PAGE 1 / 26

.

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
NAME OF TYPE COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Louisiana Health Service	& Indemnity Comp	any DBA Blue Cross &	Blue Shield of Louisiana PAC
ADDRESS (number and street)	525 Reitz Avenue		
Check if different than previously	Jaton Rouge		LA 1 70809 1 1
reported. (ACC)			1,000
2. FEC IDENTIFICATION NUME	BER ▼ CITY	(▲	STATE ▲ ZIP CODE ▲
C C00651265	3. IS	THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report	20 (M2) May 20 (M5	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6)	(Non-Election Year Only)
April 15 Quarterly Report (Q1)	Apr 2	20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE)	Election	on M M / D D /	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on/	in the State of
5. Covering Period 07	01 2020	through 09	30 2020
	Report and to the best of r Camerlinck, Bryan, , ,	my knowledge and belief it is t	rue, correct and complete.
Type or Print Name of Treasurer _			
Signature of Treasurer	ck, Bryan, , ,	[Electronically Filed]	Date 10 05 / 2020
NOTE: Submission of false, erroneous	, or incomplete information	may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC 07 01 2020 09 30 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 43286.33 January 1. 2020 (b) Cash on Hand at 47935.35 Beginning of Reporting Period..... 9544.60 15193.62 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 58479.95 57479.95 6(a) and 6(c) for Column B)..... 2800.00 3800.00 Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 54679.95 54679.95 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

	COLLINANIA	COLUMNID
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	8217.16	9907.44
(ii) Unitominad	1327.44	5286.18
(ii) Unitemized(iii) TOTAL (add	1027.44	3200.10
Lines 11(a)(i) and (ii)▶	9544.60	15193.62
	1 1 1 1 1 1 1 1 1	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	9544.60	15193.62
Totals to Line 33, page 5) Transfers From Affiliated/Other	3044.00	4 4
Party Committees	0.00	0.00
Tarty Committees	4	
. All Loans Received	0.00	0.00
	4	4 4
. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7 7	7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made	4	7 7 7
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(monit deficació filo)	3.00	0.00
(b) Lovin Funds (from Schodulo 45)	0.00	0.00
(b) Levin Funds (from Schedule H5)	4	4 4
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(-,	45	3.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	9544.60	15193.62
	4	4 4
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	9544.60	15193.62

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	2800.00	3800.00
. Independent Expenditures (use Schedule E)	0.00	0.00
5. Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4	4 4
(use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
(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
Other Disbursements (Including	7 1 7	7 7 7 7
Non-Federal Donations)	0.00	0.00
 Federal Election Activity (52 U.S.C. § 30101 (a) Allocated Federal Election Activity (from Schedule H6) 	(20))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
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
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2800.00	3800.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	2800.00	3800.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/

Operating Expenditures

(from Line 11(d), page 3)

(from Line 28(d)).....

(subtract Line 34 from Line 33)

(add Line 21(a)(i) and Line 21(b))▶

(from Line 15, page 3).....

(subtract Line 37 from Line 36)

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 9544.60 15193.62 0.00 0.00 15193.62 9544.60 0.00 0.00 0.00 0.00 0.00 0.00

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

F	OR	LINE	NU	MBER	:	PAGE		6	OF		26
(check only one)											
	X	11a		11b		11c		12	2		
		13		14		15		16	6		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 Barfield, Deirdre, , , Date of Receipt Mailing Address 715 Coachlight Road City Zip Code State Transaction ID: SA11AI.6953 LA Shreveport 71106 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Senior Medical Director LHSIC Personal Check Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bourgeois, Tina, , , Date of Receipt Mailing Address 19425 Creek Round Avenue 2020 City State Zip Code Transaction ID: SA11AI.6805 **Baton Rouge** 70817 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **LHSIC** PR Ded Enterprise Info Mgmt Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General Other (specify) 270.92 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bourgeois, Tina, , , Date of Receipt Mailing Address 19425 Creek Round Avenue 2020 City State Zip Code Transaction ID: SA11AI.6835 **Baton Rouge** LA 70817 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PR Ded LHSIC Enterprise Info Mgmt Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 291.76 Other (specify) 541.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FO	R LINE	NUMBER	:	PAGE	7	OF	26
(ch	eck only	one)					
>	1 1a	11b		11c	12		
	13	14		15	16		17

