

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,

| $2017$ |
| :---: |

(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) $\qquad$

7. Total Disbursements (from Line 31) $\qquad$


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)............

|  | 6409.82 |  |
| :---: | :---: | :---: |
|  |  | 2.00 |
|  |  |  |
|  |  | 6411.82 |
|  |  | 0.00 |


|  |  | 62545.65 |
| :---: | :---: | :---: |
|  | , | 5011.35 |
|  | , | 67557.00 |
|  |  | 0.00 |
|  |  | 0.00 |

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)
$\square \quad 6411.82$

|  | 67557.00 |  |
| :---: | :---: | :---: |
|  |  | 0.00 |
|  |  | 0.00 |
|  |  | 0.00 |
|  |  | 0 |

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 |


$\square, 67557.00$
, 67557.00

FEC Form 3X (Rev. 05/2016)

## II. Disbursements

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share $\qquad$
$\qquad$
(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)) $\qquad$
$\qquad$

0.00

COLUMN B Calendar Year-to-Date

| 0 | 0.00 |
| :---: | :---: |
|  | 0.00 |
| -1-1-1-1000 |  |
| , , 0 | 0.00 |
|  | 0.00 |
| 0. | 0.00 |
| 70000 |  |
| $0.0$ | 0. 00 |
| - 0 |  |
| 1, |  |
| ., . 0 | 0.00 |
| - 0. |  |
| 0. | 0.00 |
|  | 0. 00 |
|  | 0. 00 |
| $\cdots \mathrm{T}$ |  |
| 0. |  |

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))..


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). $\qquad$
$\square$
70000.00

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

COLUMN A
Total This Period

COLUMN B Calendar Year-to-Date



## 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 23 (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 AL | $\begin{array}{\|c\|} \hline \text { Zip Code } \\ 36104 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS of AL |  | tion (for Individual) gr Internal Audit |
| Receipt For: Primary General Other (specify) | Aggrega | ar-to-Date $353.32$ |

Date of Receipt

| M 10 | ${ }^{\text {D }} 31$ | Y- $Y$ r 2017 |
| :---: | :---: | :---: |

Transaction ID : PR122928031671
Amount of Each Receipt this Period


Memo Item

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

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> BCBS AL | Occupation (for Individual) <br> VP Legal Services |  |
| Receipt For: <br> $\square$ <br> Primary <br> $\square$ |  |  |
| Other (specify) $\mathbf{V}$ |  |  |

Date of Receipt


Transaction ID: PR125562731671
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) <br> BLUPAC | Occupation (for Individual) <br> VP Claims \& Benefit Admin |  |
| Receipt For: <br> Primary <br> Other (specify) |  |  |

Date of Receipt


Transaction ID : PR130963531671
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

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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. |
| AL |
| Name of Employer (for Individual) <br> BLUPAC |
| Receipt For: <br> $\square$ <br> Primary <br> Other (specify) $\boldsymbol{\nabla}$ |
| General |

Date of Receipt

| M 10 | ${ }^{\text {D }} 31$ | Y- $Y$ r 2017 |
| :---: | :---: | :---: |

Transaction ID : PR132319631671
Amount of Each Receipt this Period
$\square 208.33$

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 | State | Zip Code |
| :---: | :---: | :---: |
| Birmingham | AL | 35244 |
| FEC ID number of contributing federal political committee. | C | - . . |
| Name of Employer (for Individual) BLUPAC |  | tion (for Individual) keting |
|  | Aggrega |  |

Date of Receipt


Transaction ID: PR132319731671
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 AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35216-2703 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) omer Service |
| Receipt For: Primary General Other (specify) | Aggreg | r-to-Date <br> 2083.30 |


| SUBTOTAL of Receipts This Page (optional)................................................................. | $624.99$ |
| :---: | :---: |
| 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 8 OF 23 (check only one)


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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

| City Birmingham | State <br> AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35226-3262 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) EVP and COO |  |
|  | Aggregate Year-to-Date $\mathbf{V}$ |  |

Date of Receipt

| $\begin{gathered} M 1 M^{\prime} \\ 10 \end{gathered}$ | D $1{ }^{\text {D }}$ <br> 31 | $\begin{aligned} & Y-Y \\ & 2017 \end{aligned}$ |
| :---: | :---: | :---: |

Transaction ID : PR78823031671
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: |
| :--- |
| Primary $\quad \square$ General <br> Other (specify) $\boldsymbol{V}$ |

Date of Receipt


Transaction ID : PR78825331671
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 Birmingham | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35209-6223 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) on Dev Manager |
|  | Aggreg |  |


| SUBTOTAL of Receipts This Page (optional)................................................................. | $266.39$ |
| :---: | :---: |
| 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 9 OF 23 (check only one)


