

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street) 5525 Reitz Avenue

Check if different than previously reported. (ACC)

Baton Rouge LA 70809

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00651265

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of  

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 11 / 29 / 2022 through M M / D D / Y Y Y Y Y Y 12 / 31 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Camerlinck, Bryan, , ,

Type or Print Name of Treasurer

Signature of Treasurer Camerlinck, Bryan, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 01 / 10 / 2023

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>	<input type="text" value="68595.40"/>	<input type="text" value="68595.40"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="85706.24"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1970.21"/>	<input type="text" value="22081.05"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="87676.45"/>	<input type="text" value="90676.45"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7000.00"/>	<input type="text" value="10000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="80676.45"/>	<input type="text" value="80676.45"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2486.43	14965.38
(ii) Unitemized .....	- 516.22	7115.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1970.21	22081.05
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1970.21	22081.05
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1970.21	22081.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1970.21	22081.05

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	10000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7000.00	10000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	10000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1970.21	22081.05
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1970.21	22081.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Bertaut, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16221 Jay Road  
 City Prairieville State LA Zip Code 70769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2022  
**Transaction ID : SA11AI.9272**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 PR Ded

**B. Bertaut, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16221 Jay Road  
 City Prairieville State LA Zip Code 70769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2022  
**Transaction ID : SA11AI.9318**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 PR Ded

**C. Bertaut, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16221 Jay Road  
 City Prairieville State LA Zip Code 70769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2022  
**Transaction ID : SA11AI.9363**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Bourgeois, Tina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19425 Creek Round Avenue  
 City Baton Rouge State LA Zip Code 70817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.48

Date of Receipt  
 11 / 30 / 2022  
**Transaction ID : SA11AI.9252**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

**B. Bourgeois, Tina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19425 Creek Round Avenue  
 City Baton Rouge State LA Zip Code 70817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 479.32

Date of Receipt  
 12 / 15 / 2022  
**Transaction ID : SA11AI.9298**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

**C. Bourgeois, Tina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19425 Creek Round Avenue  
 City Baton Rouge State LA Zip Code 70817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.16

Date of Receipt  
 12 / 31 / 2022  
**Transaction ID : SA11AI.9343**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Cross, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10603 Pinebrook Avenue  
 City Baton Rouge State LA Zip Code 70809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP Sales  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt  
 11 / 30 / 2022  
**Transaction ID : SA11AI.9250**  
 Amount of Each Receipt this Period 21.00  
 Memo Item  
 PR Ded

**B. Cross, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10603 Pinebrook Avenue  
 City Baton Rouge State LA Zip Code 70809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP Sales  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 483.00

Date of Receipt  
 12 / 15 / 2022  
**Transaction ID : SA11AI.9296**  
 Amount of Each Receipt this Period 21.00  
 Memo Item  
 PR Ded

**C. Cross, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10603 Pinebrook Avenue  
 City Baton Rouge State LA Zip Code 70809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP Sales  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 12 / 31 / 2022  
**Transaction ID : SA11AI.9341**  
 Amount of Each Receipt this Period 21.00  
 Memo Item  
 PR Ded

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Enright, Sherri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7949 Settlers Circle

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

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) HR - SVP
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Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 11 / 30 / 2022  
**Transaction ID : SA11AI.9292**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 PR Ded

**B. Enright, Sherri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7949 Settlers Circle

City Baton Rouge	State LA	Zip Code 70810
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LHSIC	Occupation (for Individual) HR - SVP
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Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 12 / 15 / 2022  
**Transaction ID : SA11AI.9338**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 PR Ded

**C. Enright, Sherri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7949 Settlers Circle

City Baton Rouge	State LA	Zip Code 70810
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LHSIC	Occupation (for Individual) HR - SVP
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Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 12 / 31 / 2022  
**Transaction ID : SA11AI.9383**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Faulk, Sheldon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1618 St. Albans  
 City Baton Rouge State LA Zip Code 70810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP Governmental Affairs  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 916.74

Date of Receipt  
 11 / 30 / 2022  
**Transaction ID : SA11AI.9253**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 PR Ded

**B. Faulk, Sheldon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1618 St. Albans  
 City Baton Rouge State LA Zip Code 70810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP Governmental Affairs  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 958.41

