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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Blue Cross Blue Shield of Alabama PAC 2 North Jackson Street ADDRESS (number and street) Suite 202 (Check if address is changed) Montgomery 36104 ALCITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mrgriffin@comerica.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2014 C00457242 FEC IDENTIFICATION NUMBER > 3. X 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. Stone, Robin, , , Type or Print Name of Treasurer Stone, Robin, , , [Electronically Filed] 01 08 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye z
Can	didate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(5)
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		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 s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 0	12/2009)	Page 3
Write or Type Committee Name		
Blue Cross Blue	e Shield of Alabama PAC	
6. Name of Any Connected O	organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
Blue Cross Blue Shield	d of Alabama	
Mailing Address	2 North Jackson Street	
· ·	Suite 202	
	Montgomery AL 361	104
	CITY STATE	ZIP CODE
Relationship: x Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) and position of the person	in possession of committee
PAC Servio	ces, Comerica Bank, , ,	
Full Name	,MC #2250	
Mailing Address		
	PO Box 75000	
	Detroit MI 48/	275-2250
Title or Position	CITY STATE	ZIP CODE
Book Keeper	Telephone number 248	- 371 - 7271
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	he name and address of
Full Name Stone, Rob of Treasurer	in, , ,	
Mailing Address	2 North Jackson Street	
	Suite 202	
	Montgomery AL 361	104
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	4657

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes Name of Bank, Dep		
safety deposit boxes Name of Bank, Dep	comerica Bank PO Box 75000	
safety deposit boxes Name of Bank, Dep	s or maintains funds. pository, etc. Comerica Bank	
safety deposit boxes Name of Bank, Dep	PAC Services MC 2250	48275
safety deposit boxes Name of Bank, Dep	PAC Services MC 2250	
safety deposit boxes Name of Bank, Dep	PAC Services MC 2250 Detroit CITY STATE	48275
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safety deposit boxes Name of Bank, Dep Mailing Address Name of Bank, Dep	PAC Services MC 2250 Detroit CITY STATE	48275

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ H98 'HC' 5 'F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Amending to correct the connected organization name and to include affiliated committee information.

Form/Schedule: Transaction ID:

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

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representativ	e or Leadership PAC Spon
	litical Action Committee	aising ricpresentative	c, or Leadership FAO opon
	DO D		
Mailing Address	PO Box 6936		
	Jacksonville	FL L	32202
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		Fundraising Representa	ative Leadership PAC S
Connecte	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
Connecte esignated Agent: Identif		Fundraising Representa	Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi r	g Participant:				
1			FEC ID nur	nber C	
2.			FEC ID nur	nber C	
3.			FEC ID nur	nber C	
4.			FEC ID nur	nber C	
=	Organization, Affiliated Co			ntative, or I	∟eadership PAC Spor
Hawaii Medical S	ervice Assn Empl Co	omte for Qualit	y Healthcare		
	ı 818 Keeaumoku				
Mailing Address	- I I I I I I I I I I I I I I I I I I I				
	Honolulu			HI L	96814
Relationship:	C	ITY ▲	STA	TE 🛦	ZIP CODE ▲
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	Affiliated Affiliated		oint Fundraising Rep	resentative	Leadership PAC S
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esignated Agent: Identif		number – optional)			Leadership PAC S
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esignated Agent: Identif Full Name Mailing Address	by name, address (phone	number – optional)			
Full Name Mailing Address TITLE OR POSITION	ries: List all banks or other	number – optional)	STAT Telephone Number		ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

ame of Bank, epository, etc. Mailing Address					
epository, etc.					
anks or Other Depositor afety deposit boxes or ma	ries: List all banks intains funds.	or other depositories in w	hich the commi	ttee deposit	s funds, holds accounts, rent
			releptione N	uniber	
TITLE OR POSITION	V	1	Telephone N		- -
		CITY A		STATE A	ZIP CODE ▲
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3					
Mailing Address	1				
esignated Agent: Identify Full Name	by name, address	s (phone number – options	l)		1 1 1 1 1 1 1
Connected	Organization x	Affiliated Committee	Joint Fundraisin	g Represent	ative Leadership PAC Sp
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
	Washington			DC	20003
Mailing Address	330 9th Street SI	E			
ame of Any Connected Regence BLUEPA		liated Committee, Joint F	undraising Re _l	oresentativ	e, or Leadership PAC Spons
4				number	C
3.			_	O number O number	C
			_) number	C
2.			J 550 I) number	C

