Image# 201904199149541063				04/19/2019 12 . 25
FEC FORM 1	STATEMEN ORGANIZA		04	PAGE 1 / 23
1. NAME OF	(Check if name	Example:If typing, type		ice Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
Bluepac - Blue (Cross Blue Shield	Association Pac	;	1
ADDRESS (number and street)	1310 G Street NW			
(Check if address is changed)				
is changed)	Washington		DC 2000)5
			STATE A	
COMMITTEE'S E-MAIL ADDF	RESS			
(Check if address	berry.trimble@bcbsa.cc	om		1
is changed)				
	Optional Second E-Mail Add	lress		
COMMITTEE'S WEB PAGE A (Check if address is changed)	ADDRESS (URL)			
2. DATE 04 /	19 / Y Y Y Y 2019			
3. FEC IDENTIFICATION	NUMBER ► C co	00194746		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined	this Statement and to the best	of my knowledge and belief it	is true, correct and	complete.
Type or Print Name of Treasu	Irer Didawick, Kathy, , ,			
Signature of Treasurer	dawick, Kathy, , ,	[Electronically Filed]	Date 04	D D / Y Y Y Y 19 2019
NOTE: Submission of false, erro	oneous, or incomplete information r ANY CHANGE IN INFORMATIO			penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

04/19/2019 12 : 25

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FEC FC	Page 2
TYPE OF (COMMITTEE
Candidat	e Committee:
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name of Candidate	L
Candidate Party Affiliat	tion Office Sought: House Senate President District
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Cor	nmittee:
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Part
Political A	Action Committee (PAC):
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fun	draising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Con	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Bluepac - Blue Cross Blue Shield Association Pac

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

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FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Breskin, Bill, , ,	
Mailing Address	1310 G Street NW	
	Washington DC 20005	
	CITY STATE Z	ZIP CODE
Title or Position	urer Telephone number 60	26 4795

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank c	f America		
Mailing Address	135 S LaSalle Street		
	Chicago)3
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

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FEC Form 1S (Revised 02/20	Optional Supplemental Infe17)for Lines 5(g) or (h), 6, 8 a		Page _5 of 23
5(g) or (h). Joint Fundraising	Participant:		
1.		FEC ID number	
2.		FEC ID number	
3.		FEC ID number	
4.		FEC ID number	
•	rganization, Affiliated Committee, Joint Fundra e PAC of Blue Cross Blue Shield of	•	or Leadership PAC Sponsor
Mailing Address	401 Park Drivelandmark Center		
	Boston		02215
Relationship:		STATE A	ZIP CODE
Connected	Organization X Affiliated Committee Joint	Fundraising Representativ	e Leadership PAC Sponsor

Designated Agent: Identify by name, address (phone number - optional) 8.

Full Name																											
Mailing Address																											
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FEC Form 1S (Revised 02/2017)	Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9	
or (h). Joint Fundraising Participant:		
1	FEC ID number	С

2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
Name of Any Connected (Organization, Affiliated Committee, Joint Fundra	ising Representative	or Leadership PAC Sponsor
-	eld of Tennessee Inc Political Action		
Mailing Address	1 Cameron Hill Circle		
	Chattanooga		37402
Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
Connected	Organization X Affiliated Committee Joint	Fundraising Representat	ive Leadership PAC Sponsor

Designated Agent: Identify by name, address (phone number - optional) 8.

Full Name																													
Mailing Address																													
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Mailing Address																								
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3.	FEC ID number	С
4	FEC ID number	C

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Blue Cross Blue Shield of Michigan Pac

Mailing Address	232 S. Capitol				
	MC L10A				
	Lansing			MI 489	933
Relationship:		CITY 🔺		STATE A	ZIP CODE
Connected (Organization X Affi	iated Committee	Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																								
Mailing Address																								
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g) or (h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Mailing Address	4800 Deerwood Campus Parkway		
J	DC3-4		
	Jacksonville	FL	32236
Relationship:		STATE A	ZIP CODE A
Connected	d Organization X Affiliated Committee Joint	t Fundraising Representa	tive Leadership PAC Spons
Designated Agent: Identify	v by name, address (phone number – optional)		
Full Name			

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents 9. safety deposit boxes or maintains funds.

