Only

STATEMENT OF

PAGE 1 / 25

FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Wellmark, Inc. PAC (WellPac) 1331 Grand Avenue ADDRESS (number and street) Sta. 5W570 (Check if address is changed) Des Moines 50309 IΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS geibb@wellmark.com (Check if address is changed) Optional Second E-Mail Address sanderspi@wellmark.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2018 C00342022 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. Geib, Brandon, , , Type or Print Name of Treasurer Geib, Brandon,,, [Electronically Filed] 01 2020 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

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye z
Can	ndidate	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.	
Nam 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 Func	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.		

.	1.00(0000)	
FEC Form 1 (Revise Write or Type Committee No		Page 3
•	e. PAC (WellPac)	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Wellmark, Inc.		
Mailing Address	1331 Grand Avenue	
•	Sta. 5W570	
	Des Moines IA	50309
	CITY STATE	ZIP CODE
		—
Relationship: x Conne	ected Organization	e Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the pers	on in possession of committee
	trom, Scott, , ,	
Full Name	343 43rd St.	
Mailing Address		
	Des Moines I IA	50312
	Des ividires	
Title or Position	CITY STATE	ZIP CODE
Govt Relations	Telephone number 515	5 - 376 - 5537
3. Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committee; arg., assistant treasurer).	nd the name and address of
Full Name Geib, E	Brandon, , ,	
Mailing Address	1331 Grand Avenue	
		50309
Title or Position	CITY STATE	ZIP CODE
Treasurer	515 Telephone number	5 - 376 - 4825

T LO FOII	n 1 (Revised 02/2009)	Page 4
Full Name of Designated	Sundstrom, Scott, , ,	
Agent	242 42rd St	
Mailing Address	343 43rd St.	
	Des Moines IA 50312	
	CITY STATE	ZIP CODE
Title or Position VP Govt Relation	ons Telephone number 515 - 3	376 5537
	Depositories: List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds. Depository, etc. Bankers Trust	accounts, rents
	453 7th Street	
Mailing Address		
	Des Moines IA 50309	
	CITY STATE	ZIP CODE
Name of Bank,		ZIP CODE
Name of Bank,		ZIP CODE
Name of Bank, Mailing Address	Depository, etc.	ZIP CODE
	Depository, etc.	ZIP CODE
	Depository, etc.	ZIP CODE

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

h). Joint Fundraisi	ng 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 Fund OF CALIFORNIA POLITICAL ACTION		e, or Leadership PAC Spon
BLUE SHIELD C	F CALIFORNIA FOLITICAL ACTION		
Mailing Address	50 BEALE STREET		
Mailing Address	17-C356		
	SAN FRANCISCO	, CA	94105
Deletieneleie			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC S
		t Fundraising Represent	Leadership PAC S
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		t Fundraising Represent	Leadership PAC S
esignated Agent: Identi		t Fundraising Represent	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
Full Name Mailing Address	fy by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or markets.	fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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 To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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 To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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 To ories: 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 To ories: 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	ng rantopant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint Fund		
BLUE CROSS VOICE	THE POLITICAL ACTION COMMITTEE OF BLUE	CROSS OF NORTHE	ASTERN PENNSYLVANIA
	40 NORTH MAIN CERET		
Mailing Address	19 NORTH MAIN STREET		
	WILKES BARRE	PA PA	18711
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Join fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name	fy by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY To pries: 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 the control of the	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
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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 To pries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi ı	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
		FEC ID number	С
4.			
ame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spon
BLUE CROSS BLU	UE SHIELD OF SOUTH CAROLINA	FEDERAL GOVERN	IMENT PROGRAMS
<u> </u>			
Mailing Address	INTERSTATE 20 AT ALPINE ROAD		
	1		
	COLUMBIA	, SC ,	29219
Relationship:	CITY ▲	STATE A	ZIP CODE A
		oint Fundraising Representa	
esignated Agent: Identif	fy by name, address (phone number – optional)	
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			
Full Name	CITY	STATE A	ZIP CODE A
Full Name _ _ Mailing Address	CITY		
Full Name Mailing Address TITLE OR POSITION	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A cries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	CITY A cries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	CITY A cries: List all banks or other depositories in wh	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	CITY A cries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, epository, etc.	CITY A cries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Banks or Other Depositors afety deposit boxes or management of Bank, Depository, etc. Mailing Address		or other depositories in wh	ich the committee depos	its funds, holds accounts, rents
Banks or Other Depositors safety deposit boxes or management of Bank, Depository, etc.		or other depositories in wh	ich the committee depos	its funds, holds accounts, rents
Banks or Other Depositors safety deposit boxes or management of Bank, Depository, etc.		or other depositories in wh	ich the committee depos	its funds, holds accounts, rents
Banks or Other Depositors afety deposit boxes or management of Bank,		or other depositories in wh	ich the committee depos	its funds, holds accounts, rents
Banks or Other Deposito		or other depositories in wh	ich the committee depos	its funds, holds accounts, rents
	▼		Telephone Number	
TITLE OF POSITION		CITY A	STATE ▲	ZIP CODE ▲
			1 1 . 1	
Mailing Address				
Full Name				
	y by name, address	s (phone number – optional)	
Connecte	d Organization	Affiliated Committee	loint Fundraising Represen	tative Leadership PAC Spor
Relationship:	_	CITY A	STATE A	ZIP CODE ▲
	MOUNTLAKE TI	ERRACE	WA WA	98043
J				
Mailing Address	7001 220TH STF	REET SW		
•		IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	• .	re, or Leadership PAC Sponso
4			FEC ID number	[C]
			FEC ID number	C
3.			FEC ID number	С
2			FEC ID number	С

