

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Stone, Robin, , ,
Type or Print Name of Treasurer


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


FEC Form 3X (Rev. 05/2016)
Write or Type Committee Name
Blue Cross Blue Shield of Alabama PAC


| COLUMN A | COLUMN B |
| :--- | :---: |
| This Period | Calendar Year-to-Date |

6. (a) Cash on Hand January 1,

| Y/r |
| :---: |
| 2017 |

(b) Cash on Hand at

Beginning of Reporting Period............



(d) Subtotal (add Lines 6(b) and

6(c) for Column A and Lines
6(a) and 6(c) for Column B) $\qquad$

204739.51
7. Total Disbursements (from Line 31) $\qquad$
$\square, 20000.00$
$\square 90000.00$
8. Cash on Hand at Close of Reporting Period
(subtract Line 7 from Line 6(d)) $\qquad$

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D) $\qquad$
0.00
10. Debts and Obligations Owed BY the Committee (Itemize all on
Schedule C and/or Schedule D) $\qquad$
0.00
$x$
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

## Write or Type Committee Name

Blue Cross Blue Shield of Alabama PAC

11. Contributions (other than loans) From:
(a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A)............

|  |  | 6387.95 |
| :---: | :---: | :---: |
|  | , | 2.00 |
|  | , | 6389.95 |
|  |  |  |
|  |  | 0.00 |
|  |  |  |


|  | , | 75299.68 |
| :---: | :---: | :---: |
|  | , | 5015.35 |
|  | , | 80315.03 |
|  |  | 0.00 |
|  |  | 0.00 |

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)


|  |  | 80315.03 |
| :---: | :---: | :---: |
|  |  | 0.00 |
|  |  | 0.00 |
|  |  | 0.00 |
|  |  |  |

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees. $\qquad$
17. Other Federal Receipts
(Dividends, Interest, etc.) $\qquad$
18. Transfers from Non-Federal and Levin Funds
(a) Non-Federal Account
(from Schedule H3) ...........................

(b) Levin Funds (from Schedule H5) .........
(c) Total Transfers (add 18(a) and 18(b))..

|  | 0.00 |  |
| :---: | :---: | :---: |
|  | , | 0.00 |
|  | , | 0.00 |

19. Total Receipts (add Lines 11(d), $12,13,14,15,16,17$, and $18(\mathrm{c})) \ldots \ldots \ldots$
$\square=6389.95$
$\square, 80315.03$
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ......... $\downarrow$


FEC Form 3X (Rev. 05/2016)

## II. Disbursements

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share $\qquad$ $\ldots$.
(ii) Non-Federal Share $\qquad$
(b) Other Federal Operating Expenditures $\qquad$
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))
22. Transfers to Affiliated/Other Party Committees.
23. Contributions to Federal Candidates/Committees and Other Political Committees.
24. Independent Expenditures (use Schedule E)
25. Coordinated Party Expenditures
(52 U.S.C. § 30116(d))
(use Schedule F). $\qquad$
26. Loan Repayments Made $\qquad$
27. Loans Made
28. Refunds of Contributions To:
(a) Individuals/Persons Other

Than Political Committees $\qquad$
(b) Political Party Committees $\qquad$
(c) Other Political Committees (such as PACs).
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) $\qquad$
$\qquad$
29. Other Disbursements (Including Non-Federal Donations) $\qquad$
0.00

COLUMN B Calendar Year-to-Date

| 0 | 0.00 |
| :---: | :---: |
| 0 | 0.00 |
| 0 | 0.00 |
| - 0 | 0.00 |
| , $0^{20000}$ | 0.00 |
| 70000 | 0.00 |
| 200 | 0.00 |
| , , , 0. | 0.00 |
| , | 0.00 |
|  | 0.00 |
| , 0.0 | 0.00 |
| $0$ | 0.00 |
| 0.0 | 0.00 |
| 0. | 0.00 |