Detailed Summary Page 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 Bourgeois, Tina, , , Date of Receipt Mailing Address 19425 Creek Round Avenue 15 City Zip Code State Transaction ID: SA11AI.6865 LA Baton Rouge 70817 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Enterprise Info Mgmt** LHSIC PR Ded Receipt For: 2020 Aggregate Year-to-Date ▼ x Primary General 312.60 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bourgeois, Tina, , , Date of Receipt Mailing Address 19425 Creek Round Avenue 2020 City State Zip Code Transaction ID: SA11AI.6894 **Baton Rouge** 70817 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **LHSIC** PR Ded Enterprise Info Mgmt Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General Other (specify) 333.44 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bourgeois, Tina, , , Date of Receipt Mailing Address 19425 Creek Round Avenue 15 2020 City State Zip Code Transaction ID: SA11AI.6923 **Baton Rouge** LA 70817 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PR Ded LHSIC Enterprise Info Mgmt Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 354.28 Other (specify) 62.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

F	OR	LINE	NU	MBER	:	PAGE		8	OF		26
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16	;		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 Bourgeois, Tina, , , Date of Receipt Mailing Address 19425 Creek Round Avenue City Zip Code State Transaction ID: SA11AI.6958 LA **Baton Rouge** 70817 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **Enterprise Info Mgmt** LHSIC PR Ded Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 375.12 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Cross, Gregory, , , Date of Receipt Mailing Address 10603 Pinebrook Avenue 2020 City State Zip Code Transaction ID: SA11AI.6893 Baton Rouge LA 70809 Amount of Each Receipt this Period FEC ID number of contributing 21.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **LHSIC** PR Ded **VP Sales** Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Cross, Gregory, , , Date of Receipt Mailing Address 10603 Pinebrook Avenue 15 2020 City State Zip Code Transaction ID: SA11AI.6922 **Baton Rouge** LA 70809 Amount of Each Receipt this Period FEC ID number of contributing 21.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PR Ded **VP Sales** LHSIC Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 231.00 Other (specify) 62.84 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

F	OR	LINE	NU	MBER	PAGE		9	OF		26		
(0	(check only one)											
	X	11a		11b		11c		12				
		13		14		15		16	;		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 Cross, Gregory, , , Date of Receipt Mailing Address 10603 Pinebrook Avenue City Zip Code State Transaction ID: SA11AI.6957 LA **Baton Rouge** 70809 Amount of Each Receipt this Period FEC ID number of contributing 21.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **VP Sales** LHSIC PR Ded Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 252.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Faulk, Sheldon, , , Date of Receipt Mailing Address 1618 St. Albans 2020 City State Zip Code Transaction ID: SA11AI.6806 LA **Baton Rouge** 70810 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **LHSIC** PR Ded **SVP Governmental Affairs** Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General Other (specify) 541.71 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Faulk, Sheldon, , , Date of Receipt Mailing Address 1618 St. Albans 2020 City State Zip Code Transaction ID: SA11AI.6836 **Baton Rouge** LA 70810 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PR Ded **SVP Governmental Affairs** LHSIC Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 583.38 Other (specify) 104.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

