

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

PREMERA BLUE CROSS POLITICAL ACTION COMMITTEE/PREMERA PAC

ADDRESS (number and street)

7001 220TH STREET, SW MS355

(Check if address is changed)

MOUNTLAKE TERRACE

WA

98043

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

Holly\_J\_Morris@comerica.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2483717272

2. DATE

06 / 06 / 2007

3. FEC IDENTIFICATION NUMBER

C C00409227

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer **Jack McRae**

Signature of Treasurer Electronically Filed by **Jack McRae**

Date 06 / 06 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

**PREMERA BLUE CROSS**  
\_\_\_\_\_

Mailing Address **7001 220TH STREET, SW**  
**MS 355**  
**MOUNTLAKE TERRACE** **WA** **98043** - **2124**  
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **CONNECTED** \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

**PREMERA BLUE CROSS POLITICAL ACTION COMMITTEE/PREMERA PAC**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **JAMES HOEBERLING**

Mailing Address **COMERICA BANK, PAC SERVICES**  
**P.O. BOX 75000**  
**DETROIT MI 48275 - 2250**

Title or Position ▼ **RECORDKEEPER** CITY ▲ STATE ▲ ZIP CODE ▲  
**248 371 5562**

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **JACK McRAE**

Mailing Address **7001 220TH STREET, SW**  
**MS 355**  
**MOUNTLAKE TERRACE WA 98043 - 2124**

Title or Position ▼ **TREASURER** CITY ▲ STATE ▲ ZIP CODE ▲  
**425 918 5757**

Telephone number

Full Name of Designated Agent **JUDSON GREIF**

Mailing Address **7001 220TH STREET, SW**  
**MS 355**  
**MOUNTLAKE TERRACE WA 98043 - 2124**

Title or Position ▼ **ASST. TREASURER** CITY ▲ STATE ▲ ZIP CODE ▲  
**425 918 6129**

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	COMERICA BANK		
Mailing Address	PAC SERVICES		
	P.O. BOX 75000		
	DETROIT	MI	48275 - 2250
	CITY ▲	STATE ▲	ZIP CODE ▲

**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

BLUEPAC-BCBS ASSN PAC

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

1310 G STREET, NW

\_\_\_\_\_

WASHINGTON DC 20005

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

AFFILIATED PAC

\_\_\_\_\_

Type of Connected Organization:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Corporation             | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association             | <input type="checkbox"/> Cooperative        |

**Designated Agent**

**[ ADDITIONAL ]**

Full Name

Mailing Address

Title or Position ▼  CITY ▲  STATE ▲  ZIP CODE ▲

Telephone number  -  -

**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_

\_\_\_\_-\_\_\_\_

\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

**Name of Any Connected Organization or Affiliated Committee**

[ ADDITIONAL ]

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_

\_\_\_\_-\_\_\_\_

\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

\_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

**Designated Agent**

**[ ADDITIONAL ]**

Full Name

Mailing Address

Title or Position ▼  CITY ▲  STATE ▲  ZIP CODE ▲

Telephone number  -  -