

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana 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="2019"/>	<input type="text" value="30763.26"/>	<input type="text" value="30763.26"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="40214.39"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12071.94"/>	<input type="text" value="21523.07"/>
(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="52286.33"/>	<input type="text" value="52286.33"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9000.00"/>	<input type="text" value="9000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="43286.33"/>	<input type="text" value="43286.33"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana 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).....	10076.72	15417.00
(ii) Unitemized	1995.22	6106.07
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12071.94	21523.07
(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)	12071.94	21523.07
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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)).....▶	12071.94	21523.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12071.94	21523.07

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.....	9000.00	9000.00
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)) ..	9000.00	9000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9000.00	9000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12071.94	21523.07
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12071.94	21523.07
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 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Bourgeois, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19425 Creek Round Avenue
 City Baton Rouge State LA Zip Code 70817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : SA11AI.6054
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

B. Bourgeois, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19425 Creek Round Avenue
 City Baton Rouge State LA Zip Code 70817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : SA11AI.6087
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

C. Bourgeois, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19425 Creek Round Avenue
 City Baton Rouge State LA Zip Code 70817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : SA11AI.6119
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	62.52
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 7 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Bourgeois, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19425 Creek Round Avenue
 City Baton Rouge State LA Zip Code 70817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : SA11AI.6151
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

B. Bourgeois, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19425 Creek Round Avenue
 City Baton Rouge State LA Zip Code 70817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 354.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : SA11AI.6183
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

C. Bourgeois, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19425 Creek Round Avenue
 City Baton Rouge State LA Zip Code 70817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : SA11AI.6215
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	62.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Bourgeois, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19425 Creek Round Avenue
 City Baton Rouge State LA Zip Code 70817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 395.96

Date of Receipt 10 / 15 / 2019
Transaction ID : SA11AI.6247
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

B. Bourgeois, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19425 Creek Round Avenue
 City Baton Rouge State LA Zip Code 70817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.80

Date of Receipt 10 / 31 / 2019
Transaction ID : SA11AI.6279
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

C. Bourgeois, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19425 Creek Round Avenue
 City Baton Rouge State LA Zip Code 70817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.64

Date of Receipt 11 / 15 / 2019
Transaction ID : SA11AI.6311
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	62.52
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 9 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Bourgeois, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19425 Creek Round Avenue
 City Baton Rouge State LA Zip Code 70817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : SA11AI.6342
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

B. Bourgeois, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19425 Creek Round Avenue
 City Baton Rouge State LA Zip Code 70817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 479.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : SA11AI.6373
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

C. Bourgeois, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19425 Creek Round Avenue
 City Baton Rouge State LA Zip Code 70817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : SA11AI.6404
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	62.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Camerlinck, Bryan, , ,			Date of Receipt
Mailing Address 7354 Sevenoaks Ave			<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2019"/>
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : SA11AI.5473
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) EVP, CFO	<input type="checkbox"/> Memo Item check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cross, Gregory, , ,			Date of Receipt
Mailing Address 10603 Pinebrook Avenue			<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2019"/>
City Baton Rouge	State LA	Zip Code 70809	Transaction ID : SA11AI.6150
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="21.00"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) VP - Group Marketing	<input type="checkbox"/> Memo Item PR Ded
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cross, Gregory, , ,			Date of Receipt
Mailing Address 10603 Pinebrook Avenue			<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2019"/>
City Baton Rouge	State LA	Zip Code 70809	Transaction ID : SA11AI.6182
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="21.00"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) VP - Group Marketing	<input type="checkbox"/> Memo Item PR Ded
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <input type="text" value="231.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="1042.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

**SCHEDULE A (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 55
<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Cross, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10603 Pinebrook Avenue
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP - Group Marketing
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : SA11AI.6214
 Amount of Each Receipt this Period 21.00
 Memo Item
 PR Ded

B. Cross, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10603 Pinebrook Avenue
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP - Group Marketing
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : SA11AI.6246
 Amount of Each Receipt this Period 21.00
 Memo Item
 PR Ded