0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))
(a) Allocated Federal Election Activity (from Schedule H6)
$\qquad$
(ii) "Levin" Share.
(b) Federal Election Activity Paid Entirely With Federal Funds $\qquad$
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))..

|  | 0.00 |  |
| :---: | :---: | :---: |
| $\Rightarrow$, | 0.00 |  |
| $\Rightarrow$, | 0.00 |  |
|  |  | 0.00 |


31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31). $\qquad$
$\square$
90000.00

Page 5
FEC Form 3X (Rev. 05/2016)
III. Net Contributions/

COLUMN B Calendar Year-to-Date

|  | COLUMN A <br> Total This Period |
| :---: | :---: |
| $\Rightarrow$ | 6389.95 |
|  | 0.00 |
|  | 6389.95 |
|  | 0.00 |

33. Total Contributions (other than loans)
(from Line 11(d), page 3)
34. Total Contribution Refunds (from Line 28(d))
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ...... $\downarrow$
37. Offsets to Operating Expenditures (from Line 15, page 3) $\qquad$
38. Net Operating Expenditures (subtract Line 37 from Line 36) $\qquad$


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

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

FOR LINE NUMBER: PAGE 6 OF 24 (check only one)


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)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Echols, Molly, B, ,

Mailing Address 2 North Jackson St

| Mailing Address 2 North Jackson St |  |  |
| :---: | :---: | :---: |
| City <br> Montgomery | State <br> AL | $\begin{gathered} \hline \text { Zip Code } \\ 36104 \end{gathered}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS of AL |  | ion (for Individual) Internal Audit |
|  | Aggreg |  |

Date of Receipt


Transaction ID : PR122928032248
Amount of Each Receipt this Period


Memo Item

P/R Deduction (\$16.06 Bi-Weekly)

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

Mailing Address 450 Riverchase Parkway East

| City | State | Zip Code |
| :---: | :---: | :---: |
| Birmingham | AL | 35244 |
| FEC ID number of contributing federal political committee. | C | , |
| Name of Employer (for Individual) BCBS AL |  | ion (for Individual) al Services |
|  | Aggrega | 2499.96 |

Date of Receipt


Transaction ID : PR125562732248
Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$208.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Jarrett, Angela, D, ,

Mailing Address 2 North Jackson Street Suite 202

| City <br> Montgomery | State <br> AL | Zip Code <br> 36104 |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| BLUPAC | Occupation (for Individual) <br> Receipt For: <br> Primary Claims \& Benefit Admin <br> Other (specify) | Aggregate Year-to-Date $\mathbf{V}$ |

Date of Receipt


Transaction ID : PR130963532248
Amount of Each Receipt this Period

$\square$ Memo Item

P/R Deduction (\$208.33 Monthly)

| SUBTOTAL of Receipts This Page (optional)............................................................... | $448.78$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... |  |

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

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

FOR LINE NUMBER: $\quad$ PAGE 7 OF 24 (check only one)


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)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Weaver, Darrel, Craig,,

Mailing Address 450 Riverchase Parkway East

| Mailing Address 450 Riverchase Parkway East |
| :--- |
| City <br> Birmingham |
| FEC ID number of contributing <br> federal political committee. |
| Name of Employer (for Individual) <br> AL |
| BLUPAC |
| Receipt For: <br> $\square$ <br> Primary $\quad \square$ <br> Other (specify) $\boldsymbol{\nabla}$ |

Date of Receipt


Transaction ID : PR132319632248
Amount of Each Receipt this Period


Memo Item

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

Mailing Address 450 Riverchase Parkway East

| City <br> Birmingham | State <br> AL | Zip Code <br> 35244 |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> BLUPAC |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{\square}$ |  |  |

Date of Receipt


Transaction ID : PR132319732248
Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$208.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Orr, Robert, R,

Mailing Address 1905 Balfour Dr

| City Birmingham | State <br> AL | Zip Code 35216-2703 |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) VP Customer Service |  |
|  | Aggreg $\square$ | r-to-Date $2499.96$ |