Date of Receipt  
 12 / 15 / 2022  
**Transaction ID : SA11AI.9299**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 PR Ded

**C. Faulk, Sheldon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1618 St. Albans  
 City Baton Rouge State LA Zip Code 70810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP Governmental Affairs  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.08

Date of Receipt  
 12 / 31 / 2022  
**Transaction ID : SA11AI.9344**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

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

Mailing Address 29721 Tulip

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

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

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

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2022

**Transaction ID : SA11AI.9254**

Amount of Each Receipt this Period  
10.42

Memo Item  
 PR Ded

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

Mailing Address 29721 Tulip

City Walker	State LA	Zip Code 70785
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
239.66

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2022

**Transaction ID : SA11AI.9300**

Amount of Each Receipt this Period  
10.42

Memo Item  
 PR Ded

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

Mailing Address 29721 Tulip

City Walker	State LA	Zip Code 70785
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2022

**Transaction ID : SA11AI.9345**

Amount of Each Receipt this Period  
10.42

Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	31.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

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

Mailing Address 226 West Woodstone Court

City Baton Rouge	State LA	Zip Code 70808
---------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Commercial Pharmacy
--	--

Receipt For: 2022  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2022

**Transaction ID : SA11AI.9255**

Amount of Each Receipt this Period  
25.00

Memo Item  
PR Ded

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

Mailing Address 226 West Woodstone Court

City Baton Rouge	State LA	Zip Code 70808
---------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Commercial Pharmacy
--	--

Receipt For: 2022  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2022

**Transaction ID : SA11AI.9301**

Amount of Each Receipt this Period  
25.00

Memo Item  
PR Ded

**C. Ford, Milam, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 226 West Woodstone Court

City Baton Rouge	State LA	Zip Code 70808
---------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Commercial Pharmacy
--	--

Receipt For: 2022  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2022

**Transaction ID : SA11AI.9346**

Amount of Each Receipt this Period  
25.00

Memo Item  
PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

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

Mailing Address 26322 West Meadow Drive

City Jackson	State LA	Zip Code 70748
-----------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) IT ENTERPRISE INFRASTRUCTURE
--	---

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 458.48

Date of Receipt  
 11 / 30 / 2022  
**Transaction ID : SA11AI.9286**

Amount of Each Receipt this Period  
 20.84

Memo Item  
 PR Ded

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

Mailing Address 26322 West Meadow Drive

City Jackson	State LA	Zip Code 70748
-----------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) IT ENTERPRISE INFRASTRUCTURE
--	---

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 479.32

Date of Receipt  
 12 / 15 / 2022  
**Transaction ID : SA11AI.9332**

Amount of Each Receipt this Period  
 20.84

Memo Item  
 PR Ded

**C. Guilbeau, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26322 West Meadow Drive

City Jackson	State LA	Zip Code 70748
-----------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) IT ENTERPRISE INFRASTRUCTURE
--	---

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.16

Date of Receipt  
 12 / 31 / 2022  
**Transaction ID : SA11AI.9377**

Amount of Each Receipt this Period  
 20.84

Memo Item  
 PR Ded

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Hanly, Gregory, , ,</b>			Date of Receipt
Mailing Address 13919 Kimbleton Avenue			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2022"/>
City Baton Rouge	State LA	Zip Code 70817	<b>Transaction ID : SA11AI.9256</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="10.42"/>
Name of Employer (for Individual) LHSIC	Occupation (for Individual) Baton Rouge Sales		<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="229.24"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hanly, Gregory, , ,</b>			Date of Receipt
Mailing Address 13919 Kimbleton Avenue			<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2022"/>
City Baton Rouge	State LA	Zip Code 70817	<b>Transaction ID : SA11AI.9302</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="10.42"/>
Name of Employer (for Individual) LHSIC	Occupation (for Individual) Baton Rouge Sales		<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="239.66"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hanly, Gregory, , ,</b>			Date of Receipt
Mailing Address 13919 Kimbleton Avenue			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2022"/>
City Baton Rouge	State LA	Zip Code 70817	<b>Transaction ID : SA11AI.9347</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="10.42"/>
Name of Employer (for Individual) LHSIC	Occupation (for Individual) Baton Rouge Sales		<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.08"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="31.26"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Harvey, Korey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 82877  
 City Baton Rouge State LA Zip Code 70884  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Legal General  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.48