C. Cross, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10603 Pinebrook Avenue
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP - Group Marketing
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : SA11AI.6278
 Amount of Each Receipt this Period 21.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	63.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Cross, Gregory, , ,			Date of Receipt
Mailing Address 10603 Pinebrook Avenue			<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2019"/>
City Baton Rouge	State LA	Zip Code 70809	Transaction ID : SA11AI.6310
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="21.00"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) VP - Group Marketing	<input type="checkbox"/> Memo Item PR Ded
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="315.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cross, Gregory, , ,			Date of Receipt
Mailing Address 10603 Pinebrook Avenue			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2019"/>
City Baton Rouge	State LA	Zip Code 70809	Transaction ID : SA11AI.6341
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="21.00"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) VP - Group Marketing	<input type="checkbox"/> Memo Item PR Ded
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="336.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cross, Gregory, , ,			Date of Receipt
Mailing Address 10603 Pinebrook Avenue			<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2019"/>
City Baton Rouge	State LA	Zip Code 70809	Transaction ID : SA11AI.6372
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="21.00"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) VP - Group Marketing	<input type="checkbox"/> Memo Item PR Ded
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="357.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="63.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Cross, Gregory, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10603 Pinebrook Avenue

City Baton Rouge	State LA	Zip Code 70809
---------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) VP - Group Marketing
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

Transaction ID : SA11AI.6403

Amount of Each Receipt this Period
21.00

Memo Item
 PR Ded

B. Faulk, Sheldon, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1618 St. Albans

City Baton Rouge	State LA	Zip Code 70810
---------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) SVP Governmental Affairs
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
541.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2019

Transaction ID : SA11AI.6055

Amount of Each Receipt this Period
41.67

Memo Item
 PR Ded

C. Faulk, Sheldon, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1618 St. Albans

City Baton Rouge	State LA	Zip Code 70810
---------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) SVP Governmental Affairs
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2019

Transaction ID : SA11AI.6088

Amount of Each Receipt this Period
41.67

Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	104.34
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 14 OF 55
<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Faulk, Sheldon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1618 St. Albans
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP Governmental Affairs
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : SA11AI.6120
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

B. Faulk, Sheldon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1618 St. Albans
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP Governmental Affairs
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : SA11AI.6152
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

C. Faulk, Sheldon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1618 St. Albans
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP Governmental Affairs
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 708.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : SA11AI.6184
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	125.01
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 15 OF 55
<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Faulk, Sheldon, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2019 Transaction ID : SA11AI.6216
Mailing Address 1618 St. Albans		Amount of Each Receipt this Period 41.67
City Baton Rouge	State LA	Zip Code 70810
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
Name of Employer (for Individual) LHSIC	Occupation (for Individual) SVP Governmental Affairs	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Faulk, Sheldon, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2019 Transaction ID : SA11AI.6248
Mailing Address 1618 St. Albans		Amount of Each Receipt this Period 41.67
City Baton Rouge	State LA	Zip Code 70810
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
Name of Employer (for Individual) LHSIC	Occupation (for Individual) SVP Governmental Affairs	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 791.73	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Faulk, Sheldon, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2019 Transaction ID : SA11AI.6280
Mailing Address 1618 St. Albans		Amount of Each Receipt this Period 41.67
City Baton Rouge	State LA	Zip Code 70810
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
Name of Employer (for Individual) LHSIC	Occupation (for Individual) SVP Governmental Affairs	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 833.40	

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 55
<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Faulk, Sheldon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1618 St. Albans
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP Governmental Affairs
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 875.07

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : SA11AI.6312
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

B. Faulk, Sheldon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1618 St. Albans
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP Governmental Affairs
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.74

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : SA11AI.6343
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

C. Faulk, Sheldon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1618 St. Albans
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP Governmental Affairs
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 958.41

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : SA11AI.6374
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....▶	125.01
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 17 OF 55
<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Faulk, Sheldon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1618 St. Albans
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP Governmental Affairs
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : SA11AI.6405
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

B. Fletcher, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29721 Tulip
 City Walker State LA Zip Code 70785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Dir - Interplan Operations
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : SA11AI.6281
 Amount of Each Receipt this Period 10.42
 Memo Item
 PR Ded

C. Fletcher, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29721 Tulip
 City Walker State LA Zip Code 70785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Dir - Interplan Operations
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 218.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : SA11AI.6313
 Amount of Each Receipt this Period 10.42
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	62.51
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 18 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Fletcher, Jeffrey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29721 Tulip

City Walker	State LA	Zip Code 70785
----------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Dir - Interplan Operations
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.24

Date of Receipt
MM / DD / YYYY
11 / 30 / 2019

Transaction ID : SA11AI.6344

Amount of Each Receipt this Period
10.42

Memo Item
 PR Ded

B. Fletcher, Jeffrey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29721 Tulip

City Walker	State LA	Zip Code 70785
----------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Dir - Interplan Operations
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.66