F	OR	LINE	NU	MBER	:	PAGE	_ ′	10	OF		26	
(0	(check only one)											
	X	11a		11b		11c		12				
		13		14		15		16			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 Faulk, Sheldon, , , Date of Receipt Mailing Address 1618 St. Albans 15 City Zip Code State Transaction ID: SA11AI.6866 LA **Baton Rouge** 70810 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **SVP Governmental Affairs** LHSIC PR Ded Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 625.05 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Faulk, Sheldon, , , Date of Receipt Mailing Address 1618 St. Albans 2020 City State Zip Code Transaction ID: SA11AI.6895 LA **Baton Rouge** 70810 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **LHSIC** PR Ded **SVP Governmental Affairs** Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General Other (specify) 666.72 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Faulk, Sheldon, , , Date of Receipt Mailing Address 1618 St. Albans 15 2020 City State Zip Code Transaction ID: SA11AI.6924 **Baton Rouge** LA 70810 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PR Ded **SVP Governmental Affairs** LHSIC Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 708.39 Other (specify) 125.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Detailed Summary Page 13 14 15 16 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 Faulk, Sheldon, , , Date of Receipt Mailing Address 1618 St. Albans City Zip Code State Transaction ID: SA11AI.6959 LA Baton Rouge 70810 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **SVP Governmental Affairs** LHSIC PR Ded Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gray, Paul, , , Date of Receipt Mailing Address 1146 Club Place 2020 City State Zip Code Transaction ID: SA11AI.6950 **Baton Rouge** 70810 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LHSIC Personal Check Director Operational Audit and Plan Pe Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hanly, Greg, , , Date of Receipt Mailing Address 13919 Kimbleton Ave 2020 City State Zip Code Transaction ID: SA11AI.6954 **Baton Rouge** LA 70817 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Personal Check LHSIC Regional Director - BR Group Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 791.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

F	FOR	LINE	NU	MBER	:	PAGE	· '	12	OF	26
(che	ck only								
	×	11a		11b		11c		12		
		13		14		15		16	;	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 Hochheiser, David, , , Date of Receipt Mailing Address 218 E. Greens Drive 15 City Zip Code State Transaction ID: SA11AI.6826 LA Baton Rouge 70810 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **CVP - Medical Economics** LHSIC PR Ded Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hochheiser, David, , , Date of Receipt Mailing Address 218 E. Greens Drive 2020 City State Zip Code Transaction ID: SA11AI.6856 LA **Baton Rouge** 70810 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **LHSIC** PR Ded **CVP - Medical Economics** Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General Other (specify) 700.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hochheiser, David, , , Date of Receipt Mailing Address 218 E. Greens Drive 15 2020 City State Zip Code Transaction ID: SA11AI.6885 **Baton Rouge** LA 70810 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PR Ded CVP - Medical Economics LHSIC Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER: (check only one)

FOF	I LINE	NU	MBER	:	PAGE	: '	13	OF		26	
(che	(check only one)										
×	11a		11b		11c		12				
	13		14		15		16			17	

Detailed Summary Page 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 Hochheiser, David, , , Date of Receipt Mailing Address 218 E. Greens Drive City Zip Code State Transaction ID: SA11AI.6914 LA Baton Rouge 70810 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **CVP - Medical Economics** LHSIC PR Ded Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hochheiser, David, , , Date of Receipt Mailing Address 218 E. Greens Drive 2020 City State Zip Code Transaction ID: SA11AI.6943 **Baton Rouge** 70810 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **LHSIC** PR Ded **CVP - Medical Economics** Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General Other (specify) 850.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hochheiser, David, , , Date of Receipt Mailing Address 218 E. Greens Drive 30 2020 City State Zip Code Transaction ID: SA11AI.6989 **Baton Rouge** LA 70810 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PR Ded CVP - Medical Economics LHSIC Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Detailed Summary Page 13 14 15 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 Keller, Brian, , , Date of Receipt Mailing Address 1068 Cyril Ave. City Zip Code State Transaction ID: SA11AI.6810 LA **Baton Rouge** 70806 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SVP & Chief Marketing Officer LHSIC PR Ded Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 541.71 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Keller, Brian, , , Date of Receipt Mailing Address 1068 Cyril Ave. 2020 City State Zip Code Transaction ID: SA11AI.6840 **Baton Rouge** 70806 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LHSIC PR Ded SVP & Chief Marketing Officer Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General Other (specify) 583.38 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Keller, Brian, , , Date of Receipt Mailing Address 1068 Cyril Ave. 15 2020 City State Zip Code Transaction ID: SA11AI.6870 **Baton Rouge** LA 70806 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PR Ded SVP & Chief Marketing Officer LHSIC Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 625.05 Other (specify) 125.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER: PAGE 15 OF 2 (check only one)