Date of Receipt  
 11 / 30 / 2022  
**Transaction ID : SA11AI.9287**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

**B. Harvey, Korey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 82877  
 City Baton Rouge State LA Zip Code 70884  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Legal General  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 479.32

Date of Receipt  
 12 / 15 / 2022  
**Transaction ID : SA11AI.9333**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

**C. Harvey, Korey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 82877  
 City Baton Rouge State LA Zip Code 70884  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Legal General  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.16

Date of Receipt  
 12 / 31 / 2022  
**Transaction ID : SA11AI.9378**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Keller, Brian, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2022
Mailing Address 1068 Cyril Ave.			<b>Transaction ID : SA11AI.9259</b>
City Baton Rouge	State LA	Zip Code 70806	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item PR Ded	
Name of Employer (for Individual) LHSIC	Occupation (for Individual) SVP & Chief Marketing Officer		
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Keller, Brian, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2022
Mailing Address 1068 Cyril Ave.			<b>Transaction ID : SA11AI.9305</b>
City Baton Rouge	State LA	Zip Code 70806	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item PR Ded	
Name of Employer (for Individual) LHSIC	Occupation (for Individual) SVP & Chief Marketing Officer		
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 958.41		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Keller, Brian, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2022
Mailing Address 1068 Cyril Ave.			<b>Transaction ID : SA11AI.9350</b>
City Baton Rouge	State LA	Zip Code 70806	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item PR Ded	
Name of Employer (for Individual) LHSIC	Occupation (for Individual) SVP & Chief Marketing Officer		
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.08		

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Kendrick, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7443 N. Eisworth Avenue  
 City Baton Rouge State LA Zip Code 70818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Dir - Natl & Special Accounts  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2022  
**Transaction ID : SA11AI.9260**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 PR Ded

**B. Kendrick, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7443 N. Eisworth Avenue  
 City Baton Rouge State LA Zip Code 70818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Dir - Natl & Special Accounts  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 239.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2022  
**Transaction ID : SA11AI.9306**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 PR Ded

**C. Kendrick, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7443 N. Eisworth Avenue  
 City Baton Rouge State LA Zip Code 70818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Dir - Natl & Special Accounts  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2022  
**Transaction ID : SA11AI.9351**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	31.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Langlois, Darrell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42037 Bang Ficklin Road  
 City Prairieville State LA Zip Code 70769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2022  
**Transaction ID : SA11AI.9261**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 PR Ded

**B. Langlois, Darrell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42037 Bang Ficklin Road  
 City Prairieville State LA Zip Code 70769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 966.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2022  
**Transaction ID : SA11AI.9307**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 PR Ded

**C. Langlois, Darrell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42037 Bang Ficklin Road  
 City Prairieville State LA Zip Code 70769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2022  
**Transaction ID : SA11AI.9352**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 PR Ded

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Lavergne, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1315 S. Columbine St.  
 City Baton Rouge State LA Zip Code 70808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Legal General  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2022  
**Transaction ID : SA11AI.9262**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 PR Ded

**B. Lavergne, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1315 S. Columbine St.  
 City Baton Rouge State LA Zip Code 70808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Legal General  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2022  
**Transaction ID : SA11AI.9308**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 PR Ded

**C. Lavergne, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1315 S. Columbine St.  
 City Baton Rouge State LA Zip Code 70808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Legal General  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2022  
**Transaction ID : SA11AI.9353**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Mayo, Tamara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3235 Grand Way Avenue  
 City Baton Rouge State LA Zip Code 70810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP - Provider Reimb & Audit  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2022  
**Transaction ID : SA11AI.9283**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

**B. Mayo, Tamara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3235 Grand Way Avenue  
 City Baton Rouge State LA Zip Code 70810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP - Provider Reimb & Audit  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 479.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2022  
**Transaction ID : SA11AI.9329**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

**C. Mayo, Tamara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3235 Grand Way Avenue  
 City Baton Rouge State LA Zip Code 70810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP - Provider Reimb & Audit  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2022  
**Transaction ID : SA11AI.9374**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.52
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Michelli, Geoff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10457 Barry Dr.  
 City Baton Rouge State LA Zip Code 70809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Security Architecture  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2022  
**Transaction ID : SA11AI.9277**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 PR Ded