Date of Receipt
MM / DD / YYYY
12 / 15 / 2019

Transaction ID : SA11AI.6375

Amount of Each Receipt this Period
10.42

Memo Item
 PR Ded

C. Fletcher, Jeffrey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29721 Tulip

City Walker	State LA	Zip Code 70785
----------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Dir - Interplan Operations
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.08

Date of Receipt
MM / DD / YYYY
12 / 31 / 2019

Transaction ID : SA11AI.6406

Amount of Each Receipt this Period
10.42

Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....▶	31.26
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 55
<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Hochheiser, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 E. Greens Drive
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CVP - Medical Economics
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 07 / 15 / 2019
Transaction ID : SA11AI.6076
 Amount of Each Receipt this Period 50.00
 Memo Item
 PR Ded

B. Hochheiser, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 E. Greens Drive
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CVP - Medical Economics
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 31 / 2019
Transaction ID : SA11AI.6108
 Amount of Each Receipt this Period 50.00
 Memo Item
 PR Ded

C. Hochheiser, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 E. Greens Drive
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CVP - Medical Economics
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 15 / 2019
Transaction ID : SA11AI.6140
 Amount of Each Receipt this Period 50.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Hochheiser, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 E. Greens Drive
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CVP - Medical Economics
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : SA11AI.6172
 Amount of Each Receipt this Period 50.00
 Memo Item
 PR Ded

B. Hochheiser, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 E. Greens Drive
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CVP - Medical Economics
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : SA11AI.6204
 Amount of Each Receipt this Period 50.00
 Memo Item
 PR Ded

C. Hochheiser, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 E. Greens Drive
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CVP - Medical Economics
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : SA11AI.6236
 Amount of Each Receipt this Period 50.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Hochheiser, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 E. Greens Drive
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CVP - Medical Economics
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 10 / 15 / 2019
Transaction ID : SA11AI.6268
 Amount of Each Receipt this Period 50.00
 Memo Item
 PR Ded

B. Hochheiser, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 E. Greens Drive
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CVP - Medical Economics
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2019
Transaction ID : SA11AI.6300
 Amount of Each Receipt this Period 50.00
 Memo Item
 PR Ded

C. Hochheiser, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 E. Greens Drive
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CVP - Medical Economics
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 11 / 15 / 2019
Transaction ID : SA11AI.6332
 Amount of Each Receipt this Period 50.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 55
<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Hochheiser, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 E. Greens Drive
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CVP - Medical Economics
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : SA11AI.6363
 Amount of Each Receipt this Period 50.00
 Memo Item
 PR Ded

B. Hochheiser, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 E. Greens Drive
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CVP - Medical Economics
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : SA11AI.6394
 Amount of Each Receipt this Period 50.00
 Memo Item
 PR Ded

C. Hochheiser, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 E. Greens Drive
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CVP - Medical Economics
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : SA11AI.6425
 Amount of Each Receipt this Period 50.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 55
<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Keller, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1068 Cyril Ave.
 City Baton Rouge State LA Zip Code 70806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1541.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : SA11AI.6059
 Amount of Each Receipt this Period
 41.67
 Memo Item
 PR Ded

B. Keller, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1068 Cyril Ave.
 City Baton Rouge State LA Zip Code 70806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1583.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : SA11AI.6092
 Amount of Each Receipt this Period
 41.67
 Memo Item
 PR Ded

C. Keller, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1068 Cyril Ave.
 City Baton Rouge State LA Zip Code 70806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1625.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : SA11AI.6124
 Amount of Each Receipt this Period
 41.67
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	125.01
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 24 OF 55
<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Keller, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1068 Cyril Ave.
 City Baton Rouge State LA Zip Code 70806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.72

Date of Receipt **08 / 31 / 2019**
Transaction ID : SA11AI.6156
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

B. Keller, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1068 Cyril Ave.
 City Baton Rouge State LA Zip Code 70806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1708.39

Date of Receipt **09 / 15 / 2019**
Transaction ID : SA11AI.6188
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

C. Keller, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1068 Cyril Ave.
 City Baton Rouge State LA Zip Code 70806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.06

Date of Receipt **09 / 30 / 2019**
Transaction ID : SA11AI.6220
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....▶	125.01
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 25 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Keller, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1068 Cyril Ave.
 City Baton Rouge State LA Zip Code 70806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1791.73

Date of Receipt 10 / 15 / 2019
Transaction ID : SA11AI.6252
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