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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. Bonner, Laura, H, ,

Mailing Address 226 Cambo Ter

| 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 $\qquad$ - $\qquad$园 $\qquad$ |  |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) gr Enrollment Services |
|  | Aggrega | r-to-Date $440.00$ |

Date of Receipt


Transaction ID : PR78825531671
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 |  |  |
| Receipt For: <br> $\square$ <br> Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : PR78825831671
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 Birmingham | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35244-4545 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) District Manager |  |
|  | Aggrega |  |

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 23 (check only one)


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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 |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date |

Date of Receipt

| M 10 | D ${ }^{\text {D }}$ ( <br> 1 | Y- $Y$ Y 2017 |
| :---: | :---: | :---: |

Transaction ID : PR78826331671
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 |  |

Date of Receipt


Transaction ID: PR78826431671
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) |
| 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 23 (check only one)


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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

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

Date of Receipt


Transaction ID : PR78827131671
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) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : PR78827331671
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 |  | ion (for Individual) CIO |
| Receipt For: Primary General Other (specify) | Aggrega | r-to-Date $2083.30$ |

Date of Receipt


Amount of Each Receipt this Period


## 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

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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

P/R Deduction (\$208.33 Monthly)

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. |  |  |
| Name of Employer (for Individual) <br> BCBS Alabama |  |  |
| Receipt For: <br> Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID: PR78828031671
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 <br> Birmingham | State <br> AL | Zip Code <br> $35236-1343$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| BCBS Alabama |  |  |
| Receipt For: <br> Primary <br> Other (specify) | Occupation (for Individual) <br> Director Associate Services |  |


| 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

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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 <br> 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 <br> 371.58 |

Date of Receipt


Transaction ID : PR78828631671
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 : PR78829031671
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 AL | Zip Code <br> $35226-2092$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) <br> alth Care Networks |
|  | Aggrega |  |

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 14 OF

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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 |
| FEC ID number of contributing <br> federal political committee. |
| Name of Employer (for Individual) <br> AL |
| BCBS Alabama |
| Receipt For: |
| $\square$Primary Code <br> 35242 |
| $\square$ Other (specify) $\boldsymbol{\nabla}$ |

Date of Receipt

| ${ }^{\text {M }} 10$ | 31 |  |
| :---: | :---: | :---: |

Transaction ID : PR78829431671
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 | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35222-4317 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) President and CEO |  |
|  | Aggrega | r-to-Date <br> 2083:30 |

Date of Receipt


Transaction ID: PR78829631671
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 $220.00$ |


| 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 23 (check only one)


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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. Lyda, John, B, ,

Mailing Address 3484 Tamassee Ln

| Mailing Address 3484 Tamassee Ln |  |
| :---: | :---: |
| City Birmingham | State Zip Code <br> AL $35226-2671$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) <br> Manager Claims Operations |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : PR78830631671
Amount of Each Receipt this Period


Memo Item

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

Mailing Address 809 Royal Ter

| City <br> Birmingham | State <br> AL | Zip Code <br> $35242-7222$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> BCBS Alabama |  |  |
| Receipt For: <br> Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID: PR78830731671
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. McIntyre, Douglas, E, , |  |  | Date of Receipt |
| :---: | :---: | :---: | :---: |
| Mailing Address 3489 Birchwood Ln |  |  |  |
| City Birmingham | State <br> AL | Zip Code | Transaction ID : PR78830931671 |
|  |  | 35243-4434 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. $\square$ | C |  | $\square, 208.33$ |
| Name of Employer (for Individual) BCBS Alabama |  | Occupation (for Individual) VP Healthcare Network Contract | Memo Item |
|  | Aggrega | $2083.30$ | P/R Deduction (\$208.33 Monthly) |
| SUBTOTAL of Receipts This Page (optional) |  |  | $\square, \quad 446.66$ |
| 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 16 OF 23 (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. Moor, John, Matthew, ,

Mailing Address 18 Montcrest Dr

| Mailing Address 18 Montcrest Dr |  |  |
| :---: | :---: | :---: |
| City <br> Birmingham | State <br> AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35213-3022 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) |
| Receipt For: Primary General Other (specify) | Aggrega | r-to-Date $2083.30$ |

Date of Receipt

| M 10 | D $1{ }^{\text {D }}$ <br> 31 | $\begin{aligned} & Y-Y \\ & 2017 \end{aligned}$ |
| :---: | :---: | :---: |

Transaction ID : PR78831331671
Amount of Each Receipt this Period


Memo Item

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

Mailing Address 908 Lakeview Estates Dr

| City <br> Bessemer | State <br> AL | Zip Code <br> $35023-5810$ |
| :--- | :--- | :--- |
| 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 : PR78831531671
Amount of Each Receipt this Period


