFO & Assistant Secretary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt **03 / 18 / 2021**  
**Transaction ID : 2021042015174-15**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

**B. Matushak, Jay S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot  
 Occupation (for Individual) VP Sr CFO & Assistant Secretary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 2021052511416-7**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

**C. Matushak, Jay S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot  
 Occupation (for Individual) VP Sr CFO & Assistant Secretary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 2021052511416-15**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

<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: (check only one)	PAGE 131 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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. Matushak, Jay S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr CFO & Assistant Secretary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt 04 / 29 / 2021  
**Transaction ID : 2021052511416-23**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

**B. Matushak, Jay S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr CFO & Assistant Secretary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 2021062513296-7**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

**C. Matushak, Jay S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr CFO & Assistant Secretary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021062513296-14**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

<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: (check only one)	PAGE 132 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Matushak, Jay S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr CFO & Assistant Secretary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 202107131296-7**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

**B. Matushak, Jay S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) VP Sr CFO & Assistant Secretary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202107131296-14**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

**C. McClure, Clay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3509 7th St N  
 City Arlington State VA Zip Code 22201-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD State Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.50

Date of Receipt 03 / 18 / 2021  
**Transaction ID : 2021031712216-95**  
 Amount of Each Receipt this Period 38.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	168.50
<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 133 OF 257
	<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**

**A. McClure, Clay, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3509 7th St N

City Arlington	State VA	Zip Code 22201-2301
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) MD State Affairs
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2021

**Transaction ID : 202103318136-94**

Amount of Each Receipt this Period  
38.50

Memo Item

**B. McClure, Clay, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3509 7th St N

City Arlington	State VA	Zip Code 22201-2301
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) MD State Affairs
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2021

**Transaction ID : 202104141295-93**

Amount of Each Receipt this Period  
38.50

Memo Item

**C. McClure, Clay, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3509 7th St N

City Arlington	State VA	Zip Code 22201-2301
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) MD State Affairs
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2021

**Transaction ID : 2021042716418-94**

Amount of Each Receipt this Period  
38.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.50
<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 134 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. McClure, Clay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3509 7th St N  
 City Arlington State VA Zip Code 22201-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD State Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.50

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 2021051117496-93**  
 Amount of Each Receipt this Period 38.50  
 Memo Item

**B. McClure, Clay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3509 7th St N  
 City Arlington State VA Zip Code 22201-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD State Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.50

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-93**  
 Amount of Each Receipt this Period 38.50  
 Memo Item

**C. McClure, Clay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3509 7th St N  
 City Arlington State VA Zip Code 22201-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD State Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.50

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-93**  
 Amount of Each Receipt this Period 38.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.50
<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 135 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. McClure, Clay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3509 7th St N  
 City Arlington State VA Zip Code 22201-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD State Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.50

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202106221896-93**  
 Amount of Each Receipt this Period 38.50  
 Memo Item

**B. McConnell, Wendy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Reef Ct  
 City Sparrows Point State MD Zip Code 21219-2365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) FEP Information Mgmt Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-84**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. McConnell, Wendy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Reef Ct  
 City Sparrows Point State MD Zip Code 21219-2365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) FEP Information Mgmt Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-85**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	98.50
<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 136 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. McConnell, Wendy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Reef Ct  
 City Sparrows Point State MD Zip Code 21219-2365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) FEP Information Mgmt Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 2021051117496-85**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. McConnell, Wendy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Reef Ct  
 City Sparrows Point State MD Zip Code 21219-2365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) FEP Information Mgmt Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-85**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. McConnell, Wendy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Reef Ct  
 City Sparrows Point State MD Zip Code 21219-2365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) FEP Information Mgmt Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-85**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 257
	<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**

**A. McConnell, Wendy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Reef Ct  
 City Sparrows Point State MD Zip Code 21219-2365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) FEP Information Mgmt Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202106221896-85**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Melton, Reed, Fitzgerald, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **03 / 04 / 2021**  
**Transaction ID : 202103021895-55**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Melton, Reed, Fitzgerald, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **03 / 18 / 2021**  
**Transaction ID : 2021031712216-55**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<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 138 OF 257
	<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**

**A. Melton, Reed, Fitzgerald, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 04 / 01 / 2021  
**Transaction ID : 202103318136-54**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Melton, Reed, Fitzgerald, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 04 / 15 / 2021  
**Transaction ID : 202104141295-53**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Melton, Reed, Fitzgerald, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 04 / 29 / 2021  
**Transaction ID : 2021042716418-54**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 139 OF 257
	<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**

**A. Melton, Reed, Fitzgerald, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 2021051117496-54**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Melton, Reed, Fitzgerald, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-54**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Melton, Reed, Fitzgerald, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-54**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 140 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Melton, Reed, Fitzgerald, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202106221896-54**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Mickelson, Steve, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Ops Acct and Reporting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt **02 / 18 / 2021**  
**Transaction ID : 202102171056-65**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**C. Mickelson, Steve, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Ops Acct and Reporting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt **03 / 04 / 2021**  
**Transaction ID : 202103021895-63**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160.00
<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 141 OF 257
	<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. Mickelson, Steve, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Ops Acct and Reporting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt **03 / 18 / 2021**  
**Transaction ID : 2021031712216-63**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**B. Mickelson, Steve, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Ops Acct and Reporting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-62**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**C. Mickelson, Steve, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Ops Acct and Reporting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-61**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<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 142 OF 257
	<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. Mickelson, Steve, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Ops Acct and Reporting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-62**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**B. Mickelson, Steve, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Ops Acct and Reporting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-62**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**C. Mickelson, Steve, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Ops Acct and Reporting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-62**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<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 143 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mickelson, Steve, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Ops Acct and Reporting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-62**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**B. Mickelson, Steve, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Ops Acct and Reporting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-62**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**C. Muscatello, Todd, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4421 Silkweed Cir  
 City Manlius State NY Zip Code 13104-9201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus, Inc. Occupation (for Individual) Senior VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 28 / 2021  
**Transaction ID : 0CC91701B5EB42AAADB**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1610.00
<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 144 OF 257
	<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	<input type="checkbox"/> 17

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

**A. Muse, Tyrone, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1212  
 City Vestal State NY Zip Code 13851-1212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus Occupation (for Individual) Board of Directors  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2021  
**Transaction ID : 6957C521DA7B4C41ACF7**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**B. Nangreave, Richard, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46 Nature Vw  
 City Pittsford State NY Zip Code 14534-9637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus, Inc. Occupation (for Individual) Corporate VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2021  
**Transaction ID : DAAF0CAC939B4BA79E1B**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**C. Nasca, David, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 54 Lanoche Ct  
 City Williamsville State NY Zip Code 14221-1977  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus Occupation (for Individual) Board of Directors  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2021  
**Transaction ID : A7601AE01F1949309218**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<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 145 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Nehs, Scott, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Legal & Licensure  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2021  
**Transaction ID : 2021020217535-71**  
 Amount of Each Receipt this Period  
 95.00  
 Memo Item

**B. Nehs, Scott, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Legal & Licensure  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 18 / 2021  
**Transaction ID : 202102171056-72**  
 Amount of Each Receipt this Period  
 95.00  
 Memo Item

**C. Nehs, Scott, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Legal & Licensure  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2021  
**Transaction ID : 202103021895-70**  
 Amount of Each Receipt this Period  
 95.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	285.00
<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 146 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Nehs, Scott, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Legal & Licensure  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2021  
**Transaction ID : 2021031712216-70**  
 Amount of Each Receipt this Period  
 95.00  
 Memo Item

**B. Nehs, Scott, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Legal & Licensure  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2021  
**Transaction ID : 202103318136-69**  
 Amount of Each Receipt this Period  
 95.00  
 Memo Item

**C. Nehs, Scott, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Legal & Licensure  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2021  
**Transaction ID : 202104141295-68**  
 Amount of Each Receipt this Period  
 95.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	285.00
<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 147 OF 257 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Nehs, Scott, S, ,</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2021 <b>Transaction ID : 2021042716418-69</b>		
Mailing Address 225 N Michigan Ave	Amount of Each Receipt this Period 95.00		
<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">City Chicago</td> <td style="width: 15%;">State IL</td> <td style="width: 55%;">Zip Code 60601-7757</td> </tr> </table>		City Chicago	State IL
City Chicago	State IL	Zip Code 60601-7757	
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>		
Name of Employer (for Individual) Blue Cross and Blue Shield Association		Occupation (for Individual) Sr VP Legal & Licensure	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1235.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Nehs, Scott, S, ,</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2021 <b>Transaction ID : 2021051117496-69</b>		
Mailing Address 225 N Michigan Ave	Amount of Each Receipt this Period 95.00		
<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">City Chicago</td> <td style="width: 15%;">State IL</td> <td style="width: 55%;">Zip Code 60601-7757</td> </tr> </table>		City Chicago	State IL
City Chicago	State IL	Zip Code 60601-7757	
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>		
Name of Employer (for Individual) Blue Cross and Blue Shield Association		Occupation (for Individual) Sr VP Legal & Licensure	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1235.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Nehs, Scott, S, ,</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 27 / 2021 <b>Transaction ID : 2021052518136-69</b>		
Mailing Address 225 N Michigan Ave	Amount of Each Receipt this Period 95.00		
<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">City Chicago</td> <td style="width: 15%;">State IL</td> <td style="width: 55%;">Zip Code 60601-7757</td> </tr> </table>		City Chicago	State IL
City Chicago	State IL	Zip Code 60601-7757	
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>		
Name of Employer (for Individual) Blue Cross and Blue Shield Association		Occupation (for Individual) Sr VP Legal & Licensure	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1235.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	285.00
<b>TOTAL</b> This Period (last page this line number only).....	95.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Nehs, Scott, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Legal & Licensure  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2021  
**Transaction ID : 2021060817535-69**  
 Amount of Each Receipt this Period  
 95.00  
 Memo Item

**B. Nehs, Scott, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Legal & Licensure  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2021  
**Transaction ID : 202106221896-69**  
 Amount of Each Receipt this Period  
 95.00  
 Memo Item

**C. Nolan, Brian, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Mgr Con Adm Corp Proc  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2021  
**Transaction ID : 2021052518136-16**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<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 149 OF 257
	<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**

**A. Nolan, Brian, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) Mgr Con Adm Corp Proc
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2021

**Transaction ID : 2021060817535-16**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Nolan, Brian, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) Mgr Con Adm Corp Proc
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2021

**Transaction ID : 202106221896-16**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Ormsby, Robert, Michael, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1310 G St NW

City Washington	State DC	Zip Code 20005-3000
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) Dir Clinical Data Integra
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	21	/	2021

**Transaction ID : 202101191996-8**

Amount of Each Receipt this Period  
105.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<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 150 OF 257
	<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**