B. Keller, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1068 Cyril Ave.
 City Baton Rouge State LA Zip Code 70806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1833.40

Date of Receipt 10 / 31 / 2019
Transaction ID : SA11AI.6284
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

C. Keller, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1068 Cyril Ave.
 City Baton Rouge State LA Zip Code 70806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1875.07

Date of Receipt 11 / 15 / 2019
Transaction ID : SA11AI.6316
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....▶	125.01
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 26 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Keller, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1068 Cyril Ave.
 City Baton Rouge State LA Zip Code 70806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1916.74

Date of Receipt
 11 / 30 / 2019
Transaction ID : SA11AI.6347
 Amount of Each Receipt this Period
 41.67
 Memo Item
 PR Ded

B. Keller, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1068 Cyril Ave.
 City Baton Rouge State LA Zip Code 70806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1958.41

Date of Receipt
 12 / 15 / 2019
Transaction ID : SA11AI.6378
 Amount of Each Receipt this Period
 41.67
 Memo Item
 PR Ded

C. Keller, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1068 Cyril Ave.
 City Baton Rouge State LA Zip Code 70806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer
 Receipt For: 2020
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 2000.08

Date of Receipt
 12 / 31 / 2019
Transaction ID : SA11AI.6409
 Amount of Each Receipt this Period
 41.67
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....▶	125.01
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 27 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Kendrick, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7443 N. Eisworth Avenue
 City Baton Rouge State LA Zip Code 70818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Dir - Natl & Special Accounts
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 10 / 31 / 2019
Transaction ID : SA11AI.6285
 Amount of Each Receipt this Period 10.42
 Memo Item
 PR Ded

B. Kendrick, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7443 N. Eisworth Avenue
 City Baton Rouge State LA Zip Code 70818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Dir - Natl & Special Accounts
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 218.82

Date of Receipt 11 / 15 / 2019
Transaction ID : SA11AI.6317
 Amount of Each Receipt this Period 10.42
 Memo Item
 PR Ded

C. Kendrick, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7443 N. Eisworth Avenue
 City Baton Rouge State LA Zip Code 70818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Dir - Natl & Special Accounts
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt 11 / 30 / 2019
Transaction ID : SA11AI.6348
 Amount of Each Receipt this Period 10.42
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	31.26
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 28 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Kendrick, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7443 N. Eisworth Avenue
 City Baton Rouge State LA Zip Code 70818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Dir - Natl & Special Accounts
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : SA11AI.6379
 Amount of Each Receipt this Period 10.42
 Memo Item
 PR Ded

B. Kendrick, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7443 N. Eisworth Avenue
 City Baton Rouge State LA Zip Code 70818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Dir - Natl & Special Accounts
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : SA11AI.6410
 Amount of Each Receipt this Period 10.42
 Memo Item
 PR Ded

C. Labat, Errol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8907 Spring Grove Dr.
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP, Enrollment & Billing
 Receipt For: 2020
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : SA11AI.6261
 Amount of Each Receipt this Period 10.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....▶	30.84
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 29 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Labat, Errol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8907 Spring Grove Dr.
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP, Enrollment & Billing
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt **10 / 31 / 2019**
Transaction ID : SA11AI.6293
 Amount of Each Receipt this Period 10.00
 Memo Item
 PR Ded

B. Labat, Errol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8907 Spring Grove Dr.
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP, Enrollment & Billing
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **11 / 15 / 2019**
Transaction ID : SA11AI.6325
 Amount of Each Receipt this Period 10.00
 Memo Item
 PR Ded

C. Labat, Errol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8907 Spring Grove Dr.
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP, Enrollment & Billing
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **11 / 30 / 2019**
Transaction ID : SA11AI.6356
 Amount of Each Receipt this Period 10.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Labat, Errol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8907 Spring Grove Dr.
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP, Enrollment & Billing
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : SA11AI.6387
 Amount of Each Receipt this Period 10.00
 Memo Item
 PR Ded

B. Labat, Errol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8907 Spring Grove Dr.
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP, Enrollment & Billing
 Receipt For: 2020
 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
 12 / 31 / 2019
Transaction ID : SA11AI.6418
 Amount of Each Receipt this Period 10.00
 Memo Item
 PR Ded

C. Langlois, Darrell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42037 Bang Ficklin Road
 City Prairieville State LA Zip Code 70769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : SA11AI.6061
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	62.00
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 31 OF 55
<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Langlois, Darrell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42037 Bang Ficklin Road
 City Prairieville State LA Zip Code 70769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : SA11AI.6094
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