Date of Receipt


Amount of Each Receipt this Period

$\square$ Memo Item

P/R Deduction (\$208.33 Monthly)

| SUBTOTAL of Receipts This Page (optional)............................................................... | $624.99$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... |  |

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

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

FOR LINE NUMBER: PAGE 8 OF 24 (check only one)


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)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Vines, Timothy, , ,

Mailing Address 717 Savannah PI

| Mailing Address 717 Savannah PI |  |  |
| :---: | :---: | :---: |
| City <br> Birmingham | State <br> AL | $\begin{aligned} & \hline \text { Zip Code } \\ & 35226-3262 \end{aligned}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | (for Individual) COO |
| Receipt For: Primary General Other (specify) | Aggreg | -to-Date $2499.96$ |

Date of Receipt

| $12^{M}$ | $\begin{gathered} D \quad D \\ 31 \end{gathered}$ | $\mathrm{V}^{2017}$ |
| :---: | :---: | :---: |

Transaction ID : PR78823032248
Amount of Each Receipt this Period
$\square 208.33$

Memo Item

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

Mailing Address 212 Erwin Cir

| City <br> Birmingham | State <br> AL | Zip Code <br> $35216-1718$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| BCBS Alabama |  |  | | Receipt For: |
| :--- |
| $\square$Primary $\quad \square$ General <br> Other (specify) $\boldsymbol{V}$ |

Date of Receipt


Transaction ID : PR78825332248
Amount of Each Receipt this Period
$\square 27.14$

## Memo Item

P/R Deduction (\$13.57 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Berkery, Jonathan, T, ,

Mailing Address 703 Morris Blvd

| City <br> Birmingham |
| :--- |
| FEC ID number of contributing <br> AL Zip Code <br> $35209-6223$ <br> federal political committee.  |
| Name of Employer (for Individual) <br> BCBS Alabama |
| Receipt For: <br> $\square$ Primary $\square$ General <br> Other (specify) |


| SUBTOTAL of Receipts This Page (optional)................................................................. | $266.39$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | 5 - |

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

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

FOR LINE NUMBER: PAGE 9 OF 24 (check only one)


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)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 226 Cambo Ter |  |  |
| :---: | :---: | :---: |
| City Birmingham | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35226-1078 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) Dept Mgr Enrollment Services |  |
| Receipt For:$\square$Primary $\quad \square$ General <br> $\square$ | Aggrega | r-to-Date $520.00$ |

Date of Receipt

| $12$ | ${ }^{\text {D }} 31$ | $2017$ |
| :---: | :---: | :---: |

Transaction ID : PR78825532248
Amount of Each Receipt this Period


Memo Item

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

Mailing Address 4327 Kennesaw Dr

| City <br> Birmingham | State <br> AL | Zip Code <br> $35213-3311$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> BCBS Alabama | Occupation (for Individual) <br> Chief Business Officer |  |
| Receipt For: <br> $\square$ <br> Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : PR78825832248
Amount of Each Receipt this Period

Memo Item

P/R Deduction (\$208.33 Monthly)

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

C. Bruner, William, G, ,

Mailing Address 812 Hickory Trace Cir

| City <br> Birmingham |
| :--- |
| FEC ID number of contributing <br> federal political committee. |
| AL |
| Name of Employer (for Individual) <br> BCBS Alabama |
| Receipt For: <br> $\square$ Primary $\quad \square$ General <br> Other (specify) |

Date of Receipt


Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$17.06 Bi-Weekly)

| SUBTOTAL of Receipts This Page (optional)................................................................ | $282.45$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | - |

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

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

FOR LINE NUMBER: PAGE 10 OF 24 (check only one)


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)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Carden, Noel, W, ,

Mailing Address 5783 Cypress Trce

| Mailing Address 5783 Cypress Trce |  |
| :---: | :---: |
| City Birmingham | State Zip Code <br> AL $35244-5481$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) VP and Chief Actuary |
|  | Aggregate Year-to-Date <br> 2499.96 |