**A. Ormsby, Robert, Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Clinical Data Integra  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt **02 / 04 / 2021**  
**Transaction ID : 2021020217535-8**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**B. Ormsby, Robert, Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Clinical Data Integra  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt **02 / 18 / 2021**  
**Transaction ID : 202102171056-9**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**C. Ormsby, Robert, Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Clinical Data Integra  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt **03 / 04 / 2021**  
**Transaction ID : 202103021895-8**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	315.00
<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 151 OF 257
	<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**

**A. Ormsby, Robert, Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Clinical Data Integra  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt **03 / 18 / 2021**  
**Transaction ID : 2021031712216-8**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**B. Ormsby, Robert, Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Clinical Data Integra  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-8**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**C. Ormsby, Robert, Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Clinical Data Integra  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-8**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	315.00
<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 152 OF 257
	<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. Ormsby, Robert, Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Clinical Data Integra  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-9**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**B. Ormsby, Robert, Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Clinical Data Integra  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-9**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**C. Ormsby, Robert, Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Clinical Data Integra  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-9**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	315.00
<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 153 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ormsby, Robert, Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Clinical Data Integra  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt **06 / 10 / 2021**  
**Transaction ID : 2021060817535-9**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**B. Ormsby, Robert, Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Clinical Data Integra  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202106221896-9**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**C. Paschka, Sam, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Manager IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-59**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	235.00
<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 154 OF 257
	<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**

**A. Paschka, Sam, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Manager IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 05 / 13 / 2021  
**Transaction ID : 2021051117496-59**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Paschka, Sam, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Manager IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 05 / 27 / 2021  
**Transaction ID : 2021052518136-59**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Paschka, Sam, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Manager IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 06 / 10 / 2021  
**Transaction ID : 2021060817535-59**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<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 155 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Paschka, Sam, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Manager IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202106221896-59**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Patzman, Andrew, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt **02 / 04 / 2021**  
**Transaction ID : 2021020217535-2**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**C. Patzman, Andrew, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt **02 / 18 / 2021**  
**Transaction ID : 202102171056-3**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	185.00
<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 156 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Patzman, Andrew, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 03 / 04 / 2021  
**Transaction ID : 202103021895-3**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**B. Patzman, Andrew, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 03 / 18 / 2021  
**Transaction ID : 2021031712216-3**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**C. Patzman, Andrew, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 04 / 01 / 2021  
**Transaction ID : 202103318136-3**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<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 157 OF 257
	<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**

**A. Patzman, Andrew, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-3**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**B. Patzman, Andrew, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-3**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**C. Patzman, Andrew, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-3**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<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 158 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Patzman, Andrew, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-3**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**B. Patzman, Andrew, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt **06 / 10 / 2021**  
**Transaction ID : 2021060817535-3**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**C. Patzman, Andrew, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202106221896-3**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<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 159 OF 257
	<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**

**A. Poon, Diana, C., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 S Gaines St

City Little Rock	State AR	Zip Code 72201-4007
---------------------	-------------	------------------------

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

Name of Employer (for Individual) BCBSA	Occupation (for Individual) Sr Cons Strategic Svs
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2021

**Transaction ID : 2021061520576-6**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Poon, Diana, C., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 S Gaines St

City Little Rock	State AR	Zip Code 72201-4007
---------------------	-------------	------------------------

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

Name of Employer (for Individual) BCBSA	Occupation (for Individual) Sr Cons Strategic Svs
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021071311375-5**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Poon, Diana, C., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 S Gaines St

City Little Rock	State AR	Zip Code 72201-4007
---------------------	-------------	------------------------

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

Name of Employer (for Individual) BCBSA	Occupation (for Individual) Sr Cons Strategic Svs
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

**Transaction ID : 2021071311375-6**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<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 160 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Portnoy, Jodi, Renee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Comm Market Solutions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt **03 / 18 / 2021**  
**Transaction ID : 2021031712216-30**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. Portnoy, Jodi, Renee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Comm Market Solutions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-30**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Pray, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Cong Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 655.12

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-6**  
 Amount of Each Receipt this Period 135.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	205.00
<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 161 OF 257
	<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**

**A. Pray, Jason, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1310 G St NW

City Washington	State DC	Zip Code 20005-3004
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) ED Cong Relations
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
655.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2021

**Transaction ID : 2021052518136-6**

Amount of Each Receipt this Period  

135.00
--------

 Memo Item

**B. Pray, Jason, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1310 G St NW

City Washington	State DC	Zip Code 20005-3000
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) ED Cong Relations
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
655.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2021

**Transaction ID : 2021060817535-6**

Amount of Each Receipt this Period  

135.00
--------

 Memo Item

**C. Pray, Jason, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1310 G St NW

City Washington	State DC	Zip Code 20005-3000
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) ED Cong Relations
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
655.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2021

**Transaction ID : 202106221896-6**

Amount of Each Receipt this Period  

135.00
--------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	405.00
<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 162 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Quinlivan, Timothy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4062 Coventry Green Cir  
 City Williamsville State NY Zip Code 14221-7233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus, Inc. Occupation (for Individual) Corporate VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2021  
**Transaction ID : 62D1A1AD0A624B40964E**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**B. Reed, James, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Ramble Wood Dr  
 City Skaneateles State NY Zip Code 13152-1349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus BCBS Occupation (for Individual) Senior Vice President Marketing & Sale  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2021  
**Transaction ID : 2AAE9CA4CEB34480AB81**  
 Amount of Each Receipt this Period  
 3000.00  
 Memo Item

**C. Roefaro, Maryann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 2  
 City Camillus State NY Zip Code 13031-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hematology-Oncology Associates of CNY Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2021  
**Transaction ID : 364588E4F68C4928A7B1**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5500.00
<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 163 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Samitt, Craig E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) President & Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **01 / 21 / 2021**  
**Transaction ID : 2021021716335-18**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Samitt, Craig E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) President & Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **02 / 04 / 2021**  
**Transaction ID : 202103231495-9**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Samitt, Craig E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) President & Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **02 / 18 / 2021**  
**Transaction ID : 202103231495-18**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<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 164 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Samitt, Craig E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) President & Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2021  
**Transaction ID : 2021042015174-8**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. Samitt, Craig E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) President & Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2021  
**Transaction ID : 2021042015174-16**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Samitt, Craig E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) President & Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2021  
**Transaction ID : 2021052511416-8**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<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 165 OF 257
	<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. Samitt, Craig E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) President & Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2021  
**Transaction ID : 2021052511416-16**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. Samitt, Craig E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) President & Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2021  
**Transaction ID : 2021052511416-24**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Samitt, Craig E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 Blue Cross Rd  
 City Eagan State MN Zip Code 55122-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield of Minnesot Occupation (for Individual) President & Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2021  
**Transaction ID : 2021062513296-8**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<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 166 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Scannell, Vince, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Workplace Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 04 / 2021  
**Transaction ID : 202103021895-68**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Scannell, Vince, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Workplace Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 18 / 2021  
**Transaction ID : 2021031712216-68**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Scannell, Vince, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Workplace Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 04 / 01 / 2021  
**Transaction ID : 202103318136-67**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 167 OF 257
	<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. Scannell, Vince, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Workplace Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 04 / 15 / 2021  
**Transaction ID : 202104141295-66**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Scannell, Vince, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Workplace Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 04 / 29 / 2021  
**Transaction ID : 2021042716418-67**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Scannell, Vince, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Workplace Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 2021051117496-67**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 168 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Bluepac - Blue Cross Blue Shield Association Pac**

**A. Scannell, Vince, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Workplace Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-67**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Scannell, Vince, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Workplace Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-67**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Scannell, Vince, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Workplace Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-67**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 169 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Schofield, Denise, Guzzetta, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt **02 / 18 / 2021**  
**Transaction ID : 202102171056-19**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**B. Schofield, Denise, Guzzetta, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt **03 / 04 / 2021**  
**Transaction ID : 202103021895-18**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**C. Schofield, Denise, Guzzetta, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Clinical Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt **03 / 18 / 2021**  
**Transaction ID : 2021031712216-18**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<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 170 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Schofield, Denise, Guzzetta, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-18**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**B. Schofield, Denise, Guzzetta, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-18**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**C. Schofield, Denise, Guzzetta, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-19**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<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 171 OF 257
	<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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**Bluepac - Blue Cross Blue Shield Association Pac**

**A. Schofield, Denise, Guzzetta, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 2021051117496-19**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**B. Schofield, Denise, Guzzetta, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-19**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**C. Schofield, Denise, Guzzetta, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-19**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<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 172 OF 257
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	<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)  
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**A. Schofield, Denise, Guzzetta, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-19**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**B. See, Wendy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USAbLe Mutual Insurance Company Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 03 / 31 / 2021  
**Transaction ID : 2021041614174-67**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. See, Wendy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USAbLe Mutual Insurance Company Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 04 / 15 / 2021  
**Transaction ID : 2021051720135-66**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.00
<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 173 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. See, Wendy, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 S Gaines St

City Little Rock	State AR	Zip Code 72201-4007
---------------------	-------------	------------------------

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

Name of Employer (for Individual) USAbLe Mutual Insurance Company	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2021

**Transaction ID : 2021051720135-67**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. See, Wendy, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 S Gaines St

City Little Rock	State AR	Zip Code 72201-4007
---------------------	-------------	------------------------

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

Name of Employer (for Individual) USAbLe Mutual Insurance Company	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2021

**Transaction ID : 2021061520576-55**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. See, Wendy, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 S Gaines St

City Little Rock	State AR	Zip Code 72201-4007
---------------------	-------------	------------------------

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

Name of Employer (for Individual) USAbLe Mutual Insurance Company	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2021

**Transaction ID : 2021061520576-56**

Amount of Each Receipt this Period  
30.00

Memo Item

<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: (check only one)	PAGE 174 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. See, Wendy, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 S Gaines St

City Little Rock	State AR	Zip Code 72201-4007
---------------------	-------------	------------------------

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

Name of Employer (for Individual) USABLE Mutual Insurance Company	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

**Transaction ID : 2021071311375-55**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. See, Wendy, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 S Gaines St

City Little Rock	State AR	Zip Code 72201-4007
---------------------	-------------	------------------------

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

Name of Employer (for Individual) USABLE Mutual Insurance Company	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2021

**Transaction ID : 2021071311375-56**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Senkeeto, Naomi, P, ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9299 Chadburn Pl

City Montgomery Village	State MD	Zip Code 20886-4035
----------------------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) MD Policy Analysis
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2021