B. Langlois, Darrell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42037 Bang Ficklin Road
 City Prairieville State LA Zip Code 70769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : SA11AI.6126
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

C. Langlois, Darrell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42037 Bang Ficklin Road
 City Prairieville State LA Zip Code 70769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : SA11AI.6158
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	126.00
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 32 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Langlois, Darrell, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2019 Transaction ID : SA11AI.6190
Mailing Address 42037 Bang Ficklin Road			Amount of Each Receipt this Period 42.00
City Prairieville	State LA	Zip Code 70769	<input type="checkbox"/> Memo Item PR Ded
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Business Dev & Strategy	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 714.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Langlois, Darrell, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2019 Transaction ID : SA11AI.6222
Mailing Address 42037 Bang Ficklin Road			Amount of Each Receipt this Period 42.00
City Prairieville	State LA	Zip Code 70769	<input type="checkbox"/> Memo Item PR Ded
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Business Dev & Strategy	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 756.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Langlois, Darrell, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2019 Transaction ID : SA11AI.6254
Mailing Address 42037 Bang Ficklin Road			Amount of Each Receipt this Period 42.00
City Prairieville	State LA	Zip Code 70769	<input type="checkbox"/> Memo Item PR Ded
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Business Dev & Strategy	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 798.00		

SUBTOTAL of Receipts This Page (optional).....▶	126.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Langlois, Darrell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42037 Bang Ficklin Road
 City Prairieville State LA Zip Code 70769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : SA11AI.6286
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

B. Langlois, Darrell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42037 Bang Ficklin Road
 City Prairieville State LA Zip Code 70769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 882.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : SA11AI.6318
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

C. Langlois, Darrell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42037 Bang Ficklin Road
 City Prairieville State LA Zip Code 70769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : SA11AI.6349
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	126.00
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 34 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Langlois, Darrell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42037 Bang Ficklin Road
 City Prairieville State LA Zip Code 70769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 966.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : SA11AI.6380
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

B. Langlois, Darrell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42037 Bang Ficklin Road
 City Prairieville State LA Zip Code 70769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : SA11AI.6411
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

C. Lavergne, David, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1315 South Columbine St
 City Baton Rouge State LA Zip Code 70808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Sr. Attorney
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : SA11AI.6350
 Amount of Each Receipt this Period 15.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	99.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Lavergne, David, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1315 South Columbine St
 City Baton Rouge State LA Zip Code 70808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Sr. Attorney
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 15 / 2019
Transaction ID : SA11AI.6381
 Amount of Each Receipt this Period 15.00
 Memo Item
 PR Ded

B. Lavergne, David, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1315 South Columbine St
 City Baton Rouge State LA Zip Code 70808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Sr. Attorney
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2019
Transaction ID : SA11AI.6412
 Amount of Each Receipt this Period 15.00
 Memo Item
 PR Ded

C. Mayo, Tamara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3235 Grand Way Avenue
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP - Provider Reimb & Audit
 Receipt For: 2020
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 270.92

Date of Receipt 07 / 15 / 2019
Transaction ID : SA11AI.6080
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	50.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Mayo, Tamara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3235 Grand Way Avenue
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP - Provider Reimb & Audit
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : SA11AI.6112
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

B. Mayo, Tamara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3235 Grand Way Avenue
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP - Provider Reimb & Audit
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : SA11AI.6144
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

C. Mayo, Tamara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3235 Grand Way Avenue
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP - Provider Reimb & Audit
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2019
Transaction ID : SA11AI.6176
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....▶	62.52
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 37 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Mayo, Tamara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3235 Grand Way Avenue
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP - Provider Reimb & Audit
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 354.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2019
Transaction ID : SA11AI.6208
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

B. Mayo, Tamara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3235 Grand Way Avenue
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP - Provider Reimb & Audit
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : SA11AI.6240
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