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

	g Participant:		
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 Fundra	aising Representative	e, or Leadership PAC Spor
BLUE CROSS BL	UE SHIELD OF ALABAMA PAC		
Mailing Address	2 NORTH JACKSON STREET		
	SUITE 202		
	MONTGOMERY	AL	36104
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	by name, address (phone number – optional)		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲
TITLE OR POSITION	▼		211 0002 =
TITLE OR POSITION	•	lephone Number	
anks or Other Depositor affety deposit boxes or main	Te: List all banks or other depositories in which	lephone Number	
anks or Other Depositor affety deposit boxes or main	Te: List all banks or other depositories in which	lephone Number	
anks or Other Depositor afety deposit boxes or mai ame of Bank, epository, etc.	Te: List all banks or other depositories in which	lephone Number	

FEC Form 1S (Revised 02/2017) for Lines 5(g) or

n). Joint Fundraisin				
1.		FEC ID num		-
2.		FEC ID num	ber C	-
3		FEC ID num	ber C	
4.		FEC ID num	ber C	
ame of Any Connected	Organization, Affiliated Committee, Joint F	undraising Represer	ntative, or Leadership P	AC Spor
INDEPENDENCE	BLUE CROSS PAC (IBC PAC)			
Mailing Address	1901 MARKET STREET			
	PHILADELPHIA	P	A 19103	
Relationship:	CITY A	STA	ΓE ▲ ZIP C	ODE 🛦
	Organization Affiliated Committee	Joint Fundraising Repr	esentative Leadersh	
Connected			esentative Leadersh	
Connected esignated Agent: Identify	Organization X Affiliated Committee		esentative Leadersh	nip PAC S
Connected esignated Agent: Identify Full Name	Organization X Affiliated Committee		esentative Leadersh	
Connected esignated Agent: Identify Full Name	Organization X Affiliated Committee		esentative Leadersh	nip PAC S
Connected esignated Agent: Identify Full Name Mailing Address	Organization Affiliated Committee by name, address (phone number – optional			ip PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Committee by name, address (phone number – optional		ZIP CO	ip PAC S
connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma ame of Bank,	Organization Affiliated Committee by name, address (phone number – optional control of the cont	STATE Telephone Number	ZIP CO	DE A
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Organization Affiliated Committee by name, address (phone number – optional control of the cont	STATE Telephone Number	ZIP CO	DE A
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Tanks or Other Depositor fety deposit boxes or maintenance of Bank, epository, etc.	Organization Affiliated Committee by name, address (phone number – optional control of the cont	STATE Telephone Number	ZIP CO	DE A