**Transaction ID : 202103318136-81**

Amount of Each Receipt this Period  
30.00

Memo Item

<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: (check only one)	PAGE 175 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Senkeeto, Naomi, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9299 Chadburn PI  
 City Montgomery Village State MD Zip Code 20886-4035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Policy Analysis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-80**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Senkeeto, Naomi, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9299 Chadburn PI  
 City Montgomery Village State MD Zip Code 20886-4035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Policy Analysis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-81**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Senkeeto, Naomi, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9299 Chadburn PI  
 City Montgomery Village State MD Zip Code 20886-4035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Policy Analysis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-81**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<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: (check only one)	PAGE 176 OF 257
	<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. Senkeeto, Naomi, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9299 Chadburn PI  
 City Montgomery Village State MD Zip Code 20886-4035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Policy Analysis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-81**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Senkeeto, Naomi, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9299 Chadburn PI  
 City Montgomery Village State MD Zip Code 20886-4035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Policy Analysis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-81**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Senkeeto, Naomi, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9299 Chadburn PI  
 City Montgomery Village State MD Zip Code 20886-4035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Policy Analysis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-81**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<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: (check only one)	PAGE 177 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Serota, Scott, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 21 / 2021  
**Transaction ID : 202101191996-62**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Sharpe, James, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED and Invest Exec NEBA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 04 / 29 / 2021  
**Transaction ID : 2021042716418-27**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Sharpe, James, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED and Invest Exec NEBA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 2021051117496-27**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	242.30
<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: (check only one)	PAGE 178 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Sharpe, James, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED and Invest Exec NEBA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-27**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Sharpe, James, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED and Invest Exec NEBA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-27**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Sharpe, James, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED and Invest Exec NEBA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-27**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<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 179 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Shoaf, Lori, Loretta, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2322 S Rolfe St  
 City Arlington State VA Zip Code 22202-1545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) MD Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-101**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Simpson, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 206 Scottholm Blvd  
 City Syracuse State NY Zip Code 13224-1730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus BCBS Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 28 / 2021**  
**Transaction ID : 45B61AC47E4841A59A29**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Singh, Rose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Cons National Delivery  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **02 / 28 / 2021**  
**Transaction ID : 2021031716295-41**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1075.00
<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 180 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Singh, Rose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Cons National Delivery  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 15 / 2021  
**Transaction ID : 2021041614174-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Singh, Rose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Cons National Delivery  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 31 / 2021  
**Transaction ID : 2021041614174-41**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Singh, Rose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Cons National Delivery  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 04 / 15 / 2021  
**Transaction ID : 2021051720135-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 181 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Singh, Rose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Cons National Delivery  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **04 / 30 / 2021**  
**Transaction ID : 2021051720135-41**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Singh, Rose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Cons National Delivery  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **05 / 15 / 2021**  
**Transaction ID : 2021061520576-29**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Singh, Rose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Cons National Delivery  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **05 / 31 / 2021**  
**Transaction ID : 2021061520576-30**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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 182 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Singh, Rose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Cons National Delivery  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 15 / 2021  
**Transaction ID : 2021071311375-29**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Singh, Rose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 S Gaines St  
 City Little Rock State AR Zip Code 72201-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Cons National Delivery  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2021  
**Transaction ID : 2021071311375-30**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Snyder, Julia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 385 Starin Ave  
 City Buffalo State NY Zip Code 14216-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BlueCross BlueShield of Western New Yo Occupation (for Individual) VP, Corporate Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 21 / 2021  
**Transaction ID : 507204BE8EDB4436A054**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<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: (check only one)	PAGE 183 OF 257
<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. Snyder, Julia, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 385 Starin Ave

City Buffalo	State NY	Zip Code 14216-2030
-----------------	-------------	------------------------

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

Name of Employer (for Individual) BlueCross BlueShield of Western New Yo	Occupation (for Individual) VP, Corporate Relations
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2021

**Transaction ID : 801E5502E7FA43E7B36C**

Amount of Each Receipt this Period  
60.00

Memo Item

**B. Snyder, Julia, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 385 Starin Ave

City Buffalo	State NY	Zip Code 14216-2030
-----------------	-------------	------------------------

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

Name of Employer (for Individual) BlueCross BlueShield of Western New Yo	Occupation (for Individual) VP, Corporate Relations
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2021

**Transaction ID : B75866C273E24B108C5D**

Amount of Each Receipt this Period  
40.00

Memo Item

**C. Spruill, Karen, Maria, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11533 Waesche Dr

City Bowie	State MD	Zip Code 20721-2269
---------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) ED FEP Member Experience
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
455.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2021

**Transaction ID : 2021031712216-80**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.00
<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 184 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Spruill, Karen, Maria, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11533 Waesche Dr  
 City Bowie State MD Zip Code 20721-2269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED FEP Member Experience  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-79**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. Spruill, Karen, Maria, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11533 Waesche Dr  
 City Bowie State MD Zip Code 20721-2269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED FEP Member Experience  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-78**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Spruill, Karen, Maria, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11533 Waesche Dr  
 City Bowie State MD Zip Code 20721-2269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED FEP Member Experience  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-79**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<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 185 OF 257
	<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. Spruill, Karen, Maria, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11533 Waesche Dr  
 City Bowie State MD Zip Code 20721-2269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED FEP Member Experience  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 455.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-79**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. Spruill, Karen, Maria, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11533 Waesche Dr  
 City Bowie State MD Zip Code 20721-2269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED FEP Member Experience  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 455.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-79**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Spruill, Karen, Maria, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11533 Waesche Dr  
 City Bowie State MD Zip Code 20721-2269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED FEP Member Experience  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 455.00

Date of Receipt **06 / 10 / 2021**  
**Transaction ID : 2021060817535-79**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<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 186 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Spruill, Karen, Maria, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11533 Waesche Dr  
 City Bowie State MD Zip Code 20721-2269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED FEP Member Experience  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-79**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. Stewart, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 Exchange St  
 City Providence State RI Zip Code 02903-2630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS of Rhose Island Occupation (for Individual) Chief Accountning Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 05 / 28 / 2021  
**Transaction ID : 202105271856-10**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Stewart, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 Exchange St  
 City Providence State RI Zip Code 02903-2630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS of Rhose Island Occupation (for Individual) Chief Accountning Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 11 / 2021  
**Transaction ID : 2021060913576-10**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**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: (check only one)	PAGE 187 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Stewart, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 Exchange St  
 City Providence State RI Zip Code 02903-2630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS of Rhose Island Occupation (for Individual) Chief Accountning Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 25 / 2021  
**Transaction ID : 2021062415296-10**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Sullivan, Maureen, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt 02 / 04 / 2021  
**Transaction ID : 2021020217535-47**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

**C. Sullivan, Maureen, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Strategic Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt 02 / 18 / 2021  
**Transaction ID : 202102171056-48**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<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 188 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Sullivan, Maureen, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt **03 / 04 / 2021**  
**Transaction ID : 202103021895-46**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

**B. Sullivan, Maureen, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt **03 / 18 / 2021**  
**Transaction ID : 2021031712216-46**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

**C. Sullivan, Maureen, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-45**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	285.00
<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 189 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Sullivan, Maureen, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) Sr VP Strategic Services
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2021

**Transaction ID : 202104141295-44**

Amount of Each Receipt this Period  

95.00
-------

 Memo Item

**B. Sullivan, Maureen, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) Sr VP Strategic Services
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2021

**Transaction ID : 2021042716418-45**

Amount of Each Receipt this Period  

95.00
-------

 Memo Item

**C. Sullivan, Maureen, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) Sr VP Strategic Services
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2021

**Transaction ID : 2021051117496-45**

Amount of Each Receipt this Period  

95.00
-------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	285.00
<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 190 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Sullivan, Maureen, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-45**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

**B. Sullivan, Maureen, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt **06 / 10 / 2021**  
**Transaction ID : 2021060817535-45**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

**C. Sullivan, Maureen, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr VP Strategic Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202106221896-45**  
 Amount of Each Receipt this Period 95.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	285.00
<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 191 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Summers, Bondanzia, Platania, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2695 Thompson Dr  
 City Marriottsville State MD Zip Code 21104-1602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED National Labor Office  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-74**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Summers, Bondanzia, Platania, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2695 Thompson Dr  
 City Marriottsville State MD Zip Code 21104-1602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED National Labor Office  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-74**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Summers, Bondanzia, Platania, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2695 Thompson Dr  
 City Marriottsville State MD Zip Code 21104-1602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED National Labor Office  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-74**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<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 192 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Summers, Bondanzia, Platania, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2695 Thompson Dr  
 City Marriottsville State MD Zip Code 21104-1602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED National Labor Office  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-74**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Summers, Bondanzia, Platania, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2695 Thompson Dr  
 City Marriottsville State MD Zip Code 21104-1602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED National Labor Office  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-74**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Sweet, Judith, V., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3558 South St  
 City Clinton State NY Zip Code 13323-1700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus BlueCross BlueShield Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 28 / 2021  
**Transaction ID : 84A3B8EB5C294899B157**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<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 193 OF 257
<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. Talluto, Mark, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Strategy & Analytics  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 715.00

Date of Receipt **02 / 18 / 2021**  
**Transaction ID : 202102171056-46**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**B. Talluto, Mark, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Strategy & Analytics  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 715.00

Date of Receipt **03 / 04 / 2021**  
**Transaction ID : 202103021895-44**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**C. Talluto, Mark, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Strategy & Analytics  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 715.00

Date of Receipt **03 / 18 / 2021**  
**Transaction ID : 2021031712216-44**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<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 194 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Talluto, Mark, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Strategy & Analytics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt  
 04 / 01 / 2021  
**Transaction ID : 202103318136-43**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**B. Talluto, Mark, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Strategy & Analytics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt  
 04 / 15 / 2021  
**Transaction ID : 202104141295-42**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**C. Talluto, Mark, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Strategy & Analytics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt  
 04 / 29 / 2021  
**Transaction ID : 2021042716418-43**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<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 195 OF 257
	<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. Talluto, Mark, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Strategy & Analytics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 2021051117496-43**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**B. Talluto, Mark, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Strategy & Analytics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-43**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**C. Talluto, Mark, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Strategy & Analytics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-43**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<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 196 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Talluto, Mark, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) VP Strategy & Analytics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202106221896-43**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**B. Taylor, Pat, Bonkiewicz, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5226 Cahaba Valley Cv  
 City Birmingham State AL Zip Code 35242-3308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED IT Informatics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt **02 / 18 / 2021**  
**Transaction ID : 202102171056-1**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. Taylor, Pat, Bonkiewicz, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5226 Cahaba Valley Cv  
 City Birmingham State AL Zip Code 35242-3308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED IT Informatics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt **03 / 04 / 2021**  
**Transaction ID : 202103021895-1**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<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 197 OF 257
<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. Taylor, Pat, Bonkiewicz, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5226 Cahaba Valley Cv  
 City Birmingham State AL Zip Code 35242-3308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED IT Informatics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt **03 / 18 / 2021**  
**Transaction ID : 2021031712216-1**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**B. Taylor, Pat, Bonkiewicz, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5226 Cahaba Valley Cv  
 City Birmingham State AL Zip Code 35242-3308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED IT Informatics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-1**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. Taylor, Pat, Bonkiewicz, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5226 Cahaba Valley Cv  
 City Birmingham State AL Zip Code 35242-3308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED IT Informatics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-1**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<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 198 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Taylor, Pat, Bonkiewicz, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5226 Cahaba Valley Cv  
 City Birmingham State AL Zip Code 35242-3308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED IT Informatics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-1**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**B. Taylor, Pat, Bonkiewicz, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5226 Cahaba Valley Cv  
 City Birmingham State AL Zip Code 35242-3308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED IT Informatics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-1**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. Taylor, Pat, Bonkiewicz, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5226 Cahaba Valley Cv  
 City Birmingham State AL Zip Code 35242-3308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED IT Informatics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-1**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<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 199 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Taylor, Pat, Bonkiewicz, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5226 Cahaba Valley Cv  
 City Birmingham State AL Zip Code 35242-3308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED IT Informatics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt **06 / 10 / 2021**  
**Transaction ID : 2021060817535-1**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**B. Taylor, Pat, Bonkiewicz, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5226 Cahaba Valley Cv  
 City Birmingham State AL Zip Code 35242-3308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED IT Informatics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202106221896-1**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. Thornton, Barry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Woodgreen Dr  
 City Pittsford State NY Zip Code 14534-9437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus Occupation (for Individual) Sr. Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **06 / 28 / 2021**  
**Transaction ID : 6005DCE7B25247FD9E1D**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2620.00
<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 200 OF 257
	<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**