Date of Receipt

| $1{ }^{\text {M }}$ | 31 | 2017 |
| :---: | :---: | :---: |

Transaction ID : PR78826332248
Amount of Each Receipt this Period
$\square 208.33$

Memo Item

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

Mailing Address 156 Stonegate Dr

| City <br> Birmingham | State <br> AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35242-7054 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | tion (for Individual) sumer Insurance Sales |
|  | Aggrega | r-to-Date <br> 2499.96 |

Date of Receipt


Transaction ID : PR78826432248
Amount of Each Receipt this Period


Memo Item

P/R Deduction (\$208.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Council, Rebekah, Elgin, ,

Mailing Address 919 38th St S

| City <br> Birmingham |
| :--- |
| FEC ID number of contributing <br> federal political committee. |
| State <br> AL |
| Name of Employer (for Individual) <br> BCBS Alabama |
| Receipt For: <br> $\square$Primary <br> Other (specify) <br> $\square$ General |

Date of Receipt


Amount of Each Receipt this Period


Memo Item

P/R Deduction (\$208.33 Monthly)

| SUBTOTAL of Receipts This Page (optional)................................................................ | $624.99$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | - |

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

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

FOR LINE NUMBER: PAGE 11 OF 24 (check only one)


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)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. DeCroes, Charles, B, ,

Mailing Address 1392 Belmont Ln

| Mailing Address 1392 Belmont Ln |  |
| :---: | :---: |
| City <br> Helena | State Zip Code <br> AL $35080-4004$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) VP Technology Support |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date $\square$ |

Date of Receipt

| $12$ | D 10 <br>  | $\square$ |
| :---: | :---: | :---: |

Transaction ID : PR78827132248
Amount of Each Receipt this Period
$\square 208.33$

Memo Item

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

Mailing Address 1921 Forest Knoll Dr

| City <br> Birmingham | State <br> AL | Zip Code <br> $35244-1431$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> BCBS Alabama |  |  |
| Receipt For:  <br> $\square$  <br> Primary <br> Other (specify) $\boldsymbol{V}$ Occupation (for Individual) <br> Manager Database Admin |  |  |

Date of Receipt


Transaction ID : PR78827332248
Amount of Each Receipt this Period

Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Dunsmore, Joseph, Edward,

Mailing Address 4474 Heritage Park Dr

| City Birmingham | State <br> AL | Zip Code 35226-4171 |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. |  |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) Deputy CIO |  |
| Receipt For: Primary General Other (specify) | Aggrega | r-to-Date $2499.96$ |

Date of Receipt


Amount of Each Receipt this Period
$\square, \quad 208.33$

## Memo Item

P/R Deduction (\$208.33 Monthly)


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

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

FOR LINE NUMBER: PAGE 12 OF 24 (check only one)


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)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Edwards, Brian, D, ,

Mailing Address 107 Eagle Cove Dr

| City <br> Pelham | State <br> AL | Zip Code <br> $35124-2223$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) | Occupation (for Individual) <br> BCBS Alabama | Aggregate Year-to-Date $\boldsymbol{\nabla}$ |
| Receipt For: |  |  |
| $\square$ Primary $\quad \square$ General |  |  |
| $\square$ Other (specify) $\boldsymbol{\nabla}$ |  |  |

Date of Receipt

## Transaction ID : PR78827732248

Amount of Each Receipt this Period
$\square 208.33$

Memo Item

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

Mailing Address 4221 Waterford Ln

| City <br> Trussville | State <br> AL | Zip Code <br> $35173-1567$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| BCBS Alabama |  |  |
| Receipt For: <br> $\square$ <br> Primary <br> Other (specify) $\boldsymbol{\nabla}$ |  |  |

Date of Receipt


Transaction ID : PR78828032248
Amount of Each Receipt this Period

Memo Item

P/R Deduction (\$16.47 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Hamlin, Elizabeth, A, ,