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

h). Joint Fundraisin	3		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Ronrosontativ	o or Leadership PAC Spon
	prated PAC, WELL PAC	aising ricpresentative	c, or Leadership 1 Ao opon
<u> </u>			
Mailing Address	636 Grand Avenue		
Mailing Address	Station 13		
	Des Moines	IA	50309
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connected	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
Connected		Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identify		Fundraising Representa	Leadership PAC Sp
Connected esignated Agent: Identify Full Name		Fundraising Representation	Leadership PAC Sp
Connected esignated Agent: Identify Full Name	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1		FEC ID number FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fundr		e, or Leadership PAC Spon
blue Cross and E	Blue Shield of Kansas Employee PAC	, CARE PAC	
Mailing Address	1133 Topeka Blvd		
Walling Address			
	Topeka	, KS	66629
Relationship:			
neiationship.	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
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FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi n		, , FEC I	D number	С
			D number	С
2.			D number	C
3.				
4.		FEC I	D number	C
ame of Any Connected	Organization, Affiliated Committee, Jo	oint Fundraising Re	presentative	e, or Leadership PAC Spon
BLUEPAC, Capita	al Blue Cross			
Mailing Address	PO Box 60710 Elmerton Avenue			
	Harrisburg		PA	17106
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
По		Пе		
	Affiliated Committee	Joint Fundraisin	g Representa	Leadership PAC S
esignated Agent: Identify	Affiliated Committee by name, address (phone number – o		g Representa	Leadership PAC S
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esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – o	ptional)	STATE A	
Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – o	ptional) Telephone N	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	by name, address (phone number – o	ptional) Telephone N	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.	by name, address (phone number – o	ptional) Telephone N	STATE A	ZIP CODE A

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

	ing Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fundr PAC of Highmark Blue Cross Blue Sh		e, or Leadership PAC Spon
Mailing Address	1800 Center Street		
J			
	Camp HIII	ı PA	17011
Relationship:	CITY ▲	STATE A	ZIP CODE A
		Fundraising Representa	
esignated Agent: Ident	ify by name, address (phone number – optional)		Leadership PAC S
Full Name	ify by name, address (phone number – optional)		
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Full Name	ify by name, address (phone number – optional)		
Full Name			
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A		
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FEC Form 1S (Revised 02/2017)

TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc. Mailing Address	ories: List all ban aintains funds.	ks or other depositories in	which the commit	tee deposit	s funds, h	olds accounts, rents
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Banks or Other Depositors of Bank, Depository, etc.	ories: List all ban aintains funds.	ks or other depositories in	which the commit	tee deposit	s funds, h	olds accounts, rents
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Banks or Other Deposito	ories: List all ban aintains funds.	ks or other depositories in	which the commit	tee deposit	s funds, h	olds accounts, rents
TITLE OR POSITION						
TITLE OR POSITION			Telephone Nu	ımber		
	I ▼	CITY A		STATE A		ZIP CODE ▲
			, , , , I			-
Mailing Address						
Full Name						
Designated Agent: Identif	y by name, addre	ess (phone number – option	nal)			
Connecte	d Organization	✗ Affiliated Committee	Joint Fundraising	Representa	ative	Leadership PAC Spo
Relationship:		CITY A		STATE A		ZIP CODE ▲
	Washington		<u> </u>	DC	2000	5 -
Mailing Address	1310 G Stree	t NW		1 1 1	1 1 1 1	
Name of Any Connected BLUEPAC-Blue (•	Affiliated Committee, Joint hield Assn PAC	Fundraising Rep	resentative	e, or Lead	ership PAC Spons
4.			FEC ID	number	C	
1				number	C	
3				number	C	
2				number	C	