**A. Tidmarsh, Lachlan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSA Occupation (for Individual) payrollLoadCreatedOccupat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2021  
**Transaction ID : 202103021895-42**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Tidmarsh, Lachlan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSA Occupation (for Individual) payrollLoadCreatedOccupat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2021  
**Transaction ID : 2021031712216-42**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Tidmarsh, Lachlan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSA Occupation (for Individual) payrollLoadCreatedOccupat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2021  
**Transaction ID : 202103318136-41**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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 201 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Tidmarsh, Lachlan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSA Occupation (for Individual) payrollLoadCreatedOccupat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-40**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Tidmarsh, Lachlan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSA Occupation (for Individual) payrollLoadCreatedOccupat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-41**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Tidmarsh, Lachlan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSA Occupation (for Individual) payrollLoadCreatedOccupat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-41**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 202 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Tidmarsh, Lachlan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) BCBSA	Occupation (for Individual) payrollLoadCreatedOccupat
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2021

**Transaction ID : 2021052518136-41**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Tidmarsh, Lachlan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) BCBSA	Occupation (for Individual) payrollLoadCreatedOccupat
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2021

**Transaction ID : 2021060817535-41**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Tidmarsh, Lachlan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) BCBSA	Occupation (for Individual) payrollLoadCreatedOccupat
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2021

**Transaction ID : 202106221896-41**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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 203 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Towey, Jennifer Deloggio, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1005 S Rolfe St  
 City Arlington State VA Zip Code 22204-4792  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBSA Occupation (for Individual) payrollLoadCreatedOccupat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-96**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Trimble, James, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6017 Shady Oak Ln  
 City Bethesda State MD Zip Code 20817-6025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Political Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 01 / 21 / 2021  
**Transaction ID : 202101191996-80**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. Trimble, James, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6017 Shady Oak Ln  
 City Bethesda State MD Zip Code 20817-6025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Political Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 02 / 04 / 2021  
**Transaction ID : 2021020217535-79**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	404.00
<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 204 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Trimble, James, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6017 Shady Oak Ln  
 City Bethesda State MD Zip Code 20817-6025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Political Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **02 / 18 / 2021**  
**Transaction ID : 202102171056-80**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**B. Trimble, James, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6017 Shady Oak Ln  
 City Bethesda State MD Zip Code 20817-6025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Political Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **03 / 04 / 2021**  
**Transaction ID : 202103021895-78**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. Trimble, James, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6017 Shady Oak Ln  
 City Bethesda State MD Zip Code 20817-6025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Political Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **03 / 18 / 2021**  
**Transaction ID : 2021031712216-78**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.00
<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 205 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Trimble, James, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6017 Shady Oak Ln  
 City Bethesda State MD Zip Code 20817-6025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Political Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-77**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**B. Trimble, James, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6017 Shady Oak Ln  
 City Bethesda State MD Zip Code 20817-6025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Political Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-76**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. Trimble, James, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6017 Shady Oak Ln  
 City Bethesda State MD Zip Code 20817-6025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Political Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-77**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.00
<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 206 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Trimble, James, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6017 Shady Oak Ln  
 City Bethesda State MD Zip Code 20817-6025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Political Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 202105117496-77**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**B. Trimble, James, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6017 Shady Oak Ln  
 City Bethesda State MD Zip Code 20817-6025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Political Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-77**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. Trimble, James, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6017 Shady Oak Ln  
 City Bethesda State MD Zip Code 20817-6025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Political Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **06 / 10 / 2021**  
**Transaction ID : 2021060817535-77**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.00
<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 207 OF 257
	<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**

**A. Trimble, James, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6017 Shady Oak Ln  
 City Bethesda State MD Zip Code 20817-6025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Political Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202106221896-77**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**B. Urbanczyk, David, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4838 Marathon Dr  
 City Madison State WI Zip Code 53705-4830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt **03 / 18 / 2021**  
**Transaction ID : 2021031712216-111**  
 Amount of Each Receipt this Period 36.00  
 Memo Item

**C. Urbanczyk, David, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4838 Marathon Dr  
 City Madison State WI Zip Code 53705-4830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-110**  
 Amount of Each Receipt this Period 36.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	264.00
<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 208 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Urbanczyk, David, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4838 Marathon Dr  
 City Madison State WI Zip Code 53705-4830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 04 / 15 / 2021  
**Transaction ID : 202104141295-109**  
 Amount of Each Receipt this Period 36.00  
 Memo Item

**B. Urbanczyk, David, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4838 Marathon Dr  
 City Madison State WI Zip Code 53705-4830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 04 / 29 / 2021  
**Transaction ID : 2021042716418-108**  
 Amount of Each Receipt this Period 36.00  
 Memo Item

**C. Urbanczyk, David, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4838 Marathon Dr  
 City Madison State WI Zip Code 53705-4830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 2021051117496-105**  
 Amount of Each Receipt this Period 36.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	108.00
<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 209 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Urbanczyk, David, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4838 Marathon Dr  
 City Madison State WI Zip Code 53705-4830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-105**  
 Amount of Each Receipt this Period 36.00  
 Memo Item

**B. Urbanczyk, David, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4838 Marathon Dr  
 City Madison State WI Zip Code 53705-4830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-106**  
 Amount of Each Receipt this Period 36.00  
 Memo Item

**C. Urbanczyk, David, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4838 Marathon Dr  
 City Madison State WI Zip Code 53705-4830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir Strategic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 468.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-106**  
 Amount of Each Receipt this Period 36.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	108.00
<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 210 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Vachon, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Admin Services & Chief of Staff Occupation (for Individual) EVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **01 / 21 / 2021**  
**Transaction ID : 202101191996-27**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**B. Vachon, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Admin Services & Chief of Staff Occupation (for Individual) EVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **02 / 04 / 2021**  
**Transaction ID : 2021020217535-27**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. Vachon, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Admin Services & Chief of Staff Occupation (for Individual) EVP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **02 / 18 / 2021**  
**Transaction ID : 202102171056-28**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.00
<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 211 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Vachon, Jennifer, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Admin Services & Chief of Staff	Occupation (for Individual) EVP
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2496.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2021

**Transaction ID : 202103021895-27**

Amount of Each Receipt this Period  
192.00

Memo Item

**B. Vachon, Jennifer, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Admin Services & Chief of Staff	Occupation (for Individual) EVP
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2496.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2021

**Transaction ID : 2021031712216-27**

Amount of Each Receipt this Period  
192.00

Memo Item

**C. Vachon, Jennifer, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Admin Services & Chief of Staff	Occupation (for Individual) EVP
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2496.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2021

**Transaction ID : 202103318136-27**

Amount of Each Receipt this Period  
192.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.00
<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 212 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Vachon, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Admin Services & Chief of Staff Occupation (for Individual) EVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-27**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**B. Vachon, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Admin Services & Chief of Staff Occupation (for Individual) EVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-28**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. Vachon, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Admin Services & Chief of Staff Occupation (for Individual) EVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-28**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.00
<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 213 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Vachon, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Admin Services & Chief of Staff Occupation (for Individual) EVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-28**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**B. Vachon, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Admin Services & Chief of Staff Occupation (for Individual) EVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-28**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

**C. Vachon, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Admin Services & Chief of Staff Occupation (for Individual) EVP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-28**  
 Amount of Each Receipt this Period 192.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.00
<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 214 OF 257
	<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	<input type="checkbox"/> 17

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

**A. Wendler, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 G St NW  
 City Washington State DC Zip Code 20005-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus, Inc. Occupation (for Individual) Senior VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 28 / 2021  
**Transaction ID : C404A926F1BA4EF3B9B6**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. White, Lisa, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 Weathervane Way  
 City Syracuse State NY Zip Code 13209-9681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excellus, Inc. Occupation (for Individual) Corporate VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 28 / 2021  
**Transaction ID : 7110975BC4FC46F183CA**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**C. White, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4414 Knights Ct  
 City Roanoke State VA Zip Code 24018-8952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Leg & Reg Policy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 03 / 18 / 2021  
**Transaction ID : 2021031712216-107**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3040.00
<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 215 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. White, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4414 Knights Ct  
 City Roanoke State VA Zip Code 24018-8952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Leg & Reg Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-106**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. White, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4414 Knights Ct  
 City Roanoke State VA Zip Code 24018-8952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Leg & Reg Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-105**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. White, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4414 Knights Ct  
 City Roanoke State VA Zip Code 24018-8952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Leg & Reg Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-104**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<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 216 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. White, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4414 Knights Ct  
 City Roanoke State VA Zip Code 24018-8952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Leg & Reg Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 202105117496-101**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. White, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4414 Knights Ct  
 City Roanoke State VA Zip Code 24018-8952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Leg & Reg Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-101**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. White, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4414 Knights Ct  
 City Roanoke State VA Zip Code 24018-8952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Leg & Reg Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt **06 / 10 / 2021**  
**Transaction ID : 2021060817535-102**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<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 217 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. White, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4414 Knights Ct  
 City Roanoke State VA Zip Code 24018-8952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Leg & Reg Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt **06 / 24 / 2021**  
**Transaction ID : 202106221896-102**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Williams, Kelly, Anne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr HR Business Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt **02 / 18 / 2021**  
**Transaction ID : 202102171056-42**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**C. Williams, Kelly, Anne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr HR Business Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt **03 / 04 / 2021**  
**Transaction ID : 202103021895-40**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 218 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Bluepac - Blue Cross Blue Shield Association Pac**