C. Mayo, Tamara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3235 Grand Way Avenue
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP - Provider Reimb & Audit
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 395.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : SA11AI.6272
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	62.52
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 38 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Mayo, Tamara, , ,			Date of Receipt
Mailing Address 3235 Grand Way Avenue			<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2019"/>
City Baton Rouge	State LA	Zip Code 70810	Transaction ID : SA11AI.6304
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.84"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) VP - Provider Reimb & Audit	<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="416.80"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mayo, Tamara, , ,			Date of Receipt
Mailing Address 3235 Grand Way Avenue			<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2019"/>
City Baton Rouge	State LA	Zip Code 70810	Transaction ID : SA11AI.6335
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.84"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) VP - Provider Reimb & Audit	<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="437.64"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mayo, Tamara, , ,			Date of Receipt
Mailing Address 3235 Grand Way Avenue			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2019"/>
City Baton Rouge	State LA	Zip Code 70810	Transaction ID : SA11AI.6366
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.84"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) VP - Provider Reimb & Audit	<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="458.48"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="62.52"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Mayo, Tamara, , ,			Date of Receipt
Mailing Address 3235 Grand Way Avenue			<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2019"/>
City Baton Rouge	State LA	Zip Code 70810	Transaction ID : SA11AI.6397
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.84"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) VP - Provider Reimb & Audit	<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="479.32"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mayo, Tamara, , ,			Date of Receipt
Mailing Address 3235 Grand Way Avenue			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2019"/>
City Baton Rouge	State LA	Zip Code 70810	Transaction ID : SA11AI.6428
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.84"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) VP - Provider Reimb & Audit	<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.16"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. McCotter, J, Kevin, ,			Date of Receipt
Mailing Address 10775 Longfellow Trace			<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2019"/>
City Shreveport	State LA	Zip Code 71106	Transaction ID : SA11AI.5376
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Director - Board of Directors	<input type="checkbox"/> Memo Item check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="341.68"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 55
<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Michelli, Geoff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10457 Barry Dr.
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CS-Arch Monitor & Incidnt Resp
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : SA11AI.6329
 Amount of Each Receipt this Period 20.00
 Memo Item
 PR Ded

B. Michelli, Geoff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10457 Barry Dr.
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CS-Arch Monitor & Incidnt Resp
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : SA11AI.6360
 Amount of Each Receipt this Period 20.00
 Memo Item
 PR Ded

C. Michelli, Geoff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10457 Barry Dr.
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CS-Arch Monitor & Incidnt Resp
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : SA11AI.6391
 Amount of Each Receipt this Period 20.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Michelli, Geoff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10457 Barry Dr.
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CS-Arch Monitor & Incidnt Resp
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : SA11AI.6422
 Amount of Each Receipt this Period 20.00
 Memo Item
 PR Ded

B. Miller, Wesley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13124 Bluff Road
 City Geismar State LA Zip Code 70734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Healthcare Policy & Process
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : SA11AI.6330
 Amount of Each Receipt this Period 10.00
 Memo Item
 PR Ded

C. Miller, Wesley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13124 Bluff Road
 City Geismar State LA Zip Code 70734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Healthcare Policy & Process
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : SA11AI.6361
 Amount of Each Receipt this Period 10.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....▶ 40.00
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 42 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Miller, Wesley, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13124 Bluff Road

City Geismar	State LA	Zip Code 70734
-----------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Healthcare Policy & Process
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2019

Transaction ID : SA11AI.6392

Amount of Each Receipt this Period
10.00

Memo Item
 PR Ded

B. Miller, Wesley, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13124 Bluff Road

City Geismar	State LA	Zip Code 70734
-----------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Healthcare Policy & Process
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

Transaction ID : SA11AI.6423

Amount of Each Receipt this Period
10.00

Memo Item
 PR Ded

C. Richert, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4701 Transcontinental Drive

City Metairie	State LA	Zip Code 70006
------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Business to Consumer
--	---

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2019

Transaction ID : SA11AI.6079

Amount of Each Receipt this Period
25.00

Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 43 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Richert, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4701 Transcontinental Drive
 City Metairie State LA Zip Code 70006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business to Consumer
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : SA11AI.6111
 Amount of Each Receipt this Period 25.00
 Memo Item
 PR Ded

B. Richert, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4701 Transcontinental Drive
 City Metairie State LA Zip Code 70006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business to Consumer
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2019
Transaction ID : SA11AI.6143
 Amount of Each Receipt this Period 25.00
 Memo Item
 PR Ded

C. Richert, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4701 Transcontinental Drive
 City Metairie State LA Zip Code 70006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business to Consumer
 Receipt For: 2020
 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
 08 / 31 / 2019
Transaction ID : SA11AI.6175
 Amount of Each Receipt this Period 25.00
 Memo Item
 PR Ded

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 44 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Richert, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4701 Transcontinental Drive
 City Metairie State LA Zip Code 70006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business to Consumer
 Receipt For: 2020
 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
 09 / 15 / 2019
Transaction ID : SA11AI.6207
 Amount of Each Receipt this Period 25.00
 Memo Item
 PR Ded