Mailing Address PO Box 361343

| City Birmingham | State AL | Zip Code <br> $35236-1343$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) Director Associate Services |  |
|  | Aggreg | r-to-Date $470.08$ |


| SUBTOTAL of Receipts This Page (optional)................................................................ | $277.43$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)...................................................... |  |

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

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

FOR LINE NUMBER: PAGE 13 OF 24 (check only one)


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)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 1104 Walnut Cir |  |  |
| :---: | :---: | :---: |
| City Alabaster | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35007-9300 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) Dept Mgr Health Care Networks |  |
|  | Aggreg | r-to-Date $439.14$ |

Date of Receipt


## Transaction ID : PR78828632248

Amount of Each Receipt this Period


Memo Item

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

Mailing Address 304 fox valley highlands cr

| City | State | Zip Code |
| :---: | :---: | :---: |
| Maylene | AL | 35114 |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | tion (for Individual) iness Development |
| Receipt For: $\square$ Primary $\square$ General $\square$ Other (specify) $\boldsymbol{v}$ | Aggrega |  |

Date of Receipt


Transaction ID : PR78829032248
Amount of Each Receipt this Period

Memo Item

P/R Deduction (\$208.33 Monthly)

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

Mailing Address 4008 Charring Cross Ln

| City Birmingham | State <br> AL | Zip Code 35226-2092 |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) SVP Health Care Networks |  |
|  | Aggrega | r-to-Date $2499.96$ |

Date of Receipt


Amount of Each Receipt this Period

$\square$ Memo Item

P/R Deduction (\$208.33 Monthly)

| SUBTOTAL of Receipts This Page (optional)............................................................... | $450.44$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... |  |

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

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

FOR LINE NUMBER: PAGE 14 OF 24 (check only one)


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)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Johnson, David, C, ,

Mailing Address 2508 wilowbrook cr

| Mailing Address 2508 wilowbrook cr |  |
| :---: | :---: |
| City <br> Birmingham | State Zip Code <br> AL 35242 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) <br> Strategy Consult Technical Adv |
|  | Aggregate Year-to-Date |

Date of Receipt


Transaction ID : PR78829432248
Amount of Each Receipt this Period


Memo Item

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

Mailing Address 1230 Glen View Rd

| City <br> Birmingham | State <br> AL | Zip Code <br> $35222-4317$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| BCBS Alabama |  |  | | Receipt For: |
| :--- |
| $\square$Primary $\quad \square$ General <br> Other (specify) $\boldsymbol{V}$ |

Date of Receipt


Transaction ID : PR78829632248
Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$208.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Kenney, Brian, T, ,

Mailing Address 3874 Village Center Dr

| City Birmingham | State <br> AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35226-6263 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. |  |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) Health Mgmt Operations Manager |  |
|  | Aggreg | r-to-Date $260.00$ |


| SUBTOTAL of Receipts This Page (optional)................................................................ | $264.33$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | - |

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

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

FOR LINE NUMBER: PAGE 15 OF 24 (check only one)


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)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LeMier, Sherrie, D, ,

Mailing Address 2448 Lancaster Cir

| Mailing Address 2448 Lancaster Cir |  |
| :---: | :---: |
| City <br> Birmingham | State Zip Code <br> AL $35242-4420$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) <br> President \& COO HBS |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date $\square$ |

Date of Receipt

| $12^{M}$ | $\begin{gathered} D \\ \\ \hline 1 \end{gathered}$ | $\begin{gathered} y-y \\ 2017 \end{gathered}$ |
| :---: | :---: | :---: |

Transaction ID : PR78830332248
Amount of Each Receipt this Period


Memo Item

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

Mailing Address 3484 Tamassee Ln

| City Birmingham | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35226-2671 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) Claims Operations |
|  | Aggrega |  |

Date of Receipt


Transaction ID : PR78830632248
Amount of Each Receipt this Period

Memo Item

P/R Deduction (\$15.00 Bi-Weekly)


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

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

FOR LINE NUMBER: PAGE 16 OF 24 (check only one)