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

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	l Organization, Affiliated Committee, Joint Fu tes Federal Political Action Commit		e, or Leadership PAC Spons
Mailing Address	10455 Mill Run Circle		
	Owens Mills	MD	21117
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
oorgriatou / igoria idoria.	fy by name, address (phone number – optional)		
Full Name			
Full Name Mailing Address			
Mailing Address	CITY A	STATE A	ZIP CODE A
	CITY A	STATE Telephone Number	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi		FEC ID number	C
2.		FEC ID number	С
		FEC ID number	С
3.		FEC ID number	C
4.			
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Health Care Serv	vice Corporation Political Action Comr	nittee	
	₁ 330 East Randolph Street		
Mailing Address			
			20004
	Chicago		60601
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	•		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fund AC-The Blue Cross Blue Shield of Ma		ve, or Leadership PAC Spon
Mailing Address	401 Park Drive		
	Boston	MA	02115
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		int Fundraising Represen	tative Leadership PAC S
	Affiliated Committee Joing by by name, address (phone number – optional)	int Fundraising Represen	tative Leadership PAC S
esignated Agent: Identi		int Fundraising Represen	tative Leadership PAC S
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FEC Form 1S (Revised 02/2017)

n). Joint Fundraising	•			
1.			FEC ID number	C
2.		I	FEC ID number	C
3			FEC ID number	C
4		I	FEC ID number	С
	Organization, Affiliated Committee,	Joint Fundraisi	ng Representativ	e, or Leadership PAC Spor
Blue Cross and Bl	ue Shield of MI PAC			
Mailing Address	602 West Ionia			
	Lansing		MI MI	48933
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	Organization X Affiliated Committee		draising Represent	ative Leadership PAC S
			draising Represent	ative Leadership PAC S
esignated Agent: Identify	Organization X Affiliated Committee		draising Represent	ative Leadership PAC S
esignated Agent: Identify Full Name	Organization X Affiliated Committee		Idraising Represent	ative Leadership PAC S
esignated Agent: Identify Full Name	Organization X Affiliated Committee	optional)		ative Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	Organization Affiliated Committee	optional)		
esignated Agent: Identify Full Name	Organization Affiliated Committee	optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	Organization Affiliated Committee by name, address (phone number – CITY es: List all banks or other depositori	optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	Organization Affiliated Committee by name, address (phone number – CITY es: List all banks or other depositori	optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Anks or Other Depositor fety deposit boxes or ma	Organization Affiliated Committee by name, address (phone number – CITY es: List all banks or other depositori	optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or material depository, etc.	Organization Affiliated Committee by name, address (phone number – CITY es: List all banks or other depositori	optional)	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundated Committee, Joint Fu		
Mailing Address	PO Box 13466		
	Phoenix	AZ	85002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	Leadership PAC Sp
	y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fundr		e, or Leadership PAC Spon
Blue Cross and E	Blue Shield of Kansas City Federal PA	AC	
<u> </u>			
	2004.14.:		
Mailing Address	2301 Main		
	Kansas City	MO	64108
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Representation	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017) fo

or(h). Joint Fundraisi	ng Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
Blue Cross and E	lue Shield of NE PAC		<u> </u>
Mailing Address	7261 Mercy Road		
	Omaha	NE NE	68180
Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Join	t Fundraising Representa	Leadership PAC Spons
Full Name Mailing Address	y by name, address (phone number – optional)		
TITLE OF POSITION	CITY ▲	STATE A	ZIP CODE ▲
TITLE OR POSITION		elephone Number	- -
		elephone Number	
Banks or Other Depositor safety deposit boxes or m	ories: List all banks or other depositories in which aintains funds.	the committee deposit	s funds, holds accounts, rents
Name of Bank, Depository, etc.			1 1 1 1 1 1 1 1 1 1 1 1
Mailing Address			
			<u> </u>

FEC Form 1S (Revised 02/2017)