B. Richert, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4701 Transcontinental Drive
 City Metairie State LA Zip Code 70006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business to Consumer
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019
Transaction ID : SA11AI.6239
 Amount of Each Receipt this Period 25.00
 Memo Item
 PR Ded

C. Richert, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4701 Transcontinental Drive
 City Metairie State LA Zip Code 70006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business to Consumer
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2019
Transaction ID : SA11AI.6271
 Amount of Each Receipt this Period 25.00
 Memo Item
 PR Ded

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 45 OF 55
<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Richert, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4701 Transcontinental Drive
 City Metairie State LA Zip Code 70006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business to Consumer
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : SA11AI.6303
 Amount of Each Receipt this Period 25.00
 Memo Item
 PR Ded

B. Richert, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4701 Transcontinental Drive
 City Metairie State LA Zip Code 70006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business to Consumer
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : SA11AI.6334
 Amount of Each Receipt this Period 25.00
 Memo Item
 PR Ded

C. Richert, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4701 Transcontinental Drive
 City Metairie State LA Zip Code 70006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business to Consumer
 Receipt For: 2020
 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
 11 / 30 / 2019
Transaction ID : SA11AI.6365
 Amount of Each Receipt this Period 25.00
 Memo Item
 PR Ded

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 46 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Richert, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4701 Transcontinental Drive
 City Metairie State LA Zip Code 70006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business to Consumer
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : SA11AI.6396
 Amount of Each Receipt this Period 25.00
 Memo Item
 PR Ded

B. Richert, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4701 Transcontinental Drive
 City Metairie State LA Zip Code 70006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business to Consumer
 Receipt For: 2020
 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
 12 / 31 / 2019
Transaction ID : SA11AI.6427
 Amount of Each Receipt this Period 25.00
 Memo Item
 PR Ded

C. Rone, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Minter Drive
 City Mandeville State LA Zip Code 70471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Planning and Financial Systems
 Receipt For: 2020
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : SA11AI.6292
 Amount of Each Receipt this Period 10.42
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	60.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Rone, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Minter Drive
 City Mandeville State LA Zip Code 70471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Planning and Financial Systems
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 218.82

Date of Receipt
 11 / 15 / 2019
Transaction ID : SA11AI.6324
 Amount of Each Receipt this Period
 10.42
 Memo Item
 PR Ded

B. Rone, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Minter Drive
 City Mandeville State LA Zip Code 70471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Planning and Financial Systems
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 229.24

Date of Receipt
 11 / 30 / 2019
Transaction ID : SA11AI.6355
 Amount of Each Receipt this Period
 10.42
 Memo Item
 PR Ded

C. Rone, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Minter Drive
 City Mandeville State LA Zip Code 70471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Planning and Financial Systems
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 239.66

Date of Receipt
 12 / 15 / 2019
Transaction ID : SA11AI.6386
 Amount of Each Receipt this Period
 10.42
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	31.26
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 48 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Rone, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Minter Drive
 City Mandeville State LA Zip Code 70471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Planning and Financial Systems
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : SA11AI.6417
 Amount of Each Receipt this Period 10.42
 Memo Item
 PR Ded

B. Simon, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Rimwood Avenue
 City Lafayette State LA Zip Code 70501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Lead Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2019
Transaction ID : SA11AI.6082
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

C. Simon, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Rimwood Avenue
 City Lafayette State LA Zip Code 70501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Lead Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2019
Transaction ID : SA11AI.6114
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	52.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Simon, Lawrence, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Rimwood Avenue

City Lafayette	State LA	Zip Code 70501
-------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Lead Medical Director
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.60

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		15		2019

Transaction ID : SA11AI.6146

Amount of Each Receipt this Period
20.84

Memo Item
 PR Ded

B. Simon, Lawrence, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Rimwood Avenue

City Lafayette	State LA	Zip Code 70501
-------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Lead Medical Director
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.44

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		31		2019

Transaction ID : SA11AI.6178

Amount of Each Receipt this Period
20.84

Memo Item
 PR Ded

C. Simon, Lawrence, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Rimwood Avenue

City Lafayette	State LA	Zip Code 70501
-------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Lead Medical Director
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
354.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		15		2019

Transaction ID : SA11AI.6210

Amount of Each Receipt this Period
20.84

Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....▶	62.52
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 50 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Simon, Lawrence, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Rimwood Avenue