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g) or (h). Joint Fundraising	Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	rganization, Affiliated Committee, Joint Fund e Shield of Kansas, Inc. Employee		e, or Leadership PAC Sponsor
Mailing Address	1133 SW Topeka Blvd.		
	<mark> Topeka</mark> _		66629
Relationship:		STATE A	ZIP CODE
Connected 0	Drganization X Affiliated Committee Join	nt Fundraising Representa	tive Leadership PAC Sponse
Designated Agent: Identify b	by name, address (phone number – optional)		
Full Name			
Mailing Address			
			-
TITLE OR POSITION V	CITY A	STATE A	
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5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	;
2.			FEC ID number	;
3.			FEC ID number	
4.			FEC ID number	
	-	Organization, Affiliated Committee, Joint Fundrant Committee-the Political Action Cr		or Leadership PAC Sponsor
I	Mailing Address	Post Office Box 13466		
		Phoenix	AZ	
I	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	Organization X Affiliated Committee Joint	Fundraising Representative	e Leadership PAC Sponsor
8. Desigi	nated Agent: Identify I	by name, address (phone number - optional)		
Fu	II Name			
Ma	ailing Address			
		<u> </u>		
т	ITLE OR POSITION		STATE A	ZIP CODE
		Te	lephone Number	

Name of Bank, Depository, etc.																							
Mailing Address																							
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	Optional Supplemental Information
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5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4	FEC ID number	

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Bluepac of Pennsylvania (THE BLUE CROSS AND BLUE SHIELD ASSOCIATION)

Mailing Address	PO Box 60710				
	C/O Linda Melusky				
	Harrisburg			PA 17106	;
Relationship:	CI	ΓY 🔺		STATE A	ZIP CODE
Connected	Organization X Affiliated	Committee J	loint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																													
Mailing Address	L																					1							
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1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
5. Name of Any Connected (Organization, Affiliated Committee, Joint Fundr	aising Representative	e or Leadershin PAC Sponsor
-	ue Shield of Nebraska Political Actio	• •	
Mailing Address	7261 Mercy Road		
	PO Box 3248		
	Omaha	NE	68180
Relationship:	CITY 🔺	STATE 🔺	ZIP CODE

Designated Agent: Identify by name, address (phone number - optional) 8.

Connected Organization

Full Name																															1	
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Joint Fundraising Representative

Leadership PAC Sponsor

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents 9. safety deposit boxes or maintains funds.

× Affiliated Committee

Name of Bank, Depository, etc.	<u> </u>																							
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4.			FEC ID number C	
	-	Organization, Affiliated Committee, Joint Fundra Blueshield Associates' Federal Pac		adership PAC Sponsor
	Mailing Address	10455 Mill Run Circle		
		Owings Mill	MD 21	117
	Relationship:	CITY A	STATE A	ZIP CODE
	Connected	Organization X Affiliated Committee Joint F	Fundraising Representative	Leadership PAC Sponsor
8. Desig	nated Agent: Identify	by name, address (phone number – optional)		
Fi	ull Name			
М	ailing Address			
r	TITLE OR POSITION		STATE A	ZIP CODE
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		Tele	ephone Number	- [] - []

Name of Bank, Depository, etc.																					
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	4.		FEC ID number	С
	-	Organization, Affiliated Committee, Joint Fundra		e, or Leadership PAC Sponsor
Į	Blue Cross and Bl	ue Shield of Kansas City Federal Pac	;	
l				
	Mailing Address	One Pershing Square		
		2301 Main Street		
		Kansas City		64108
	Relationship:		L L L STATE ▲	
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	Connected			
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8. De	Connected	CITY A Organization Affiliated Committee Joint I by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sponsor

Name of Bank, Depository, etc.	 																					
Mailing Address																						
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	FEC ID number	С

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Highmark Health Pac of Highmark Inc.

	ac of Flighthank h	10.			
Mailing Address	1800 Center Street				
	Camp Hill			PA 1708	39
Relationship:		CITY 🔺		STATE A	ZIP CODE
Connected 0	Organization 🗶 Affilia	ted Committee	Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																					
Mailing Address																					
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4.			FEC ID number	C
		anization, Affiliated Committee, Joint Fundra Shield of North Carolina Employe		