FEC Form 1S (Revised 02/2017) for Line

Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors or mailing Address Name of Bank, Depository, etc. Mailing Address	ories: List all banks	CITY or other depositories in w	Telephone Nur		ZIP CODE A funds, holds accounts, rents
Mailing Address TITLE OR POSITION Banks or Other Depositors or mail of Bank, Depository, etc.	ories: List all banks		Telephone Nur	mber	
Mailing Address TITLE OR POSITION Banks or Other Depositors or mail of Bank, Depository, etc.	ories: List all banks		Telephone Nur	mber	
Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or main and the safety deposit boxes or	ories: List all banks		Telephone Nur	mber	
Mailing Address TITLE OR POSITION Banks or Other Deposito	ories: List all banks		Telephone Nur	mber	
Mailing Address TITLE OR POSITION			Telephone Nur	mber	
Mailing Address	▼	CITY A			ZIP CODE A
Mailing Address		CITY A	S	TATE A	ZIP CODE A
	1				
Full Name					
	y by name, address	s (phone number – options	u)		
				.oprosoniali	Locationip 170 opt
	d Organization	Affiliated Committee	Joint Fundraising I		
Relationship:		CITY A		STATE A	ZIP CODE ▲
	LANSING			ı MI ı	48933
Mailing Address	602 W. IONIA				
<u>-</u>	_	liated Committee, Joint F OF MICHIGAN PAC		esentative,	or Leadership PAC Sponse
					-
4.			FEC ID	number 🔣	C
3. <u> </u>			_	- 1	C
3.			FEC ID	number	<u> </u>
			_	number (

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisi r	g Participant:		
1.		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fundr		
FLORIDA HEALTH PO	DLITICAL ACTION COMMITTEE (THE PAC C	OF BLUE CROSS &	BLUE SHIELD OF FL, INC
Mailing Address	P.O. BOX 6936		
	4800 DEERWOOD CAMPUS PARKWY, DC3-4		
	JACKSONVILLE		32236
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sp
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		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)	Fundraising Representation	
resignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mail	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail arms of Bank,	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail arms of Bank,	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Fanks or Other Depositor defety deposit boxes or mailing and	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or main ame of Bank, epository, etc	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	•		
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 Fund	raising Representative	e, or Leadership PAC Spon
BLUE PAC			
Mailing Address	PO BOX 34676		
	WASHINGTON	DC	20043
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Joint	t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi	Affiliated Committee Joint by by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identing Full Name	by by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC S
esignated Agent: Identi	by by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name	cy by name, address (phone number – optional) CITY CITY Telepries: 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.	cy by name, address (phone number – optional) CITY CITY Telepries: 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.	cy 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)

h). Joint Fundraisi		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundra		
Mailing Address	1133 SW TOPEKA BLVD. CC:855 - B3		
	TOPEKA	. KG .	, 66629
B. Information		KS KS	
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC S
Connecte		Fundraising Representa	Leadership PAC Sp
Connecte	ed Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sp
Connecte	ed Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	ed Organization X Affiliated Committee Joint	Fundraising Represent	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee Joint fy by name, address (phone number – optional)		
Connecte esignated Agent: Identif	Affiliated Committee Joint Ty by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee Joint Ty by name, address (phone number – optional) CITY		
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Esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	Affiliated Committee Joint Ty by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which the committee or other depositories in the committee or other depositories or other depositories in the committe	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

	ng Participant:				
1.			FEC I	D number	С
2.			FEC I	D number	С
3.			FEC I	D number	C
4			FEC	D number	С
=	=		_	-	e, or Leadership PAC Sponso
Mailing Address	401 PARK DR				
	LANDMARK C	CENTER 			
	BOSTON			MA	02215
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
Connected	d Organization	Affiliated Committee	Joint Fundraisir	ng Represent	ative Leadership PAC Spor
	y by name, addre	ss (phone number – optiona	A1)		
Full Name	1				
Full Name Mailing Address					
Mailing Address		CITY A		STATE A	ZIP CODE A
	■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	CITY A	Telephone I	STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION	ries: List all bank		·	STATE A	ZIP CODE A ts funds, holds accounts, rents
Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main safety deposit boxes or main safety depository, etc.	ries: List all bank		·	STATE A	

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

h). Joint Fundraising			FEC ID number	С
1.			FEC ID number	C
2.				
3.			FEC ID number	C
4			FEC ID number	C
-	•		• .	e, or Leadership PAC Spon
HEALTH CARE SI	ERVICE CORPORAT	TION EMPLOYE	EES' POLITICAI	_ ACTION COMMITT
Mailing Address	300 E. RANDOLPH			
	LEGAL DEPT.			
	CHICAGO		I I I I	60601
Relationship:	CIT	Y A	STATE ▲	ZIP CODE ▲
	Organization Affiliated C		Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify Full Name	_		Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify	_		Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify Full Name	_		Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify Full Name	_	umber – optional)		ative Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone no	umber – optional)		
esignated Agent: Identify Full Name Mailing Address	by name, address (phone no	umber – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	by name, address (phone not be address). CITY CITY es: List all banks or other decided and the address and t	umber – optional)	STATE A	
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone not be address). CITY CITY es: List all banks or other decided and the address and t	umber – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	by name, address (phone not be address). CITY CITY es: List all banks or other decided and the address and t	umber – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	by name, address (phone not be address). CITY CITY es: List all banks or other decided and the address and t	umber – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mai ame of Bank, epository, etc.	by name, address (phone not be address). CITY CITY es: List all banks or other decided and the address and t	umber – optional)	STATE A	ZIP CODE A