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
=	I Organization, Affiliated Committee, Joint Fund Blue Shield of NC Employees PAC	Iraising Representative	e, or Leadership PAC Spon
Mailing Address	5901 Chapel Hill Road		
, and the second	Box 2291		
	Durham	NC	27702
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
and an artist of the second state of the	(In the second of the second		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A cries: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market and the second	CITY A cries: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A cries: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A cries: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A cries: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A cries: List all banks or other depositories in which	Telephone Number	

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

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Blue Shield of Ca	ilifornia PAC		
Mailing Address	50 Beale Street		
	San Francisco	CA	94105
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
esignated Agent: Identif	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name			
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite defety deposit boxes or mane of Bank,	CITY ▲ CITY ▲ pries: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, repository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, repository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which	Telephone Number	

FEC Form 1S (Revised 02/2017)

5(g) or (h)). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
		Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
اً		LE STIER OF AL PAC		
	Mailing Address	2 North Jackson Street Suite 2		
		Montgomery	AL	36104
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint F	Fundraising Representa	ative Leadership PAC Sponsor
	signated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Full Name Mailing Address			
	Mailing Address	CITY A	STATE A	ZIP CODE A
		CITY A		
). Bar safe Nar	Mailing Address TITLE OR POSITION	CITY A Tele ies: List all banks or other depositories in which the	STATE ▲	ZIP CODE A
). Bar safe Nar	Mailing Address TITLE OR POSITION Inks or Other Depositor ety deposit boxes or mail me of Bank, pository, etc.	CITY A Tele ies: List all banks or other depositories in which the	STATE ▲	ZIP CODE A
). Bar safe Nar	Mailing Address TITLE OR POSITION nks or Other Depositor ety deposit boxes or maine of Bank,	CITY A Tele ies: List all banks or other depositories in which the	STATE ▲	ZIP CODE A
). Bar safe Nar	Mailing Address TITLE OR POSITION Inks or Other Depositor ety deposit boxes or mail me of Bank, pository, etc.	CITY A Tele ies: List all banks or other depositories in which the	STATE ▲	ZIP CODE A

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

1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	C
ame of Any Connected (Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Blue Cross Voice(I	Blue Cross of NE Pennsylvania)		
Mailing Address	19 North Main Street		
Mailing Address			
	Wilkes Barre	PA	18711
Relationship:	CITY A	STATE A	ZIP CODE ▲
Full Name	by name, address (phone number – optional)		
Mailing Address			
Mailing Address			
Mailing Address			
Mailing Address TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	•	STATE A	ZIP CODE A
TITLE OR POSITION	▼ Te	elephone Number	
TITLE OR POSITION	Tes: List all banks or other depositories in which	elephone Number	
TITLE OR POSITION anks or Other Depositoriatety deposit boxes or mainagement and the state of Bank,	Tes: List all banks or other depositories in which	elephone Number	
TITLE OR POSITION anks or Other Depositoriatety deposit boxes or mainagement and the state of Bank,	Tes: List all banks or other depositories in which	elephone Number	
TITLE OR POSITION anks or Other Depositoring deposit boxes or main deposit boxes or main depository, etc.	Tes: List all banks or other depositories in which	elephone Number	

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

h). Joint Fundraisi r	ig Participant:		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
IBC PAC Indeper	ndence Blue Cross PAC		
	1901 Market Street		
Mailing Address	1901 Market Siteet		
	Philidelphia	PA PA	19103
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Join	t Fundraising Represent	ative Leadership PAC Sp
Connecte		t Fundraising Represent	Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization X Affiliated Committee Join	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	d Organization X Affiliated Committee Join	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	Affiliated Committee Join by by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee Join by by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identif	Affiliated Committee Join by by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee Join by by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Join by by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Join by by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	Affiliated Committee Join by by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Join by by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	Affiliated Committee Join by by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Join by by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which	STATE A	ZIP CODE A

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

h). Joint Fundraisi	ing ranticipant.	FEC ID number	C
1.		FEC ID number	С
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Blue Cross and E	Blue Shield of SC Federal Programs P	PAC	
I			
Mailing Address	Interstate 20 at Alpine Road		
	Columbia	SC	29219
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
	ed Organization Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