| The page | P

13 14 15 16 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 Keller, Brian, , , Date of Receipt Mailing Address 1068 Cyril Ave. City Zip Code State Transaction ID: SA11AI.6899 LA **Baton Rouge** 70806 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SVP & Chief Marketing Officer LHSIC PR Ded Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 666.72 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Keller, Brian, , , Date of Receipt Mailing Address 1068 Cyril Ave. 2020 City State Zip Code Transaction ID: SA11AI.6928 **Baton Rouge** 70806 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LHSIC PR Ded SVP & Chief Marketing Officer Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General Other (specify) 708.39 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Keller, Brian, , , Date of Receipt Mailing Address 1068 Cyril Ave. 30 2020 City State Zip Code Transaction ID: SA11AI.6965 **Baton Rouge** LA 70806 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PR Ded SVP & Chief Marketing Officer LHSIC Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 750.06 Other (specify) 125.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

Detailed Summary Page 13 14 15 16 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 Langlois, Darrell, , , Date of Receipt Mailing Address 42037 Bang Ficklin Road City Zip Code State Transaction ID: SA11AI.6812 LA Prairieville 70769 Amount of Each Receipt this Period FEC ID number of contributing 42.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LHSIC **Business Dev & Strategy** PR Ded Receipt For: 2020 Aggregate Year-to-Date ▼ x Primary General 546.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Langlois, Darrell, , , Date of Receipt Mailing Address 42037 Bang Ficklin Road 2020 City State Zip Code Transaction ID: SA11AI.6842 LA Prairieville 70769 Amount of Each Receipt this Period FEC ID number of contributing 42.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **LHSIC** PR Ded Business Dev & Strategy Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General Other (specify) 588.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Langlois, Darrell, , , Date of Receipt Mailing Address 42037 Bang Ficklin Road 15 2020 City Zip Code State Transaction ID: SA11AI.6872 Prairieville LA 70769 Amount of Each Receipt this Period FEC ID number of contributing 42.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PR Ded LHSIC **Business Dev & Strategy** Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) 126.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the

FOF	FOR LINE NUMBER: PAGE 17 OF										
(che	(check only one)										
×	11a	11b		11c		12					
	13	14		15		16			17		

Detailed Summary Page 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 Langlois, Darrell, , , Date of Receipt Mailing Address 42037 Bang Ficklin Road City Zip Code State Transaction ID: SA11AI.6901 LA Prairieville 70769 Amount of Each Receipt this Period FEC ID number of contributing 42.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LHSIC **Business Dev & Strategy** PR Ded Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 672.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Langlois, Darrell, , , Date of Receipt Mailing Address 42037 Bang Ficklin Road 2020 City State Zip Code Transaction ID: SA11AI.6930 Prairieville LA 70769 Amount of Each Receipt this Period FEC ID number of contributing 42.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LHSIC PR Ded Business Dev & Strategy Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General Other (specify) 714.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Langlois, Darrell, , , Date of Receipt Mailing Address 42037 Bang Ficklin Road 30 2020 City Zip Code State Transaction ID: SA11AI.6967 Prairieville LA 70769 Amount of Each Receipt this Period FEC ID number of contributing 42.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PR Ded LHSIC **Business Dev & Strategy** Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 756.00 Other (specify) 126.00 SUBTOTAL of Receipts This Page (optional).....

Detailed Summary Page 13 14 15 16 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 Mayo, Tamara, , , Date of Receipt Mailing Address 3235 Grand Way Avenue City Zip Code State Transaction ID: SA11AI.6828 LA **Baton Rouge** 70810 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP - Provider Reimb & Audit LHSIC PR Ded Receipt For: 2020 Aggregate Year-to-Date ▼ x Primary General 270.92 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Mayo, Tamara, , , Date of Receipt Mailing Address 3235 Grand Way Avenue 2020 City State Zip Code Transaction ID: SA11AI.6858 **Baton Rouge** 70810 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LHSIC PR Ded VP - Provider Reimb & Audit Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General Other (specify) 291.76 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Mayo, Tamara, , , Date of Receipt Mailing Address 3235 Grand Way Avenue 15 2020 City State Zip Code Transaction ID: SA11AI.6887 **Baton Rouge** LA 70810 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PR Ded VP - Provider Reimb & Audit LHSIC Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 312.60 Other (specify) 62.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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