**B. Michelli, Geoff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10457 Barry Dr.  
 City Baton Rouge State LA Zip Code 70809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Security Architecture  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2022  
**Transaction ID : SA11AI.9323**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 PR Ded

**C. Michelli, Geoff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10457 Barry Dr.  
 City Baton Rouge State LA Zip Code 70809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Security Architecture  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2022  
**Transaction ID : SA11AI.9368**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 PR Ded

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

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

Mailing Address 13124 Bluff Road

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

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Medicare Advantage Compliance
--	--

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2022

**Transaction ID : SA11AI.9278**

Amount of Each Receipt this Period  
10.00

Memo Item  
 PR Ded

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

Mailing Address 13124 Bluff Road

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

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Medicare Advantage Compliance
--	--

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2022

**Transaction ID : SA11AI.9324**

Amount of Each Receipt this Period  
10.00

Memo Item  
 PR Ded

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

Mailing Address 13124 Bluff Road

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

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Medicare Advantage Compliance
--	--

Receipt For: 2022  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2022

**Transaction ID : SA11AI.9369**

Amount of Each Receipt this Period  
10.00

Memo Item  
 PR Ded

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Mix, Becca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3027 Grand Route St. John St.  
 City New Orleans State LA Zip Code 70119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Legal - Operations  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2022  
**Transaction ID : SA11AI.9288**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 PR Ded

**B. Mix, Becca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3027 Grand Route St. John St.  
 City New Orleans State LA Zip Code 70119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Legal - Operations  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2022  
**Transaction ID : SA11AI.9334**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 PR Ded

**C. Mix, Becca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3027 Grand Route St. John St.  
 City New Orleans State LA Zip Code 70119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Legal - Operations  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2022  
**Transaction ID : SA11AI.9379**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Richert, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 237 Ridgeway Drive  
 City Metairie State LA Zip Code 70001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business to Consumer  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2022  
**Transaction ID : SA11AI.9281**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 PR Ded

**B. Richert, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 237 Ridgeway Drive  
 City Metairie State LA Zip Code 70001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business to Consumer  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 966.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2022  
**Transaction ID : SA11AI.9327**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 PR Ded

**C. Richert, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 237 Ridgeway Drive  
 City Metairie State LA Zip Code 70001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business to Consumer  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2022  
**Transaction ID : SA11AI.9372**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	126.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Rone, Rodney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Minter Drive  
 City Mandeville State LA Zip Code 70471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Planning and Financial Systems  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt  
 11 / 30 / 2022  
**Transaction ID : SA11AI.9274**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 PR Ded

**B. Rone, Rodney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Minter Drive  
 City Mandeville State LA Zip Code 70471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Planning and Financial Systems  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 239.66

Date of Receipt  
 12 / 15 / 2022  
**Transaction ID : SA11AI.9320**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 PR Ded

**C. Rone, Rodney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Minter Drive  
 City Mandeville State LA Zip Code 70471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Planning and Financial Systems  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt  
 12 / 31 / 2022  
**Transaction ID : SA11AI.9365**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 PR Ded

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Shepherd, Paula, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2247 Midway Road  
 City Slaughter State LA Zip Code 70777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP - Benefits Administration  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2022  
**Transaction ID : SA11AI.9264**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

**B. Shepherd, Paula, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2247 Midway Road  
 City Slaughter State LA Zip Code 70777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP - Benefits Administration  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 479.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2022  
**Transaction ID : SA11AI.9310**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

**C. Shepherd, Paula, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2247 Midway Road  
 City Slaughter State LA Zip Code 70777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP - Benefits Administration  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2022  
**Transaction ID : SA11AI.9355**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Simon, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Rimwood Avenue  
 City Lafayette State LA Zip Code 70501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Lead Medical Director  
 Receipt For: 2022  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.48

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2022  
**Transaction ID : SA11AI.9284**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

**B. Simon, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Rimwood Avenue  
 City Lafayette State LA Zip Code 70501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Lead Medical Director  
 Receipt For: 2022  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 479.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2022  
**Transaction ID : SA11AI.9330**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