## Memo Item

## P/R Deduction (\$18.76 Bi-Weekly)

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

C. Morrissette, John, M, ,

Mailing Address 1515 Amherst Cir

| City Birmingham | State <br> AL | Zip Code 35216-1009 |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) Mgr Sales Sup/Nat'l Accts |  |
|  | Aggrega | r-to-Date $550.00$ |

Date of Receipt


Amount of Each Receipt this Period

$\square$ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

| SUBTOTAL of Receipts This Page (optional)................................................................. | $295.85$ |
| :---: | :---: |
| 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 23 (check only one)


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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. Mosko, Ashley, S, ,

Mailing Address 503 Olmsted St

| Mailing Address 503 Olmsted St |  |
| :---: | :---: |
| City <br> Birmingham | State Zip Code <br> AL $35242-1825$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) <br> VP Health Management |
|  | Aggregate Year-to-Date |

Date of Receipt

| M 10 | D ${ }^{\text {D }}$ ( <br> 1 |  |
| :---: | :---: | :---: |

Transaction ID : PR78831731671
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
B. Parton, Christopher, A, ,

Mailing Address 101 Creekwood Ln

| City <br> Helena | State <br> AL | Zip Code <br> $35080-3273$ |
| :--- | :--- | :--- |
| 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) $\boldsymbol{V}$ | Occupation (for Individual) <br> Director Info Security/CISO |  |

Date of Receipt


Transaction ID : PR78831931671
Amount of Each Receipt this Period

Memo Item

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

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

Mailing Address 1809 Lucinda Robey PI

| City <br> Birmingham | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35211-3872 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) SVP and Chief Legal Officer |  |
|  | Aggrega | r-to-Date <br> 2083.30 |

Date of Receipt


Amount of Each Receipt this Period

$\square$ Memo Item

P/R Deduction (\$208.33 Monthly)

| SUBTOTAL of Receipts This Page (optional)............................................................... | $456.66$ |
| :---: | :---: |
| 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 23 (check only one)


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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. Platt, David, E, ,

Mailing Address 3700 Montevallo Rd S

| City Birmingham | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35213-4208 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) e Sales Manager |
| Receipt For: Primary General Other (specify) | Aggreg | r-to-Date $537.24$ |

Date of Receipt

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

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

Mailing Address 4127 Heatherhedge Ln

| City <br> Birmingham | State <br> AL | Zip Code <br> $35226-2095$ |
| :--- | :--- | :--- |
| 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 : PR78832731671
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. Sellers, Spencer, H, ,

Mailing Address 5568 Surrey Ln

| City Birmingham | State <br> AL | Zip Code 35242-3330 |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) Sr Info Tech Risk Analyst |  |
|  | Aggrega | r-to-Date $220.00$ |


| SUBTOTAL of Receipts This Page (optional)................................................................ | $277.17$ |
| :---: | :---: |
| 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 19 OF

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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. Smith, Mary, C, ,

Mailing Address 5440 Magnolia Trce

| Mailing Address 5440 Magnolia Trce |  |
| :---: | :---: |
| City Birmingham | State Zip Code <br> AL $35244-4533$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) VP Treasury Operations |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date $\square$ |

Date of Receipt

| M 10 | D ${ }^{\text {D }}$ ( <br> 1 | Y- $Y$ r 2017 |
| :---: | :---: | :---: |

Transaction ID : PR78833231671
Amount of Each Receipt this Period
$\square 208.33$

Memo Item

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

Mailing Address 334 Lennox Sq

| City <br> Fairhope | State <br> AL | Zip Code <br> $36532-7519$ |
| :--- | :--- | :--- |
| 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: PR78833331671
Amount of Each Receipt this Period


## Memo Item

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

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

Mailing Address 3755 Everest Dr

| City <br> Montgomery | State <br> AL | Zip Code <br> $36106-3336$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> BCBS Alabama | Occupation (for Individual) <br> VP Governmental Affairs |  |
| Receipt For: <br> Primary $\quad \square$ General <br> Other (specify) | Aggregate Year-to-Date $\mathbf{V}$ |  |

Date of Receipt


Amount of Each Receipt this Period

$\square$ Memo Item

P/R Deduction (\$120.00 Monthly)


## 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 23 (check only one)


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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. Sullivan, Christine, V, ,

Mailing Address 2058 Wild Flower Dr

| City Birmingham | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35244-1723 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) Mgr Large Group Sales/Acct Mgt |  |
|  | Aggreg |  |

Date of Receipt

| M 10 | D $1{ }^{\text {D }}$ <br> 31 | $\begin{aligned} & Y-Y \\ & 2017 \end{aligned}$ |
| :---: | :---: | :---: |

Transaction ID : PR78833731671
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Vice, Cynthia, M,