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)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 3489 Birchwood Ln |  |  |
| :---: | :---: | :---: |
| City Birmingham | State <br> AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35243-4434 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) |  |
|  | Aggrega | r-to-Date $2499.96$ |

Date of Receipt

| $12$ | ${ }^{\text {D }} 31$ | $2017$ |
| :---: | :---: | :---: |

Transaction ID : PR78830932248
Amount of Each Receipt this Period
$\square 208.33$

Memo Item

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

Mailing Address 18 Montcrest Dr

| City <br> Birmingham | State <br> AL | Zip Code <br> $35213-3022$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> BCBS Alabama |  |  |
| Receipt For: <br> $\square$Primary <br> Other (specify) $\boldsymbol{\nabla}$ | Occupation (for Individual) <br> VP UTIC |  |

Date of Receipt


Transaction ID : PR78831332248
Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$208.33 Monthly)

| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <br> C. Morris, Joe, S, , |  |  | Date of Receipt |
| :---: | :---: | :---: | :---: |
| Mailing Address 908 Lakeview Estates Dr |  |  |  |
| City Bessemer | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35023-5810 \end{array}$ |  |
|  |  |  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. |  |  | $\text { , } 37.52$ |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) Facilities Operations | Memo Item |
|  |  | r-to-Date $\boldsymbol{\nabla}$  <br>   | P/R Deduction (\$18.76 Bi-Weekly) |
| SUBTOTAL of Receipts This Page (optional)................................................................ |  |  | $454.18$ |
| TOTAL This Period (last page this line number only)...................................................... |  |  |  |

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

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

FOR LINE NUMBER: PAGE 17 OF 24 (check only one)


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)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Morrissette, John, M, ,

Mailing Address 1515 Amherst Cir

| Mailing Address 1515 Amherst Cir |  |
| :---: | :---: |
| City Birmingham | State Zip Code <br> AL $35216-1009$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) Mgr Sales Sup/Nat'I Accts |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date |

Date of Receipt

| $\begin{gathered} M 12 \end{gathered}$ | $\begin{gathered} D \quad D \\ 31 \end{gathered}$ | $\begin{aligned} & Y-Y \\ & 2017 \end{aligned}$ |
| :---: | :---: | :---: |

Transaction ID : PR78831632248
Amount of Each Receipt this Period


Memo Item

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

Mailing Address 503 Olmsted St

| City <br> Birmingham | State <br> AL | Zip Code <br> $35242-1825$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> BCBS Alabama |  |  |
| Receipt For: <br> Primary $\quad \square$ General <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : PR78831732248
Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$208.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Parton, Christopher, A, ,

Mailing Address 101 Creekwood Ln

| City Helena | State <br> AL | Zip Code 35080-3273 |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) Director Info Security/CISO |  |
|  | Aggreg | -to-Date $520.00$ |

Date of Receipt


Amount of Each Receipt this Period

$\square$ Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

| SUBTOTAL of Receipts This Page (optional)................................................................ | $298.33$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | - |

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

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

FOR LINE NUMBER: PAGE 18 OF 24 (check only one)


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)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Patterson, Michael, L, ,

Mailing Address 1809 Lucinda Robey PI

| Mailing Address 1809 Lucinda Robey PI |  |
| :---: | :---: |
| City Birmingham | State Zip Code <br> AL $35211-3872$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) SVP and Chief Legal Officer |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date $\square$ |

Date of Receipt

| 12 | 31 | Y Y Y 2017 |
| :---: | :---: | :---: |

Transaction ID : PR78832032248
Amount of Each Receipt this Period
$\square 208.33$

Memo Item

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

B. Platt, David, E, ,

Mailing Address 3700 Montevallo Rd S

| City <br> Birmingham | State <br> AL | Zip Code <br> $35213-4208$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> BCBS Alabama |  |  |
| Receipt For: <br> Primary $\quad \square$ General <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : PR78832132248
Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$24.42 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Saxon, Vickie, L, ,