**A. Williams, Kelly, Anne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr HR Business Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt **03 / 18 / 2021**  
**Transaction ID : 2021031712216-40**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**B. Williams, Kelly, Anne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr HR Business Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-39**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**C. Williams, Kelly, Anne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr HR Business Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-38**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<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 219 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Williams, Kelly, Anne, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) Sr HR Business Partner
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
715.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2021

**Transaction ID : 2021042716418-39**

Amount of Each Receipt this Period  
55.00

Memo Item

**B. Williams, Kelly, Anne, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) Sr HR Business Partner
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
715.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2021

**Transaction ID : 2021051117496-39**

Amount of Each Receipt this Period  
55.00

Memo Item

**C. Williams, Kelly, Anne, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 N Michigan Ave

City Chicago	State IL	Zip Code 60601-7757
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) Sr HR Business Partner
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
715.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2021

**Transaction ID : 2021052518136-39**

Amount of Each Receipt this Period  
55.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<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 220 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Williams, Kelly, Anne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr HR Business Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt  
 06 / 10 / 2021  
**Transaction ID : 2021060817535-39**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**B. Williams, Kelly, Anne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 N Michigan Ave  
 City Chicago State IL Zip Code 60601-7757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Sr HR Business Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt  
 06 / 24 / 2021  
**Transaction ID : 202106221896-39**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**C. Woodard, Connie, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 816 Belmont Ave  
 City Flint State MI Zip Code 48503-2741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir FEP Audits and Comp  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt  
 03 / 18 / 2021  
**Transaction ID : 2021031712216-87**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 221 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Woodard, Connie, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 816 Belmont Ave  
 City Flint State MI Zip Code 48503-2741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir FEP Audits and Comp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt **04 / 01 / 2021**  
**Transaction ID : 202103318136-86**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Woodard, Connie, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 816 Belmont Ave  
 City Flint State MI Zip Code 48503-2741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir FEP Audits and Comp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt **04 / 15 / 2021**  
**Transaction ID : 202104141295-85**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Woodard, Connie, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 816 Belmont Ave  
 City Flint State MI Zip Code 48503-2741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir FEP Audits and Comp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt **04 / 29 / 2021**  
**Transaction ID : 2021042716418-86**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<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 222 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Woodard, Connie, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 816 Belmont Ave  
 City Flint State MI Zip Code 48503-2741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir FEP Audits and Comp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt **05 / 13 / 2021**  
**Transaction ID : 2021051117496-86**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Woodard, Connie, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 816 Belmont Ave  
 City Flint State MI Zip Code 48503-2741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir FEP Audits and Comp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt **05 / 27 / 2021**  
**Transaction ID : 2021052518136-86**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Woodard, Connie, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 816 Belmont Ave  
 City Flint State MI Zip Code 48503-2741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir FEP Audits and Comp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt **06 / 10 / 2021**  
**Transaction ID : 2021060817535-86**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<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 223 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Woodard, Connie, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 816 Belmont Ave  
 City Flint State MI Zip Code 48503-2741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) Dir FEP Audits and Comp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt 06 / 24 / 2021  
**Transaction ID : 202106221896-86**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Yoder, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8408 Terry Lee Way  
 City Severn State MD Zip Code 21144-3466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Integrated Care Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 04 / 2021  
**Transaction ID : 202103021895-77**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Yoder, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8408 Terry Lee Way  
 City Severn State MD Zip Code 21144-3466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Integrated Care Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 18 / 2021  
**Transaction ID : 2021031712216-77**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<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: (check only one)	PAGE 224 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Yoder, David, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8408 Terry Lee Way

City Severn	State MD	Zip Code 21144-3466
----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) ED Integrated Care Mgmt
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2021

**Transaction ID : 202103318136-76**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Yoder, David, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8408 Terry Lee Way

City Severn	State MD	Zip Code 21144-3466
----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) ED Integrated Care Mgmt
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2021

**Transaction ID : 202104141295-75**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Yoder, David, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8408 Terry Lee Way

City Severn	State MD	Zip Code 21144-3466
----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) ED Integrated Care Mgmt
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2021

**Transaction ID : 2021042716418-76**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 225 OF 257
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Yoder, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8408 Terry Lee Way  
 City Severn State MD Zip Code 21144-3466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Integrated Care Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 05 / 13 / 2021  
**Transaction ID : 2021051117496-76**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Yoder, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8408 Terry Lee Way  
 City Severn State MD Zip Code 21144-3466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Integrated Care Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 05 / 27 / 2021  
**Transaction ID : 2021052518136-76**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Yoder, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8408 Terry Lee Way  
 City Severn State MD Zip Code 21144-3466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue Cross and Blue Shield Association Occupation (for Individual) ED Integrated Care Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 10 / 2021  
**Transaction ID : 2021060817535-76**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 226 OF 257
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Bluepac - Blue Cross Blue Shield Association Pac**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Yoder, David, , ,

Mailing Address 8408 Terry Lee Way

City Severn	State MD	Zip Code 21144-3466
----------------	-------------	------------------------

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

Name of Employer (for Individual) Blue Cross and Blue Shield Association	Occupation (for Individual) ED Integrated Care Mgmt
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2021  
**Transaction ID : 202106221896-76**

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	79963.80

**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 227 OF 257
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Blue Cross And Blue Shield Of Kansas, Inc. Employee PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Blue Cross And Blue Shield Of Kansas, Inc. Employee PAC

Mailing Address 1133 SW Topeka Blvd  
CC:855 - B3

City Topeka State KS Zip Code 66629

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4104.00

Date of Receipt  
01 / 28 / 2021  
**Transaction ID : B7FFCFF9DED54D4FB7D9**

Amount of Each Receipt this Period  
684.00

Memo Item  
Transfer from affiliated PAC

**B. Blue Cross And Blue Shield Of Kansas, Inc. Employee PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Blue Cross And Blue Shield Of Kansas, Inc. Employee PAC

Mailing Address 1133 SW Topeka Blvd  
CC:855 - B3

City Topeka State KS Zip Code 66629

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4104.00

Date of Receipt  
02 / 19 / 2021  
**Transaction ID : 3CB7945FDBB443A18953**

Amount of Each Receipt this Period  
684.00

Memo Item  
Transfer from affiliated PAC

**C. Blue Cross And Blue Shield Of Kansas, Inc. Employee PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Blue Cross And Blue Shield Of Kansas, Inc. Employee PAC

Mailing Address 1133 SW Topeka Blvd  
CC:855 - B3

City Topeka State KS Zip Code 66629

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4104.00

Date of Receipt  
03 / 11 / 2021  
**Transaction ID : 7C77557FDBF74A17ABFC**

Amount of Each Receipt this Period  
684.00

Memo Item  
Transfer from affiliated PAC

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2052.00
<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 228 OF 257
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Blue Cross And Blue Shield Of Kansas, Inc. Employee PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1133 SW Topeka Blvd  
CC:855 - B3

City Topeka	State KS	Zip Code 66629
----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4104.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2021

**Transaction ID : 9B13F68FBE7245ADB320**

Amount of Each Receipt this Period  
684.00

Memo Item  
Transfer from affiliated PAC

**B. Blue Cross And Blue Shield Of Kansas, Inc. Employee PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1133 SW Topeka Blvd  
CC:855 - B3

City Topeka	State KS	Zip Code 66629
----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4104.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2021

**Transaction ID : AB9B440C3B0E4456BA60**

Amount of Each Receipt this Period  
684.00

Memo Item  
Transfer from affiliated PAC

**C. Blue Cross And Blue Shield Of Kansas, Inc. Employee PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1133 SW Topeka Blvd  
CC:855 - B3

City Topeka	State KS	Zip Code 66629
----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4104.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2021

**Transaction ID : B2444D463359433AB2F0**

Amount of Each Receipt this Period  
684.00

Memo Item  
Transfer from affiliated PAC

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2052.00
<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 229 OF 257
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Capital Bluepac, The Political Action Committee Of Capital Bluecross**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 60710

City Harrisburg	State PA	Zip Code 17106-0710
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2021

**Transaction ID : 265AB04833BD45689095**

Amount of Each Receipt this Period  
6000.00

Memo Item  
Transfer from affiliated PAC

**B. Carefirst Bluecross Blueshield Associates' Federal PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10455 Mill Run Cir

City Owings Mills	State MD	Zip Code 21117
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00286922

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2021

**Transaction ID : 23A76C794C1F4ADDBD0A**

Amount of Each Receipt this Period  
12000.00

Memo Item  
Transfer from affiliated PAC

**c. Highmark PAC Of Highmark Inc.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 Center St

City Camp Hill	State PA	Zip Code 17089
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2021

**Transaction ID : ACED0F4D3A1C462AAF3A**

Amount of Each Receipt this Period  
25000.00

Memo Item  
Transfer from affiliated PAC

<b>SUBTOTAL</b> of Receipts This Page (optional).....	43000.00
<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 230 OF 257
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. HORIZON HEALTHCARE SERVICES, INC.-HORIZON BCBSNJ FEDERAL PAC INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 PennPlz E  
PP-11G

City Newark State NJ Zip Code 07105

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
01 / 15 / 2021  
**Transaction ID : 57A9F04E99A19658E3D**

Amount of Each Receipt this Period  
15000.00

Memo Item

**B. Independence Blue Cross Llc PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1901 Market St

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00450056

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
05 / 13 / 2021  
**Transaction ID : E80A951C055545588F40**

Amount of Each Receipt this Period  
10000.00

Memo Item  
Transfer from affiliated PAC

**C. Massachusetts Blue PAC of Blue Cross Blue Shield of Massachusetts**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 401 Park Drivelandmark Center

City Boston State MA Zip Code 02215

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
11000.00

Date of Receipt  
04 / 27 / 2021  
**Transaction ID : 4E081AAD4C6200B95E8**

Amount of Each Receipt this Period  
11000.00

Memo Item  
Transfer from affiliated committee

<b>SUBTOTAL</b> of Receipts This Page (optional).....	36000.00
<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 231 OF 257
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Premera Blue Cross Political Action Committee/Premera PAC**

Mailing Address 7001 220th St SW  
MS 355

City Mountlake Terrace	State WA	Zip Code 98043
---------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00409227