City Lafayette	State LA	Zip Code 70501
-------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Lead Medical Director
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

Transaction ID : SA11AI.6242

Amount of Each Receipt this Period
20.84

Memo Item
 PR Ded

B. Simon, Lawrence, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Rimwood Avenue

City Lafayette	State LA	Zip Code 70501
-------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Lead Medical Director
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
395.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2019

Transaction ID : SA11AI.6274

Amount of Each Receipt this Period
20.84

Memo Item
 PR Ded

C. Simon, Lawrence, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Rimwood Avenue

City Lafayette	State LA	Zip Code 70501
-------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Lead Medical Director
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : SA11AI.6306

Amount of Each Receipt this Period
20.84

Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	62.52
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 51 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Simon, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Rimwood Avenue
 City Lafayette State LA Zip Code 70501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Lead Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2019
Transaction ID : SA11AI.6337
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

B. Simon, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Rimwood Avenue
 City Lafayette State LA Zip Code 70501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Lead Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.48

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2019
Transaction ID : SA11AI.6368
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

C. Simon, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Rimwood Avenue
 City Lafayette State LA Zip Code 70501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Lead Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 479.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2019
Transaction ID : SA11AI.6399
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....▶	62.52
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 52 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Simon, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Rimwood Avenue
 City Lafayette State LA Zip Code 70501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Lead Medical Director
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : SA11AI.6430
 Amount of Each Receipt this Period
 20.84
 Memo Item
 PR Ded

B. Udvarhelyi, Ian, Steven, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7623 Boyce Drive
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) President & CEO
 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
 08 / 20 / 2019
Transaction ID : SA11AI.5375
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 Check

C. Whittemore, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62037 Blackwell Dr.
 City Lacombe State LA Zip Code 70445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) MA Marketing
 Receipt For: 2020
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : SA11AI.6305
 Amount of Each Receipt this Period
 10.42
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	5031.26
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 53 OF 55
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Whittemore, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62037 Blackwell Dr.
 City Lacombe State LA Zip Code 70445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) MA Marketing
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 218.82

Date of Receipt
 11 / 15 / 2019
Transaction ID : SA11AI.6336
 Amount of Each Receipt this Period 10.42
 Memo Item
 PR Ded

B. Whittemore, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62037 Blackwell Dr.
 City Lacombe State LA Zip Code 70445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) MA Marketing
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 11 / 30 / 2019
Transaction ID : SA11AI.6367
 Amount of Each Receipt this Period 10.42
 Memo Item
 PR Ded

C. Whittemore, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62037 Blackwell Dr.
 City Lacombe State LA Zip Code 70445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) MA Marketing
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.66

Date of Receipt
 12 / 15 / 2019
Transaction ID : SA11AI.6398
 Amount of Each Receipt this Period 10.42
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....▶	31.26
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 OF 55
(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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Whittemore, John, , ,

Mailing Address 62037 Blackwell Dr.

City Lacombe	State LA	Zip Code 70445
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LHSIC	Occupation (for Individual) MA Marketing
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

Transaction ID : SA11AI.6429

Amount of Each Receipt this Period
10.42

Memo Item
 PR Ded

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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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
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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
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	10.42
TOTAL This Period (last page this line number only).....	10076.72

**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)

Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

Full Name (Last, First, Middle Initial)

A. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2019

Mailing Address 1310 G STREET NW

FEC Identification Number

C C00194746

Transaction ID : SB23.5474

Amount of Each Disbursement this Period

7000.00

Memo Item

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement Annual contribution

Category/Type

Candidate Name BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. CASSIDY VICTORY 2020

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2019

Mailing Address PO BOX 80505

FEC Identification Number

C C00712570

Transaction ID : SB23.5475

Amount of Each Disbursement this Period

1000.00

Memo Item

City BATON ROUGE State LA Zip Code 70898

Purpose of Disbursement Contribution for Primary

Category/Type

Candidate Name CASSIDY VICTORY 2020

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼

State: LA District:

Full Name (Last, First, Middle Initial)

C. GARRET GRAVES VICTORY FUND

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2019

Mailing Address PO BOX 64845

FEC Identification Number

C C00635565

Transaction ID : SB23.5477

Amount of Each Disbursement this Period

1000.00

Memo Item

City BATON ROUGE State LA Zip Code 70896

Purpose of Disbursement Contribution to primary election

Category/Type

Candidate Name GARRET GRAVES VICTORY FUND

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼

State: LA District: 06

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

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

9000.00

9000.00