**C. Simon, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Rimwood Avenue  
 City Lafayette State LA Zip Code 70501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Lead Medical Director  
 Receipt For: 2022  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2022  
**Transaction ID : SA11AI.9375**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.52
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Tipton, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 936 Bourbon Ave  
 City Baton Rouge State LA Zip Code 70808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Foundation Administration  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2022  
**Transaction ID : SA11AI.9279**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 PR Ded

**B. Tipton, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 936 Bourbon Ave  
 City Baton Rouge State LA Zip Code 70808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Foundation Administration  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 239.66

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2022  
**Transaction ID : SA11AI.9325**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 PR Ded

**C. Tipton, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 936 Bourbon Ave  
 City Baton Rouge State LA Zip Code 70808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Foundation Administration  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2022  
**Transaction ID : SA11AI.9370**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	31.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Toranto, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5945 Cedar Creek Drive  
 City Baton Rouge    State LA    Zip Code 70817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC    Occupation (for Individual) M & B Automation Team  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2022  
**Transaction ID : SA11AI.9276**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 PR Ded

**B. Toranto, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5945 Cedar Creek Drive  
 City Baton Rouge    State LA    Zip Code 70817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC    Occupation (for Individual) M & B Automation Team  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2022  
**Transaction ID : SA11AI.9322**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 PR Ded

**C. Toranto, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5945 Cedar Creek Drive  
 City Baton Rouge    State LA    Zip Code 70817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC    Occupation (for Individual) M & B Automation Team  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2022  
**Transaction ID : SA11AI.9367**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 PR Ded

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Udvarhelyi, I Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7623 Boyce Drive  
 City Baton Rouge State LA Zip Code 70809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CEO Administration  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4583.26

Date of Receipt 11 / 30 / 2022  
**Transaction ID : SA11AI.9280**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 PR Ded

**B. Udvarhelyi, I Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7623 Boyce Drive  
 City Baton Rouge State LA Zip Code 70809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CEO Administration  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4791.59

Date of Receipt 12 / 15 / 2022  
**Transaction ID : SA11AI.9326**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 PR Ded

**C. Udvarhelyi, I Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7623 Boyce Drive  
 City Baton Rouge State LA Zip Code 70809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CEO Administration  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.92

Date of Receipt 12 / 31 / 2022  
**Transaction ID : SA11AI.9371**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	624.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Wagner, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Bath Street

City Metairie	State LA	Zip Code 70001
------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) SVP & Chief Marketing Officer
--	--

Receipt For: 2022  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 11 / 30 / 2022  
**Transaction ID : SA11AI.9271**

Amount of Each Receipt this Period  
 10.00

Memo Item  
 PR Ded

**B. Wagner, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Bath Street

City Metairie	State LA	Zip Code 70001
------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) SVP & Chief Marketing Officer
--	--

Receipt For: 2022  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 12 / 15 / 2022  
**Transaction ID : SA11AI.9317**

Amount of Each Receipt this Period  
 10.00

Memo Item  
 PR Ded

**C. Wagner, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Bath Street

City Metairie	State LA	Zip Code 70001
------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) SVP & Chief Marketing Officer
--	--

Receipt For: 2022  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 12 / 31 / 2022  
**Transaction ID : SA11AI.9362**

Amount of Each Receipt this Period  
 10.00

Memo Item  
 PR Ded

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Wakefield, Cindy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 998 Stanford Ave.  
 City Baton Rouge State LA Zip Code 70808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP - Corp Comm & Marketing  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2022  
**Transaction ID : SA11AI.9285**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 PR Ded

**B. Wakefield, Cindy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 998 Stanford Ave.  
 City Baton Rouge State LA Zip Code 70808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP - Corp Comm & Marketing  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2022  
**Transaction ID : SA11AI.9331**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 PR Ded

**C. Wakefield, Cindy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 998 Stanford Ave.  
 City Baton Rouge State LA Zip Code 70808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP - Corp Comm & Marketing  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2022  
**Transaction ID : SA11AI.9376**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	2486.43



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2022

Mailing Address 1310 G STREET NW

City  
WASHINGTON

State  
DC

Zip Code  
20005

FEC Identification Number

C C00194746

Transaction ID : SB23.9384

Amount of Each Disbursement this Period

7000.00

Purpose of Disbursement  
Contribution to BluePAC

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Memo Item

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

7000.00

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

7000.00