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2021

**Transaction ID : 77D9C452F96445A8B084**

Amount of Each Receipt this Period  
15000.00

Memo Item  
Transfer from affiliated PAC

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	98104.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Abraham Lincoln PAC</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2021
Mailing Address 824 S Milledge Ave Ste 101		FEC Identification Number C C00631051 <b>Transaction ID : E2B948AB4F</b> Amount of Each Disbursement this Period 2500.00
City Athens	State GA	Zip Code 30605
Purpose of Disbursement 2021 Contribution		011 Category/Type
Candidate Name <b>Abraham Lincoln PAC</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Contribution	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Across The Aisle PAC</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2021
Mailing Address 910 17th St NW Ste 925		FEC Identification Number C C00696591 <b>Transaction ID : 2290505CD23</b> Amount of Each Disbursement this Period 1500.00
City Washington	State DC	Zip Code 20006
Purpose of Disbursement 2021 Contribution		011 Category/Type
Candidate Name <b>Across The Aisle PAC</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Contribution	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Across The Aisle PAC</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2021
Mailing Address 910 17th St NW Ste 925		FEC Identification Number C C00696591 <b>Transaction ID : 976AFE946D</b> Amount of Each Disbursement this Period 2500.00
City Washington	State DC	Zip Code 20006
Purpose of Disbursement 2021 Contribution		011 Category/Type
Candidate Name <b>Across The Aisle PAC</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Contribution	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6500.00
<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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Bluepac - Blue Cross Blue Shield Association Pac**

Full Name (Last, First, Middle Initial)

**A. Alamo PAC**

Mailing Address 919 Congress Ave  
Ste 1400

City  
Austin

State  
TX

Zip Code  
78701

Purpose of Disbursement  
2021 Contribution

011

Category/  
Type

Candidate Name  
**Alamo PAC**

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2021  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

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

FEC Identification Number

C C00387464

**Transaction ID : 0DC7425B4A**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. All For Our Country Leadership PAC**

Mailing Address 611 Pennsylvania Ave SE  
# 143

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
2021 Contribution

011

Category/  
Type

Candidate Name  
**All For Our Country Leadership PAC**

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2021  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

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

FEC Identification Number

C C00629212

**Transaction ID : 479A6AAE85**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Angie Craig For Congress**

Mailing Address PO Box 22116

City  
Eagan

State  
MN

Zip Code  
55122

Purpose of Disbursement  
2022 Primary

011

Category/  
Type

Candidate Name  
**Craig, Angela, Dawn, ,**

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) **Contribution**

State: MN District: 02

Date of Disbursement

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

FEC Identification Number

C C00575209

**Transaction ID : 54AF41D43A**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

12500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Ann Wagner For Congress**

Full Name (Last, First, Middle Initial)  
Ann Wagner For Congress

Date of Disbursement: 03 / 31 / 2021

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement 2022 Primary

Candidate Name Wagner, Ann, Louise, ,

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: MO District: 02

FEC Identification Number: C00495846  
Transaction ID : 5349FA1034C  
Amount of Each Disbursement this Period: 1500.00

Category/Type: 011

Memo Item

**B. Believe In America PAC**

Full Name (Last, First, Middle Initial)  
Believe In America PAC

Date of Disbursement: 02 / 25 / 2021

Mailing Address 138 Conant St  
C/O Red Curve Solutions, Ste 2

City Beverly State MA Zip Code 01915

Purpose of Disbursement 2021 Contribution

Candidate Name Believe In America PAC

Office Sought:  House  Senate  President

Disbursement For: 2021  Primary  General  Other (specify) Contribution

State: District:

FEC Identification Number: C00691154  
Transaction ID : F0AA019484I  
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

**C. Believe In America PAC**

Full Name (Last, First, Middle Initial)  
Believe In America PAC

Date of Disbursement: 06 / 24 / 2021

Mailing Address 138 Conant St  
C/O Red Curve Solutions, Ste 2

City Beverly State MA Zip Code 01915

Purpose of Disbursement 2021 Contribution

Candidate Name Believe In America PAC

Office Sought:  House  Senate  President

Disbursement For: 2021  Primary  General  Other (specify) Contribution

State: District:

FEC Identification Number: C00691154  
Transaction ID : A5CB29ECF,  
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Bluepac - Blue Cross Blue Shield Association Pac**

Full Name (Last, First, Middle Initial)

**A. Bilirakis For Congress**

Mailing Address PO Box 606

City  
Tarpon Springs

State  
FL

Zip Code  
34688-0606

Purpose of Disbursement  
2022 Primary

011

Category/  
Type

Candidate Name

**Bilirakis, Gus, Michael, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2021

FEC Identification Number

C C00408534

**Transaction ID : D457DE1812I**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Blue Dog Political Action Committee**

Mailing Address PO Box 83142

City  
Gaithersburg

State  
MD

Zip Code  
20883

Purpose of Disbursement  
2021 Contribution

011

Category/  
Type

Candidate Name

**Blue Dog Political Action Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2021  
 Primary  General  
 Other (specify) Contribution

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2021

FEC Identification Number

C C00305318

**Transaction ID : C9FA9E3805I**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Brady For Congress**

Mailing Address PO Box 8277

City  
The Woodlands

State  
TX

Zip Code  
77387-8277

Purpose of Disbursement  
2022 Primary

011

Category/  
Type

Candidate Name

**Brady, Kevin, Patrick, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2021

FEC Identification Number

C C00311043

**Transaction ID : 042EBFFCDI**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Bluepac - Blue Cross Blue Shield Association Pac**

Full Name (Last, First, Middle Initial)

**A. Brian Higgins For Congress**

Mailing Address PO Box 28

City  
Buffalo

State  
NY

Zip Code  
14220

Purpose of Disbursement  
2022 Primary

011

Category/  
Type

Candidate Name

**Higgins, Brian, M., ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: NY District: 26

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2021

FEC Identification Number

C C00401034

**Transaction ID : 8BAC30E282**

Amount of Each Disbursement this Period

1900.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Catherine Cortez-Masto For Senate**

Mailing Address 8020 S Rainbow Blvd  
Ste 100

City  
Las Vegas

State  
NV

Zip Code  
89139

Purpose of Disbursement  
2022 General

011

Category/  
Type

Candidate Name

**Cortez Masto, Catherine, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: NV District:

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2021

FEC Identification Number

C C00575548

**Transaction ID : 0391ACFDF6**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHC BOLD PAC**

Mailing Address PO Box 33079

City  
Washington

State  
DC

Zip Code  
20033

Purpose of Disbursement  
2021 Contribution

011

Category/  
Type

Candidate Name

**CHC BOLD PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2021  
 Primary  General  
 Other (specify) ▼

State: District: Contribution

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2021

FEC Identification Number

C C00365536

**Transaction ID : 1439C070D5**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

5900.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. CMR Political Action Committee</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2021
Mailing Address PO Box 2485		FEC Identification Number C00469429 <b>Transaction ID : D814D46CD3</b> Amount of Each Disbursement this Period 3500.00
City Springfield	State VA	Zip Code 22152
Purpose of Disbursement 2021 Contribution		Category/ Type 011
Candidate Name <b>CMR Political Action Committee</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Contribution	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Common Values PAC</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2021
Mailing Address 901 N Washington St Ste 700		FEC Identification Number C00442368 <b>Transaction ID : E9C96ACFF9</b> Amount of Each Disbursement this Period 5000.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement 2021 Contribution		Category/ Type 011
Candidate Name <b>Common Values PAC</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Contribution	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Congressional Black Caucus PAC</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2021
Mailing Address PO Box 75357		FEC Identification Number C00147512 <b>Transaction ID : 288D1BDCBI</b> Amount of Each Disbursement this Period 2500.00
City Washington	State DC	Zip Code 20013
Purpose of Disbursement 2021 Contribution		Category/ Type 011
Candidate Name <b>Congressional Black Caucus PAC</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Contribution	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11000.00
<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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Curtis For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2021
Mailing Address 370 E South Temple Ste 580		FEC Identification Number C00647339 <b>Transaction ID : 0DD96D1D58</b>
City Salt Lake City	State UT	Zip Code 84111
Purpose of Disbursement 2022 Primary		Category/ Type 011
Candidate Name <b>Curtis, John, R., ,</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: UT	District: 03	

Full Name (Last, First, Middle Initial) <b>B. Dang PAC Future Fund</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2021
Mailing Address PO Box 205		FEC Identification Number C00749796 <b>Transaction ID : 751478689FD</b>
City Winter Park	State FL	Zip Code 32790-0205
Purpose of Disbursement 2021 Contribution		Category/ Type 011
Candidate Name <b>Dang PAC Future Fund</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Contribution	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Darren Soto For Congress</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2021
Mailing Address PO Box 421349		FEC Identification Number C00581074 <b>Transaction ID : D8453AC38C</b>
City Kissimmee	State FL	Zip Code 34742
Purpose of Disbursement 2022 Primary		Category/ Type 011
Candidate Name <b>Soto, Darren, Michael, ,</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL	District: 09	

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

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

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Bluepac - Blue Cross Blue Shield Association Pac**

Full Name (Last, First, Middle Initial)

**A. DCCC**

Mailing Address 430 S Capitol St SE  
FI 2

City  
Washington

State  
DC

Zip Code  
20003-4024

Purpose of Disbursement  
2021 Contribution

011

Category/  
Type

Candidate Name

**DCCC**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2021

Primary  General  
 Other (specify) ▼

Contribution

State:

District:

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2021

FEC Identification Number

C C00000935

**Transaction ID : C684FFC5EB**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DCCC**

Mailing Address 430 S Capitol St SE  
FI 2

City  
Washington

State  
DC

Zip Code  
20003-4024

Purpose of Disbursement  
2021 Contribution

011

Category/  
Type

Candidate Name

**DCCC**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2021

Primary  General  
 Other (specify) ▼

Contribution

State:

District:

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2021

FEC Identification Number

C C00000935

**Transaction ID : FBF929EBC7**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Dirigo PAC**

Mailing Address PO Box 1355

City  
Alexandria

State  
VA

Zip Code  
22313

Purpose of Disbursement  
2021 Contribution

011

Category/  
Type

Candidate Name

**Dirigo PAC**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2021

Primary  General  
 Other (specify) ▼

Contribution

State:

District:

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2021

FEC Identification Number

C C00391797

**Transaction ID : 69E19BE471**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

11500.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. DSCC</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2021
Mailing Address 120 Maryland Ave NE		FEC Identification Number C00042366 <b>Transaction ID : 27204DA377z</b> Amount of Each Disbursement this Period 5000.00
City Washington	State DC	Zip Code 20002
Purpose of Disbursement 2021 Contribution		011 Category/ Type
Candidate Name <b>DSCC</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Contribution	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. DSCC</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2021
Mailing Address 120 Maryland Ave NE		FEC Identification Number C00042366 <b>Transaction ID : 10C0894F604</b> Amount of Each Disbursement this Period 5000.00
City Washington	State DC	Zip Code 20002
Purpose of Disbursement 2021 Contribution		011 Category/ Type
Candidate Name <b>DSCC</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Contribution	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Dwight Evans For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2021
Mailing Address PO Box 6578		FEC Identification Number C00591065 <b>Transaction ID : B3E0B9A3A1</b> Amount of Each Disbursement this Period 2500.00
City Philadelphia	State PA	Zip Code 19138
Purpose of Disbursement 2022 Primary		011 Category/ Type
Candidate Name <b>Evans, Dwight, , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Contribution	
State: PA	District: 03	