Mailing Address 4127 Heatherhedge Ln

| City Birmingham | State <br> AL | Zip Code 35226-2095 |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) SVP Enterprise Resources |  |
|  | Aggrega | r-to-Date $2499.96$ |

## Date of Receipt



Amount of Each Receipt this Period

$\square$ Memo Item

P/R Deduction (\$208.33 Monthly)


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

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

FOR LINE NUMBER: PAGE 19 OF 24 (check only one)


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)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Sellers, Spencer, H, ,

Mailing Address 5568 Surrey Ln

| Mailing Address 5568 Surrey Ln |  |
| :---: | :---: |
| City <br> Birmingham | State Zip Code <br> AL $35242-3330$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) Sr Info Tech Risk Analyst |
|  | Aggregate Year-to-Date $\square$ <br> 260.00 |

Date of Receipt

| 12 | 31 | Y Y Y 2017 |
| :---: | :---: | :---: |

Transaction ID : PR78833032248
Amount of Each Receipt this Period


Memo Item

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

Mailing Address 5440 Magnolia Trce

| City <br> Birmingham | State <br> AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35244-4533 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) asury Operations |
| $\begin{aligned} & \text { Receipt For: } \\ & \square \text { Primary } \quad \square \text { General } \\ & \square \text { Other (specify) } \end{aligned}$ | Aggregat | r-to-Date <br> 2028.25 |

Date of Receipt


Transaction ID : PR78833232248
Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$208.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Steed, Clay, T, ,

Mailing Address 334 Lennox Sq

| City Fairhope | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 36532-7519 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) Executive |
|  | Aggrega |  |

Date of Receipt


Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$14.07 Bi-Weekly)

| SUBTOTAL of Receipts This Page (optional)................................................................ | $256.47$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | - |

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

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

FOR LINE NUMBER: PAGE 20 OF 24 (check only one)


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)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Stone, Joseph, Robin,

Mailing Address 3755 Everest Dr

| Mailing Address 3755 Everest Dr |
| :--- |
| City <br> Montgomery |
| FEC ID number of contributing <br> federal political committee. |
| Name of Employer (for Individual) <br> AL |
| BCBS Alabama |
| Receipt For: |
| $\square$Primary Code <br> $36106-3336$ |
| $\square$ Other (specify) $\boldsymbol{\nabla}$ General |

Date of Receipt

| 12 | 31 | Y Y Y 2017 |
| :---: | :---: | :---: |

Transaction ID : PR78833632248
Amount of Each Receipt this Period


Memo Item

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

Mailing Address 2058 Wild Flower Dr

| City <br> Birmingham | State <br> AL | Zip Code <br> $35244-1723$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. |  |  |
| Name of Employer (for Individual) <br> BCBS Alabama |  |  |
| Receipt For: <br> $\square$ <br> Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : PR78833732248
Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$16.00 Bi-Weekly)

| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Vice, Cynthia, M, , |  |  | Date of Receipt |
| :---: | :---: | :---: | :---: |
| Mailing Address 936 Beech Ln |  |  |  |
| City | State AL | Zip Code |  |
| Birmingham |  | 35213-2024 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. |  |  | $208.33$ |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) Chief Financial Officer | Memo Item <br> P/R Deduction (\$208.33 Monthly) |
|  | Aggrega | r-to-Date $\boldsymbol{\nabla}$ |  |
| SUBTOTAL of Receipts This Page (optional) |  |  | , 360.33 |
| TOTAL This Period (last page this line number only)........................................................... |  |  |  |

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

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

FOR LINE NUMBER: PAGE 21 OF 24 (check only one)


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)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Walden, Joseph, Clay,,

Mailing Address 14 Signal Hill Rd


Date of Receipt

| 12 | 31 | $2017$ |
| :---: | :---: | :---: |

Transaction ID : PR78834532248
Amount of Each Receipt this Period


Memo Item

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

Mailing Address 109 Coshatt Trl

| City <br> Birmingham | State <br> AL | Zip Code <br> $35244-2439$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| BCBS Alabama |  |  | | Receipt For: |
| :--- |
| Primary $\quad \square$ General <br> Other (specify) $\boldsymbol{V}$ |