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

| The characteristic of the page of the pag

Detailed Summary Page 13 14 15 16 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 Mayo, Tamara, , , Date of Receipt Mailing Address 3235 Grand Way Avenue City Zip Code State Transaction ID: SA11AI.6916 LA **Baton Rouge** 70810 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP - Provider Reimb & Audit LHSIC PR Ded Receipt For: 2020 Aggregate Year-to-Date ▼ x Primary General 333.44 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Mayo, Tamara, , , Date of Receipt Mailing Address 3235 Grand Way Avenue 2020 City State Zip Code Transaction ID: SA11AI.6945 **Baton Rouge** 70810 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LHSIC PR Ded VP - Provider Reimb & Audit Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General Other (specify) 354.28 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Mayo, Tamara, , , Date of Receipt Mailing Address 3235 Grand Way Avenue 30 2020 City Zip Code State Transaction ID: SA11AI.6991 **Baton Rouge** LA 70810 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PR Ded VP - Provider Reimb & Audit LHSIC Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 375.12 Other (specify) 62.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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

FOR LINE NUMBER: (check only one)

FOF	FOR LINE NUMBER: PAGE 20 OF										
(che	(check only one)										
×	11a		11b		11c		12				
	13		14		15		16		17		

Detailed Summary Page 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 Michelli, Geoff, , , Date of Receipt Mailing Address 10457 Barry Dr. City Zip Code State Transaction ID: SA11AI.6911 LA **Baton Rouge** 70809 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LHSIC Security Architecture PR Ded Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Michelli, Geoff, , , Date of Receipt Mailing Address 10457 Barry Dr. 2020 City State Zip Code Transaction ID: SA11AI.6940 LA **Baton Rouge** 70809 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **LHSIC** PR Ded Security Architecture Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Michelli, Geoff, , , Date of Receipt Mailing Address 10457 Barry Dr. 30 2020 City State Zip Code Transaction ID: SA11AI.6983 **Baton Rouge** LA 70809 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PR Ded LHSIC Security Architecture Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Detailed Summary Page 13 14 15 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 Richert, Thomas, , , Date of Receipt Mailing Address 4701 Transcontinental Drive City Zip Code State Transaction ID: SA11AI.6827 LA Metairie 70006 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LHSIC **Business to Consumer** PR Ded Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 325.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Richert, Thomas, , , Date of Receipt Mailing Address 4701 Transcontinental Drive 2020 City State Zip Code Transaction ID: SA11AI.6857 Metairie 70006 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LHSIC PR Ded **Business to Consumer** Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General Other (specify) 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Richert, Thomas, , , Date of Receipt Mailing Address 4701 Transcontinental Drive 15 2020 City Zip Code State Transaction ID: SA11AI.6886 Metairie LA 70006 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PR Ded LHSIC **Business to Consumer** Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

l FOF	I LINE	NOWREK	: [1	AGE	22 OF	20		
(check only one)								
×	11a	11b	11	ic [12			
	13	14	1	5	16	17		