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

12500.00

**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"/> 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. Elizabeth Pannill Fletcher For Congress**

Full Name (Last, First, Middle Initial)  
Elizabeth Pannill Fletcher For Congress

Date of Disbursement: 05 / 26 / 2021

Mailing Address: 3262 Westheimer Rd # 636  
City: Houston, State: TX, Zip Code: 77098

Purpose of Disbursement: 2022 Primary  
Candidate Name: Fletcher, Elizabeth, Pannill, ,  
Office Sought:  House,  Senate,  President  
Disbursement For: 2022,  Primary,  General,  Other (specify) ▼  
State: TX, District: 07

FEC Identification Number: C00640045  
Transaction ID: DBF239165F  
Amount of Each Disbursement this Period: 1000.00  
 Memo Item

**B. Families For James Lankford**

Full Name (Last, First, Middle Initial)  
Families For James Lankford

Date of Disbursement: 05 / 13 / 2021

Mailing Address: PO Box 1639  
City: Bethany, State: OK, Zip Code: 73008-1639

Purpose of Disbursement: 2022 Primary  
Candidate Name: Lankford, James, Paul, ,  
Office Sought:  House,  Senate,  President  
Disbursement For: 2022,  Primary,  General,  Other (specify) ▼  
State: OK, District:

FEC Identification Number: C00466482  
Transaction ID: 801995A34CF  
Amount of Each Disbursement this Period: 1000.00  
 Memo Item

**C. Forward Together PAC**

Full Name (Last, First, Middle Initial)  
Forward Together PAC

Date of Disbursement: 03 / 18 / 2021

Mailing Address: 1751 Potomac Greens Dr  
City: Alexandria, State: VA, Zip Code: 22314-6233

Purpose of Disbursement: 2021 Contribution  
Candidate Name: Forward Together PAC  
Office Sought:  House,  Senate,  President  
Disbursement For: 2021,  Primary,  General,  Other (specify) ▼  
State: , District: Contribution

FEC Identification Number: C00412791  
Transaction ID: 9E0A3CCFC!  
Amount of Each Disbursement this Period: 1000.00  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Freedom Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		28		2021

Mailing Address 1201 Pennsylvania Ave NW  
Ste 800

City Washington State DC Zip Code 20004

Purpose of Disbursement  
2021 Contribution

011
Category/ Type

FEC Identification Number

C	C00390674
<b>Transaction ID : EBF7DB7E3E</b>	
Amount of Each Disbursement this Period	
2500.00	

Candidate Name

**Freedom Fund**

Office Sought:  House  Senate  President

Disbursement For: 2021  
 Primary  General  
 Other (specify) Contribution

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Schumer**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		28		2021

Mailing Address 192 Lexington Ave  
Rm 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
2022 General

011
Category/ Type

FEC Identification Number

C	C00346312
<b>Transaction ID : 95D6A3BEFE</b>	
Amount of Each Disbursement this Period	
1500.00	

Candidate Name

**Schumer, Charles, E., ,**

Office Sought:  House  Senate  President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: NY District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Schumer**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		28		2021

Mailing Address 192 Lexington Ave  
Rm 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
2022 Primary

011
Category/ Type

FEC Identification Number

C	C00346312
<b>Transaction ID : B7B94D5D2C</b>	
Amount of Each Disbursement this Period	
1000.00	

Candidate Name

**Schumer, Charles, E., ,**

Office Sought:  House  Senate  President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: NY District:

Memo Item

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

5000.00
---------

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

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**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Todd Young, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2021

Mailing Address PO Box 3743

FEC Identification Number

**C** C00459255

**Transaction ID : 91EDD2345F**  
Amount of Each Disbursement this Period

1500.00

Memo Item

City Carmel State IN Zip Code 46082

Purpose of Disbursement  
2022 General

**011**  
Category/  
Type

Candidate Name  
**Young, Todd, Christopher, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: IN District:

Full Name (Last, First, Middle Initial)

**B. Getting Stuff Done PAC (GSD-PAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2021

Mailing Address PO Box 7586

FEC Identification Number

**C** C00571182

**Transaction ID : 8493A493F71**  
Amount of Each Disbursement this Period

1000.00

Memo Item

City Phoenix State AZ Zip Code 85011

Purpose of Disbursement  
2021 Contribution

**011**  
Category/  
Type

Candidate Name  
**Getting Stuff Done PAC (GSD-PAC)**

Office Sought:  House  Senate  President  
Disbursement For: 2021  Primary  General  Other (specify) Contribution

State: District:

Full Name (Last, First, Middle Initial)

**C. Getting Stuff Done PAC (GSD-PAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		19		2021

Mailing Address PO Box 7586

FEC Identification Number

**C** C00571182

**Transaction ID : 9F5C57FABF**  
Amount of Each Disbursement this Period

4000.00

Memo Item

City Phoenix State AZ Zip Code 85011

Purpose of Disbursement  
2021 Contribution

**011**  
Category/  
Type

Candidate Name  
**Getting Stuff Done PAC (GSD-PAC)**

Office Sought:  House  Senate  President  
Disbursement For: 2021  Primary  General  Other (specify) Contribution

State: District:

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Guthrie For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2021
Mailing Address PO Box 9639		FEC Identification Number C00445023 <b>Transaction ID : A57DC5153A</b> Amount of Each Disbursement this Period 1000.00
City Bowling Green	State KY	Zip Code 42102-9639
Purpose of Disbursement 2022 Primary		011 Category/ Type
Candidate Name <b>Guthrie, S. Brett, , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Heartland Values PAC</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2021
Mailing Address PO Box 505		FEC Identification Number C00409003 <b>Transaction ID : 6E91CB5CB3</b> Amount of Each Disbursement this Period 2500.00
City Sioux Falls	State SD	Zip Code 57101
Purpose of Disbursement 2021 Contribution		011 Category/ Type
Candidate Name <b>Heartland Values PAC</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Contribution	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Hoyer For Congress</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2021
Mailing Address 700 13th St NW Ste 800		FEC Identification Number C00140715 <b>Transaction ID : 4F5FB354EF</b> Amount of Each Disbursement this Period 2500.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement 2022 Primary		011 Category/ Type
Candidate Name <b>Hoyer, Steny, Hamilton, ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD	District: 05	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6000.00
<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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Hoyer For Congress</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2021
Mailing Address 700 13th St NW Ste 800		FEC Identification Number C C00140715 <b>Transaction ID : 68B7A9B950I</b>
City Washington	State DC	Zip Code 20005
Purpose of Disbursement 2022 Primary		Category/ Type 011
Candidate Name <b>Hoyer, Steny, Hamilton, ,</b>		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MD	District: 05	

Full Name (Last, First, Middle Initial) <b>B. I Got Your Back PAC</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2021
Mailing Address 499 S Capitol St SW Ste 420		FEC Identification Number C C00633156 <b>Transaction ID : 09091506C51I</b>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement 2021 Contribution		Category/ Type 011
Candidate Name <b>I Got Your Back PAC</b>		Amount of Each Disbursement this Period 3000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Contribution	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Jeffries For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2021
Mailing Address 910 17th St NW Ste 925		FEC Identification Number C C00503052 <b>Transaction ID : 79F9D62282I</b>
City Washington	State DC	Zip Code 20006
Purpose of Disbursement 2022 Primary		Category/ Type 011
Candidate Name <b>Jeffries, Hakeem, S., ,</b>		Amount of Each Disbursement this Period 2000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 08	

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

7500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. JET PAC**

Mailing Address PO Box 2385

City  
Ottawa

State  
IL

Zip Code  
61350

Purpose of Disbursement  
2021 Contribution

011

Category/  
Type

Candidate Name

**JET PAC**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2021

Primary  General  
 Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2021

FEC Identification Number

C C00522425

**Transaction ID : 82445443BB**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Josh Gottheimer For Congress**

Mailing Address PO Box 584

City  
Ridgewood

State  
NJ

Zip Code  
07451

Purpose of Disbursement  
2022 Primary

011

Category/  
Type

Candidate Name

**Gottheimer, Joshua, S., ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2022

Primary  General  
 Other (specify)

State: NJ

District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 13 / 2021

FEC Identification Number

C C00573949

**Transaction ID : E242FEBF427**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kathleen Rice For Congress**

Mailing Address PO Box 744

City  
Mineola

State  
NY

Zip Code  
11501

Purpose of Disbursement  
2022 Primary

011

Category/  
Type

Candidate Name

**Rice, Kathleen, Maura, ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2022

Primary  General  
 Other (specify) ▼

State: NY

District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2021

FEC Identification Number

C C00555813

**Transaction ID : 9FDCE9D46**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Kinzinger For Congress</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2021
Mailing Address PO Box 2365		FEC Identification Number C00458877 <b>Transaction ID : 8C1669AC40I</b> Amount of Each Disbursement this Period 2500.00
City Ottawa	State IL	Zip Code 61350
Purpose of Disbursement 2022 Primary		011 Category/ Type
Candidate Name <b>Kinzinger, Adam, Daniel, ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 16	

Full Name (Last, First, Middle Initial) <b>B. Kurt Schrader For Congress</b>		Date of Disbursement MM / DD / YYYY 01 / 28 / 2021
Mailing Address PO Box 3314		FEC Identification Number C00446906 <b>Transaction ID : 9EDED0029A'</b> Amount of Each Disbursement this Period 1000.00
City Oregon City	State OR	Zip Code 97045
Purpose of Disbursement 2022 Primary		011 Category/ Type
Candidate Name <b>Schrader, Kurt, , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OR	District: 05	

Full Name (Last, First, Middle Initial) <b>C. Kuster For Congress, Inc</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2021
Mailing Address PO Box 1498		FEC Identification Number C00462861 <b>Transaction ID : 5429DD73A2</b> Amount of Each Disbursement this Period 1000.00
City Concord	State NH	Zip Code 03302
Purpose of Disbursement 2022 Primary		011 Category/ Type
Candidate Name <b>Kuster, Ann, McLane, ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4500.00
<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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Bluepac - Blue Cross Blue Shield Association Pac**

Full Name (Last, First, Middle Initial)

**A. Kuster For Congress, Inc**

Mailing Address PO Box 1498

City  
Concord

State  
NH

Zip Code  
03302

Purpose of Disbursement  
2022 Primary

011

Category/  
Type

Candidate Name

**Kuster, Ann, McLane, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 13 / 2021

FEC Identification Number

C C00462861

**Transaction ID : D62AC24275!**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kuster For Congress, Inc**

Mailing Address PO Box 1498

City  
Concord

State  
NH

Zip Code  
03302

Purpose of Disbursement  
2022 Primary

011

Category/  
Type

Candidate Name

**Kuster, Ann, McLane, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: NH District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2021