FEC ID number FEC ID		ng Participant:		
A. FEC ID number C C C C C C C C C	1.		FEC ID number	С
4. FEC ID number C Iame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spo Premera Blue Cross PAC Mailing Address 7001 220th Street SW Mountlake Terrace WA 98043 Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization ▼ Affiliated Committee	2.		FEC ID number	C
lame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spo Premera Blue Cross PAC Mailing Address 7001 220th Street SW Mountlake Terrace Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization ★ Affiliated Committee Joint Fundraising Representative Leadership PAC Sesignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — — — — — — — — — — — — — — — — — — —	3.		FEC ID number	С
Premera Blue Cross PAC Mailing Address 7001 220th Street SW Mountlake Terrace Mountl	4.		FEC ID number	С
Premera Blue Cross PAC Mailing Address 7001 220th Street SW Mountlake Terrace Mountl				
Mountlake Terrace Mountlake Terrace WA 98043 Connected Organization X Affiliated Committee Joint Fundraising Representative Leadership PAC sesignated Agent: Identify by name, address (phone number – optional) Full Name STATE ZIP CODE			raising Representative	e, or Leadership PAC Spon
Mountlake Terrace Mountlake Terrace WA 98043 Connected Organization X Affiliated Committee Joint Fundraising Representative Leadership PAC sesignated Agent: Identify by name, address (phone number – optional) Full Name STATE ZIP CODE				
Mountlake Terrace Mountlake Terrace WA 98043 Connected Organization X Affiliated Committee Joint Fundraising Representative Leadership PAC sesignated Agent: Identify by name, address (phone number – optional) Full Name STATE ZIP CODE				
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC sesignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Telephone Number Telephone State A great service and servi	Mailing Address	7001 220th Street SW		
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC sesignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Telephone Starts & Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number	-			
Connected Organization Affiliated Committee		Mountlake Terrace	, WA	98043
Connected Organization Affiliated Committee	Relationship:	CITY A	STATE A	ZIP CODE A
esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY STATE ZIP CODE Telephone Number Telephone Number anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, reafety deposit boxes or maintains funds. ame of Bank, epository, etc.	Connecte		t Fundraising Representa	
Mailing Address Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephositories: List all banks or other depositories in which the committee deposits funds, holds accounts, reafety deposit boxes or maintains funds. ame of Bank, epository, etc.		ů H	0 1	
Mailing Address Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number				
Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	esignated Agent: Identi	fy by name, address (phone number – optional)		
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, reafety deposit boxes or maintains funds. ame of Bank, epository, etc.		fy by name, address (phone number – optional)		
TITLE OR POSITION CITY Telephone Number	Full Name	fy by name, address (phone number – optional)		
TITLE OR POSITION CITY Telephone Number	Full Name	fy by name, address (phone number – optional)		
Telephone Number Telephone Number	Full Name	fy by name, address (phone number – optional)		
anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, reafety deposit boxes or maintains funds. ame of Bank, epository, etc.	Full Name			
afety deposit boxes or maintains funds. ame of Bank, epository, etc.	Full Name	CITY	STATE A	
afety deposit boxes or maintains funds. ame of Bank, epository, etc.	Full Name	CITY A	1	
afety deposit boxes or maintains funds. ame of Bank, epository, etc.	Full Name	CITY A	1	
epository, etc.	Full Name Mailing Address TITLE OR POSITION	CITY A CITY A ories: List all banks or other depositories in which	elephone Number	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION	CITY A CITY A ories: List all banks or other depositories in which	elephone Number	ZIP CODE A
Mailing Address	Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	CITY A CITY A ories: List all banks or other depositories in which	elephone Number	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank, epository, etc.	CITY A CITY A ories: List all banks or other depositories in which	elephone Number	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank, epository, etc.	CITY A CITY A ories: List all banks or other depositories in which	elephone Number	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank, epository, etc.	CITY A CITY A ories: List all banks or other depositories in which	elephone Number	ZIP CODE A