Detailed Summary Page 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 Richert, Thomas, , , Date of Receipt Mailing Address 4701 Transcontinental Drive City Zip Code State Transaction ID: SA11AI.6915 LA Metairie 70006 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LHSIC **Business to Consumer** PR Ded Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Richert, Thomas, , , Date of Receipt Mailing Address 4701 Transcontinental Drive 2020 City State Zip Code Transaction ID: SA11AI.6944 Metairie 70006 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LHSIC PR Ded **Business to Consumer** Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General Other (specify) 425.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Richert, Thomas, , , Date of Receipt Mailing Address 4701 Transcontinental Drive 30 2020 City State Zip Code Transaction ID: SA11AI.6990 Metairie LA 70006 Amount of Each Receipt this Period FEC ID number of contributing 42.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PR Ded **Business to Consumer** LHSIC Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 467.00 Other (specify) 92.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Detailed Summary Page 13 14 15 16 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 Simon, Lawrence, , , Date of Receipt Mailing Address 106 Rimwood Avenue City Zip Code State Transaction ID: SA11AI.6830 LA Lafayette 70501 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lead Medical Director LHSIC PR Ded Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 270.92 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Simon, Lawrence, , , Date of Receipt Mailing Address 106 Rimwood Avenue 2020 City State Zip Code Transaction ID: SA11AI.6860 Lafayette 70501 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **LHSIC** PR Ded Lead Medical Director Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General Other (specify) 291.76 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Simon, Lawrence, , , Date of Receipt Mailing Address 106 Rimwood Avenue 15 2020 City State Zip Code Transaction ID: SA11AI.6889 Lafayette LA 70501 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PR Ded Lead Medical Director LHSIC Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 312.60 Other (specify) 62.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Detailed Summary Page 13 14 15 16 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 Simon, Lawrence, , , Date of Receipt Mailing Address 106 Rimwood Avenue City Zip Code State Transaction ID: SA11AI.6918 LA Lafayette 70501 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lead Medical Director LHSIC PR Ded Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 333.44 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Simon, Lawrence, , , Date of Receipt Mailing Address 106 Rimwood Avenue 2020 City State Zip Code Transaction ID: SA11AI.6947 Lafayette 70501 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LHSIC PR Ded Lead Medical Director Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General Other (specify) 354.28 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Simon, Lawrence, , , Date of Receipt Mailing Address 106 Rimwood Avenue 30 2020 City State Zip Code Transaction ID: SA11AI.6993 Lafayette LA 70501 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PR Ded Lead Medical Director LHSIC Receipt For: 2020 Aggregate Year-to-Date ▼ Primary General 375.12 Other (specify) 62.52 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE (check only)

F	OR	LINE	NU	MBER	:	PAGE	2	25	OF	26
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

Detailed Summary Page 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 Udvarhelyi, lan, Steven, , Date of Receipt Mailing Address 7623 Boyce Drive 2020 City Zip Code State Transaction ID: SA11AI.6951 LA **Baton Rouge** 70809 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) President & CEO LHSIC Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wagner, Dan, , , Date of Receipt Mailing Address 700 Bath Street 15 2020 City State Zip Code Transaction ID: SA11AI.6949 Metairie 70001 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LHSIC Personal Check State Director Individual Sales Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5250.00 SUBTOTAL of Receipts This Page (optional)..... 8217.16 TOTAL This Period (last page this line number only).....

S П

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 26 OF 26					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only						
	Detailed Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b					
Any information copied from such Reports and Statem	ents may not be sold or us	ed by any perso						
or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
Louisiana Health Service & Indemn	ity Company DBA E	Siue Cross	& Blue Snield of Louisiana PAC					
Full Name (Last, First, Middle Initial)								
A. GARRET GRAVES VICTORY FUN	Date of Disbursement							
Mailing Address PO BOX 64845	08 25 2020							
,	tate Zip Code		FEC Identification Number					
BATON ROUGE Purpose of Disbursement	LA 70896							
Luncheon			C C00635565					
Candidate Name		Category/	Transaction ID: SB23.6952 Amount of Each Disbursement this Period					
GARRET GRAVES VICTORY FUN		Type						
	nent For: 2020 Primary General		2800.00					
	Other (specify)		п., .					
State: LA District: 06	., ,, ,		Memo Item					
Full Name (Last, First, Middle Initial)								
В.	-							
Mailing Address	Mailing Address							
	mailing Addition							
City	State Zip Code		FEC Identification Number					
Purpose of Disbursement			C					
		: :	0					
Candidate Name		Category/	Amount of Each Disbursement this Period					
Office Sought: House Disbursem	Туре							
Senate		7 7 7						
President		Memo Item						
State: District:	<u></u>							
Full Name (Last, First, Middle Initial) C.	Date of Disbursement							
Mailing Address								
City	tate Zip Code		FEC Identification Number					
Purpose of Disbursement								
	C							
Candidate Name	Category/ Type	Amount of Each Disbursement this Period						
Office Coughts House								
Office Sought: House Disbursem Senate		4 4 4						
	Primary General Other (specify) ▼		Memo Item					
State: District:		I WELLO ITELL						
OUDTOTAL of Dist			2800.00					
SUBTOTAL of Disbursements This Page (optional)		·····	2000.00					
TOTAL This Period (last page this line number only).			2800.00					