FEC Identification Number

C C00462861

**Transaction ID : C25B3AF93D!**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LaHood for Congress**

Mailing Address PO Box 10735

City  
Peoria

State  
IL

Zip Code  
61612

Purpose of Disbursement  
2022 Primary

011

Category/  
Type

Candidate Name

**LaHood, Darin, M., ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2021

FEC Identification Number

C C00575050

**Transaction ID : 8BEE80ACC!**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

7000.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Bluepac - Blue Cross Blue Shield Association Pac**

Full Name (Last, First, Middle Initial)

**A. Moderate Democrats PAC**

Mailing Address PO Box 70179

City  
Washington

State  
DC

Zip Code  
20024

Purpose of Disbursement  
2021 Contribution

011

Category/  
Type

Candidate Name

**Moderate Democrats PAC**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2021

Primary  General  
 Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2021

FEC Identification Number

C C00436022

**Transaction ID : 911557E4A2E**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. M-PAC**

Mailing Address 401 2nd Ave S  
Ste 303

City  
Seattle

State  
WA

Zip Code  
98104

Purpose of Disbursement  
2021 Contribution

011

Category/  
Type

Candidate Name

**M-PAC**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2021

Primary  General  
 Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2021

FEC Identification Number

C C00365270

**Transaction ID : 01CE37BD26/**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Nevadans For Steven Horsford**

Mailing Address PO Box 336664

City  
North Las Vegas

State  
NV

Zip Code  
89033

Purpose of Disbursement  
2022 Primary

011

Category/  
Type

Candidate Name

**Horsford, Steven, Alexzander, ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2022

Primary  General  
 Other (specify) ▼

State: NV

District: 04

Contribution

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2021

FEC Identification Number

C C00668228

**Transaction ID : B51409ED88**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. New Democrat Coalition Action Fund**

Full Name (Last, First, Middle Initial)

Mailing Address 233 Pennsylvania Ave SE  
FI 2

City Washington State DC Zip Code 20003

Purpose of Disbursement 2021 Contribution

Candidate Name **New Democrat Coalition Action Fund**

Office Sought:  House  Senate  President  
Disbursement For: 2021  Primary  General  Other (specify)  Contribution

State: District:

Date of Disbursement 06 / 17 / 2021

FEC Identification Number C00409730  
**Transaction ID : 1861CAA94E**  
Amount of Each Disbursement this Period 2500.00

Memo Item

**B. New Millennium PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Park Row  
Ste 5

City Providence State RI Zip Code 02903

Purpose of Disbursement 2021 Contribution

Candidate Name **New Millennium PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2021  Primary  General  Other (specify)  Contribution

State: District:

Date of Disbursement 05 / 13 / 2021

FEC Identification Number C00349233  
**Transaction ID : 7E787621D20**  
Amount of Each Disbursement this Period 5000.00

Memo Item

**C. Pac Unitatis**

Full Name (Last, First, Middle Initial)

Mailing Address 824 S Milledge Ave  
Ste 101

City Athens State GA Zip Code 30605

Purpose of Disbursement 2021 Contribution

Candidate Name **Pac Unitatis**

Office Sought:  House  Senate  President  
Disbursement For: 2021  Primary  General  Other (specify)  Contribution

State: District:

Date of Disbursement 02 / 25 / 2021

FEC Identification Number C00693127  
**Transaction ID : CAEA6CF54I**  
Amount of Each Disbursement this Period 1500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 9000.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Pac Unitatis</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2021
Mailing Address 824 S Millledge Ave Ste 101		FEC Identification Number C 00693127 <b>Transaction ID : 7CB256F1B9</b> Amount of Each Disbursement this Period 2500.00
City Athens	State GA	Zip Code 30605
Purpose of Disbursement 2021 Contribution		011 Category/Type
Candidate Name <b>Pac Unitatis</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Contribution	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Pallone For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2021
Mailing Address PO Box 3176		FEC Identification Number C 00226928 <b>Transaction ID : 41936ECFEA</b> Amount of Each Disbursement this Period 3000.00
City Long Branch	State NJ	Zip Code 07740
Purpose of Disbursement 2022 Primary		011 Category/Type
Candidate Name <b>Pallone, Frank, , , Jr.</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ	District: 06	

Full Name (Last, First, Middle Initial) <b>C. Promoting Our Republican Team PAC</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2021
Mailing Address 8331 Little Harbor Dr		FEC Identification Number C 00440032 <b>Transaction ID : B379022551</b> Amount of Each Disbursement this Period 5000.00
City Cincinnati	State OH	Zip Code 45244-2768
Purpose of Disbursement 2021 Contribution		011 Category/Type
Candidate Name <b>Promoting Our Republican Team PAC</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Contribution	
State:	District:	

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

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

10500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Republican Governance Group/Tuesday Group PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 610 S Boulevard

M M M	/	D D D	/	Y Y Y Y Y
06		17		2021

City Tampa State FL Zip Code 33606

FEC Identification Number

Purpose of Disbursement  
2021 Contribution

C	C00433060
---	-----------

Candidate Name  
**Republican Governance Group/Tuesday Group PAC**

011
Category/ Type

Transaction ID : 41808F03BE

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For: 2021  
 Primary  General  
 Other (specify)

5000.00
---------

State: District:

Memo Item

### B. Robin Kelly For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 3411

M M M	/	D D D	/	Y Y Y Y Y
06		24		2021

City Chicago State IL Zip Code 60654

FEC Identification Number

Purpose of Disbursement  
2022 Primary

C	C00539866
---	-----------

Candidate Name  
**Kelly, Robin, Lynne, ,**

011
Category/ Type

Transaction ID : 559031DE164

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

1500.00
---------

State: IL District: 02

Memo Item

### C. Rosen For Nevada

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 27195

M M M	/	D D D	/	Y Y Y Y Y
03		18		2021

City Las Vegas State NV Zip Code 89126

FEC Identification Number

Purpose of Disbursement  
2024 Primary

C	C00606939
---	-----------

Candidate Name  
**Rosen, Jacky, , ,**

011
Category/ Type

Transaction ID : 073BD230411

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

1000.00
---------

State: NV District:

Memo Item

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

7500.00
---------

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

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**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Sac PAC**

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement  
2021 Contribution

011  
Category/  
Type

Candidate Name  
**Sac PAC**

Office Sought:  House  Senate  President

Disbursement For: 2021  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2021

FEC Identification Number

C C00165548  
**Transaction ID : 20C526D4BC**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sean Patrick Maloney For Congress**

Mailing Address PO Box 270

City Newburgh State NY Zip Code 12550

Purpose of Disbursement  
2022 Primary

011  
Category/  
Type

Candidate Name  
**Maloney, Sean, Patrick, ,**

Office Sought:  House  Senate  President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: NY District: 18

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2021

FEC Identification Number

C C00512426  
**Transaction ID : 42A1CB4A35**  
Amount of Each Disbursement this Period  
1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sensible American Solutions Supporting Everyone PAC**

Mailing Address 332 W Lee Hwy # 303

City Warrenton State VA Zip Code 20186

Purpose of Disbursement  
2021 Contribution

011  
Category/  
Type

Candidate Name  
**Sensible American Solutions Supporting Everyone PAC**

Office Sought:  House  Senate  President

Disbursement For: 2021  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2021

FEC Identification Number

C C00571802  
**Transaction ID : 97803FB1AC**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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

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

3500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Shore PAC**

Mailing Address PO Box 3157

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
2021 Contribution

011  
Category/  
Type

Candidate Name  
**Shore PAC**

Office Sought:  House  Senate  President

Disbursement For: 2021  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 7A116747C1**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sires For Congress**

Mailing Address 6050 Kennedy Blvd E  
Apt 6B

City West New York State NJ Zip Code 07093

Purpose of Disbursement  
2022 Primary

011  
Category/  
Type

Candidate Name  
**Sires, Albio, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: NJ District: 08

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 4EC706B7D3!**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stanton For Congress**

Mailing Address 4340 E Indian School Rd  
Ste 21-518

City Phoenix State AZ Zip Code 85018

Purpose of Disbursement  
2022 Primary

011  
Category/  
Type

Candidate Name  
**Stanton, Greg, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: AZ District: 09

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : D0C8E24897**  
Amount of Each Disbursement this Period

Memo Item

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

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

### A. Tammy Baldwin For Senate

Mailing Address PO Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement  
2024 Primary

011  
Category/  
Type

Candidate Name  
**Baldwin, Tammy, S., ,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: WI District:

Date of Disbursement  
MM / DD / YYYY  
05 / 13 / 2021

FEC Identification Number  
C00326801  
**Transaction ID : 2B82419CEC**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. The Hawkeye PAC

Mailing Address PO Box 156

City Des Moines State IA Zip Code 50301-0156

Purpose of Disbursement  
2021 Contribution

011  
Category/  
Type

Candidate Name  
**The Hawkeye PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2021  Primary  General  Other (specify) Contribution  
State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 17 / 2021

FEC Identification Number  
C00379479  
**Transaction ID : C4E5BDB7AI**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Tom Reed For Congress

Mailing Address PO Box 94

City Corning State NY Zip Code 14830

Purpose of Disbursement  
2022 Primary

011  
Category/  
Type

Candidate Name  
**Reed, Thomas, W., , II.**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: NY District: 23

Date of Disbursement  
MM / DD / YYYY  
03 / 18 / 2021

FEC Identification Number  
C00464032  
**Transaction ID : A1DFD18B9I**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

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

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

7000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Velvet Hammer PAC**

Mailing Address PO Box 14362

City Saint Paul State MN Zip Code 55114

Purpose of Disbursement  
2021 Contribution

011  
Category/  
Type

Candidate Name

**Velvet Hammer PAC**

Office Sought:  House  Senate  President

Disbursement For: 2021  
 Primary  General  
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2021

FEC Identification Number

C C00692111  
**Transaction ID : 6E93CB1844**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wenstrup For Congress**

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209-0551

Purpose of Disbursement  
2022 Primary

011  
Category/  
Type

Candidate Name

**Wenstrup, Brad, R., ,**

Office Sought:  House  Senate  President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: OH District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2021

FEC Identification Number

C C00497818  
**Transaction ID : 65419141023**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wyden For Senate**

Mailing Address 232 NE 9th Ave

City Portland State OR Zip Code 97232

Purpose of Disbursement  
2022 Primary

011  
Category/  
Type

Candidate Name

**Wyden, Ron, L., ,**

Office Sought:  House  Senate  President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: OR District:

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2021

FEC Identification Number

C C00308676  
**Transaction ID : 818C51B227**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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

3000.00

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

174150.00