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

h). Joint Fundrais		FEC ID number	C
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	
4.		FEC ID Hullibel	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
HEALTHY GOVI	ERNMENT COMMITTEE-THE POLITI	CAL ACTION C	MTE/BLUE CROSS
1			
Mailing Address	POST OFFICE BOX 13466		
	PHOENIX	, , AZ	85002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Ident	ify by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
		Fundraising Representa	Leadership PAC Sp
esignated Agent: Ident		Fundraising Representa	Leadership PAC Sp
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esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit	ify by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank,	ify by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines 5(

n). Joint Fundraising	raiticipant.			
1.		FEC	D ID number	C
2		FEC	C ID number	C
3.		FEG	C ID number	С
4.		FEC	C ID number	С
ame of Any Connected (Organization, Affiliated Committee,	Joint Fundraising	Representativ	e, or Leadership PAC Spor
THE REGENCE G	ROUP BLUEPAC			
Mailing Address	330 9TH ST. SE			
	WASHINGTON		DC	20003
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	Organization X Affiliated Committee	Joint Fundra	ising Represent	ative Leadership PAC S
Connected			ising Represent	ative Leadership PAC S
Connected esignated Agent: Identify	Organization X Affiliated Committee		ising Represent	ative Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization X Affiliated Committee		ising Represent	Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization X Affiliated Committee	optional)	ising Represent	Leadership PAC S
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Connected esignated Agent: Identify Full Name	Organization Affiliated Committee	optional)		
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail	Organization Affiliated Committee by name, address (phone number – CITY CITY es: List all banks or other depositori	optional) Telephon	STATE A	ZIP CODE A
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	Organization Affiliated Committee by name, address (phone number – CITY CITY es: List all banks or other depositori	optional) Telephon	STATE A	ZIP CODE A
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail	Organization Affiliated Committee by name, address (phone number – CITY CITY es: List all banks or other depositori	optional) Telephon	STATE A	ZIP CODE A
connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	Organization Affiliated Committee by name, address (phone number – CITY CITY es: List all banks or other depositori	optional) Telephon	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6,

(h). Joint Fundrais i		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fundra		
Mailing Address	PO BOX 60710		
	HARRISBURG	PA PA	17106
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Te ories: 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 mane of Bank,	fy by name, address (phone number – optional) CITY CITY Te ories: 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 management of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te ories: 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 management of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

TITLE OR POSITION Banks or Other Deposito safety deposit boxes or many many many many many many many many	ories: List all ban	CITY ks or other depositories in	Telephone Nun		ZIP CODE ZIP CODE nds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ories: List all ban		Telephone Nun	nber	
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ories: List all ban		Telephone Nun	nber	
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Banks or Other Deposito safety deposit boxes or ma	ories: List all ban		Telephone Nun	nber	
			Telephone Nun	nber	
TITLE OR POSITION	V	CITY A			ZIP CODE 🛦
TITLE OR POSITION	▼	CITY A	SI	ATE A	ZIP CODE ▲
			1		
	1				
Mailing Address					
Full Name					
Designated Agent: Identify	y by name, addre	ess (phone number – optio	nal)		
Connected	d Organization	✗ Affiliated Committee	Joint Fundraising F	Representative	Leadership PAC Spo
Relationship:		CITY A		STATE A	ZIP CODE ▲
	OMAHA		· · · · · · · · · · · · · · · · · · ·	NE	68180
-	PO BOX 3248	8			
Mailing Address	7261 MERCY	'ROAD		<u> </u>	
	•	ELD OF NEBRASKA			•
Name of Any Connected	Organization A	Affiliated Committee, Joint	Fundraising Repre	esentative, or	Leadership PAC Spons
4.			FEC ID I	number C	
			FEC ID I	number C	
3.			FEC ID I	number C	
			_		