Mailing Address	PO Box 2291			
	Durham			27702
Relationship:	CITY 🔺		STATE A	ZIP CODE
Connected	d Organization 🗴 Affiliated Committee	Joint Fundraising	g Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

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	-	Organization, Affiliated Committee, Joint Fundra	• •	
Ha	waii Medical Se	rvice Association Employee Political		tee
	Mailing Address	818 Keeaumoku Street		
				96814
	Relationship:		STATE A	ZIP CODE
	Connected	Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sponsor
Desig	nated Agent: Identify	by name, address (phone number - optional)		
Fu	II Name			
	ailing Address			
Ma	•			
Ma	-			
Ma				
	ITLE OR POSITION			

Name of Bank, Depository, etc.																					
Mailing Address																					
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1	FEC ID number
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3.	FEC ID number
4.	FEC ID number C

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Blue Shield of California Political Action Committee

Mailing Address	50 Beale Street			_ _ _ _	
	17-C356				
	San Francisco		CA	9410	5
Relationship:		CITY A	STATE		ZIP CODE
Connected	Organization X Aff	liated Committee	oint Fundraising Repres	entative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name														
Mailing Address														
TITLE OR POSITION	•	CITY A	STATE A	ZIP CODE										
	L L													

Name of Bank, Depository, etc.																							
Mailing Address	L																						
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5(g) or (h).	Joint	Fundraising	Participant:

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3.	FEC ID number	
4	FEC ID number C	

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Wellmark, Inc. Pac (WELLPAC)

I					
Mailing Address	1331 Grand Avenue				
5					
	Sta. 5W570				
	Des Moines			IA 503	309
Relationship:		CITY A		STATE A	ZIP CODE
Connected C	Drganization 🗴 Affiliat	ed Committee	Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name													
Mailing Address													
TITLE OR POSITION	•	STATE A	ZIP CODE										
Telephone Number -													

Name of Bank, Depository, etc.																												
Mailing Address	L																											
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FEC Form 1S (Revised

02/2017)	Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) o	or (h). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	-	Drganization, Affiliated Committee, Joint Fundra hield of South Carolina Federal Gove		
	Mailing Address	Interstate 20 at Alpine Road		
		Columbia		29219
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	Organization X Affiliated Committee Joint	Fundraising Representat	ive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE
		Tel	ephone Number	

Name of Bank, Depository, etc.																					
Mailing Address																					
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FEC Form	1S	(Revised	02/2017)	

5(g) d	or (h). Joint Fundraising	Participant:	
	1.		FEC ID number
	2.		FEC ID number C
	3.		FEC ID number C
	4.		FEC ID number C
6.	-	Drganization, Affiliated Committee, Joint Fundra ss Politicial Action Committee/Preme	ising Representative, or Leadership PAC Sponsor ra Pac
	Mailing Address	7001 220th Street SW	
		MS 355	
		Mountlake Terrace	WA 98043
	Relationship:		STATE ▲ ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint F	Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)	
	Full Name		
	Mailing Address		
	TITLE OR POSITION		STATE ▲ ZIP CODE ▲
		Tele	ephone Number

Name of Bank, Depository, etc.																								
Mailing Address	L																							
	L																							
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5(g)	or(h). Joint Fundrais	ng Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6.		d Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
		lue Cross Pac (IBC PAC)		
		1901 Market Street		
	Mailing Address			
		Philadelphia	PA	19103
	Relationship:		STATE A	ZIP CODE
	Connect	ed Organization 🗴 Affiliated Committee 🚺 Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Ident	ify by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITIO		STATE A	ZIP CODE
		1	lephone Number	

Name of Bank, Depository, etc.		<u> </u>																						
Mailing Address																								
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5(g) or (h).	Joint Fundraising Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Blue Cross Blue Shield of Alabama Pac

		nu i uo										
Mailing Address	2 North Jackson S	Street										
	Suite 202											
	Montgomery						AL		361	04		
Relationship:		CITY					STATE			ZIP	CODE	A
Connected	Organization	Affiliated Co	Join	t Fund	raising	Repres	entative		Leade	rship PA	C Sponsor	

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name			
Mailing Address			
TITLE OR POSITION		STATE A	ZIP CODE
	Te	ephone Number	

Name of Bank, Depository, etc.																								
Mailing Address	L																							
	L																							
					С	ITY						S	AT	Ε			2	ZIP	C	DD	E 🔺	•		