Date of Receipt


Transaction ID : PR78834632248
Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$208.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Warren, Susan, M, $\qquad$ Date of Receipt

## Mailing Address 2021 Chandapine Cir

| City <br> Pelham | State <br> AL | Zip Code <br> $35124-1430$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) | Occupation (for Individual) <br> Dept Mgr Corporate Strategy |  |
| BCBS Alabama  <br> Receipt For:  <br> $\square$  <br> Primary <br> Other (specify) Aggregate Year-to-Date $\mathbf{V}$ |  |  |


| SUBTOTAL of Receipts This Page (optional)................................................................. | $288.79$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | 5 |

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

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

FOR LINE NUMBER: PAGE 22 OF 24 (check only one)


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)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Watkins, James, M, ,

Mailing Address 1935 Red Oak Ln NE

| Mailing Address 1935 Red Oak Ln NE |  |  |
| :---: | :---: | :---: |
|  | State <br> AL | $\begin{aligned} & \hline \text { Zip Code } \\ & 35016-5360 \end{aligned}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | (for Individual) Manager |
|  | Aggreg | -to-Date $495.30$ |

Date of Receipt

| 12 | 31 |  |
| :---: | :---: | :---: |

## Transaction ID : PR78834832248

Amount of Each Receipt this Period


Memo Item

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

Mailing Address 1009 Margaret St

| City Leeds | State <br> AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35094-2736 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | tion (for Individual) O |
|  | Aggrega | r-to-Date $634: 23$ |

Date of Receipt


Transaction ID : PR78834932248
Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$21.87 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Williams, John, T, ,

## Mailing Address 8625 Anna PI

| City Montgomery | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 36116-6693 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) Manager |
| Receipt For: Primary General Other (specify) | Aggreg |  |


| SUBTOTAL of Receipts This Page (optional)................................................................ | $131.23$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | - |

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

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

FOR LINE NUMBER: PAGE 23 OF 24 (check only one)


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)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 130 Hampton Drive |  |  |
| :---: | :---: | :---: |
| City Pelham | State <br> AL | $\begin{gathered} \text { Zip Code } \\ 352 \Delta 4 \end{gathered}$ |
| FEC ID number of contributing federal political committee. |  |  |
| Name of Employer (for Individual) BCBS AL | Occupation (for Individual) <br> SVP Business Operations |  |
|  | Aggreg | r-to-Date $2499.96$ |

Date of Receipt

| 12 | ${ }^{\text {D }} 31$ | $2017$ |
| :---: | :---: | :---: |

Transaction ID : PR94042832248
Amount of Each Receipt this Period


Memo Item


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

## Mailing Address

| City | State | Zip Code |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) | Occupation (for Individual) |  |
| Receipt For: <br> Primary <br> Other (specify) |  |  |

## Date of Receipt



## Amount of Each Receipt this Period



| SUBTOTAL of Receipts This Page (optional)..................................................................... | $208.33$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)........................................................ | , 6387.95 |

## SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS



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)
Blue Cross Blue Shield of Alabama PAC

Full Name (Last, First, Middle Initial)
A. Blue PAC - BCBS Association PAC

B.


Date of Disbursement

| M 12 | D 05 05 | 2017 |
| :---: | :---: | :---: |

FEC Identification Number


## C00194746

Transaction ID : 10908563
Amount of Each Disbursement this Period
$\square 20000.00$

Transfer to Affiliated Committee
Memo Item

Date of Disbursement


FEC Identification Number
C
Amount of Each Disbursement this Period
$\square$

Memo Item

## Date of Disbursement



FEC Identification Number
C
Amount of Each Disbursement this Period
$\square$

Memo Item

| SUBTOTAL of Disbursements This Page (optional)............................................................. |
| :--- |
| TOTAL This Period (last page this line number only)........................................................... |


|  | 20000.00 |
| :---: | :---: |
|  | 20000.00 |