FEC Form 1S (Revised 02/2017) for Lines 5(g) or

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fundra ECROSS BLUESHIELD ASSOCIATE	= -	
Mailing Address	10455 MILL RUN CIRCLE		
	OWINGS MILL	MD	21117
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
	Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
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esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)	STATE A	ZIP CODE A
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esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY Teles: List all banks or other depositories in which to	STATE A lephone Number	ZIP CODE A
Full NameMailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	y by name, address (phone number – optional) CITY Teles: List all banks or other depositories in which to	STATE A lephone Number	ZIP CODE A
Full Name	y by name, address (phone number – optional) CITY Teles: List all banks or other depositories in which to	STATE A lephone Number	ZIP CODE A
Full Name	y by name, address (phone number – optional) CITY Teles: List all banks or other depositories in which to	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or malame of Bank, epository, etc	y by name, address (phone number – optional) CITY Teles: List all banks or other depositories in which to	STATE A lephone Number	ZIP CODE A

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

	g Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
BLUE CROSS AN	ID BLUE SHIELD OF KANSAS CIT	Y FEDERAL PAC	;
Mailing Address	ONE PERSHING SQUARE		
Mailing Address	2301 MAIN STREET		
	KANSAS CITY	MO	64108
5		MO	
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Oomicoloo	d Organization X Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optional)		
Mailian Adduses			
Mailing Address			
Mailing Address			
Mailing Address			
	CITY A	STATE A	ZIP CODE A
TITLE OR POSITION	▼ CITY ▲		
TITLE OR POSITION	CITY A	STATE ▲ Telephone Number	ZIP CODE A
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TITLE OR POSITION anks or Other Depositor of the deposite boxes or material and the deposit boxes or materi	CITY A	STATE ▲ Telephone Number	ZIP CODE A
anks or Other Depositor dety deposit boxes or material boxes are of Bank, epository, etc.	CITY A	STATE ▲ Telephone Number	ZIP CODE A
anks or Other Depositor dety deposit boxes or material boxes are of Bank, epository, etc.	CITY A	STATE ▲ Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraising	Participant:		C
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected (Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spor
HIGHMARK HEAL	TH PAC OF HIGHMARK INC.		
Mailing Address	1800 CENTER STREET		
	CAMP HILL	PA PA	17089
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization	t Fundraising Representa	Leadership PAC S
	by name, address (phone number – optional)	t Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identify		t Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identify Full Name		t Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identify Full Name			Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositoriatety deposit boxes or mainage and mainage	by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor aftety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositoriatety deposit boxes or mainagement of Bank,	by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositoriafety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

1.	ing Participant:	FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fundra D BLUE SHIELD OF NORTH CAROLINA EN	= -	
LI L	DEGE STREED OF NORTH CARGERNA EN	WI LOTEL TOLITION	
Mailing Address	P.O. BOX 2291		
Maining / tadioco			
	DURHAM	, NC	27702
Relationship:		STATE A	ZIP CODE A
neiationship.	CITY ▲	SIAIE	ZIP CODE A
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident	ify by name, address (phone number – optional)		
	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A	elephone Number	
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ Te ories: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit	CITY ▲ CITY ▲ Te ories: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or necessity.	CITY ▲ CITY ▲ Te ories: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank,	CITY ▲ CITY ▲ Te ories: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	CITY ▲ CITY ▲ Te ories: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	CITY ▲ CITY ▲ Te ories: List all banks or other depositories in which	elephone Number	

FEC Form 1S (Revised 02/2017)

Mailing Address						
Mailing Address						
Mailing Address						
Name of Bank, Depository, etc.						
Banks or Other Deposito safety deposit boxes or ma		nks or other depositories	in which the com	mittee deposit	s funds, hold	ls accounts, rents
			Telephone	Number		
TITLE OR POSITION	V	CITY A		STATE ▲	Z	IP CODE ▲
C						
Mailing Address						
Full Name	1 1 1 1 1			1 1 1 1	1 1 1 1	
Designated Agent: Identife	y by name, add	lress (phone number – op	tional)			
Connecte	d Organization	Affiliated Committee	Joint Fundrais	sing Represent	ative Le	eadership PAC Spo
Relationship:		CITY A		STATE ▲		ZIP CODE ▲
	HONOLULU	J		HI	96814	, , 1_1
Mailing Address	#200					
Moiling Address	1360 S. BER	RETANIA ST.				
		Affiliated Committee, Joi	•	Representativ	e, or Leader	ship PAC Sponso
4.			L FEC	ID number	C	
3.				ID number	C	
				ID number	C	
2.						