Mailing Address 936 Beech Ln

| City <br> Birmingham | State <br> AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35213-2024 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) Chief Financial Officer |
| $\begin{aligned} & \text { Receipt For: } \\ & \square \text { Primary } \quad \square \text { General } \\ & \square \text { Other (specify) } \end{aligned}$ | Aggregat | r-to-Date 2083:30 |

Date of Receipt


Transaction ID: PR78834331671
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. Walden, Joseph, Clay, ,

## Mailing Address 14 Signal Hill Rd

| City <br> Spanish Fort | State <br> AL | Zip Code <br> $36527-3138$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) | Occupation (for Individual) <br> District Manager |  |
| BCBS Alabama  <br> Receipt For:  <br> $\quad$Primary <br> Other (specify) Aggregate Year-to-Date $\mathbf{V}$ |  |  |

Date of Receipt


Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$21.31 Bi-Weekly)

| SUBTOTAL of Receipts This Page (optional)................................................................ | $282.95$ |
| :---: | :---: |
| 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 23 (check only one)


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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. Ward, Brandon, S, ,

Mailing Address 109 Coshatt Trl

| Mailing Address 109 Coshatt Trl |  |  |
| :---: | :---: | :---: |
| City <br> Birmingham | State <br> AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35244-2439 \end{array}$ |
| FEC ID number of contributing federal political committee. | C $\square$ |  |
| Name of Employer (for Individual) BCBS Alabama |  | (for Individual) ness Services |
|  | Aggreg | -to-Date <br> 2083.30 |

Date of Receipt

| 10 | D 31 | $2017$ |
| :---: | :---: | :---: |

Transaction ID : PR78834631671
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Warren, Susan, M,

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. |  |  |
| Name of Employer (for Individual) <br> BCBS Alabama |  |  |
| Receipt For: <br> $\square$ <br> Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID: PR78834731671
Amount of Each Receipt this Period
$\square \quad 37.84$

## Memo Item

P/R Deduction (\$18.92 Bi-Weekly)

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

Mailing Address 1935 Red Oak Ln NE

| City <br> Arab | State <br> AL | Zip Code <br> $35016-5360$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) | Occupation (for Individual) <br> District Manager |  |
| BCBS Alabama  <br> Receipt For:  <br> Primary <br> Other (specify) Aggregate Year-to-Date $\mathbf{V}$ |  |  |


| SUBTOTAL of Receipts This Page (optional)................................................................ | $284.27$ |
| :---: | :---: |
| 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 22 OF

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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. Whitehead, Ronald, B, ,

Mailing Address 1009 Margaret St

| City Leeds | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35094-2736 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | Occupation (for Individual) <br> HBS CFO |  |
| Name of Employer (for Individual) BCBS Alabama |  |  |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date |  |

Date of Receipt

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

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

Mailing Address 8625 Anna PI

| City <br> Montgomery | State <br> AL | Zip Code <br> $36116-6693$ |
| :--- | :--- | :--- |
| 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: PR78835031671
Amount of Each Receipt this Period


## Memo Item

## P/R Deduction (\$13.76 Bi-Weekly)

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

Mailing Address 130 Hampton Drive

| City Pelham | State AL | $\begin{array}{\|c\|} \hline \text { Zip Code } \\ 35244 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS AL |  | ion (for Individual) iness Operations |
| ```Receipt For:``` <br> ```Primary ``` <br> ```General ``` <br> ```Other (specify) ``` | Aggreg | r-to-Date <br> 2083.30 |

Date of Receipt


Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$208.33 Monthly)

| SUBTOTAL of Receipts This Page (optional)................................................................ | $323.33$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)........................................................ | $6409.82$ |

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

| Use separate schedule(s) | FOR LINE NUMBER: (check only one) |  |  |  |  |  | GE | 23 | O | 23 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| for each category of the Detailed Summary Page | $\begin{array}{\|l} \square \\ 21 \mathrm{~b} \\ 28 \mathrm{a} \end{array}$ | $\begin{aligned} & 22 \\ & 28 \mathrm{~b} \end{aligned}$ | $x$ | $\begin{aligned} & 23 \\ & 28 \mathrm{c} \end{aligned}$ |  | $\begin{array}{\|} 26 \\ 29 \end{array}$ |  | 27 |  |  |

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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Alabama PAC
Full Name (Last, First, Middle Initial)
A. Byrne Victory Fund


| $10^{M}$ | D 16 <br> 16 | Y1 Y 2017 |
| :---: | :---: | :---: |

FEC Identification Number
C $: \quad!\quad!$
Transaction ID : 10818670
Amount of Each Disbursement this Period
$\square$ Memo Item $\quad$ Direct Contribution

Date of Disbursement


Full Name (Last, First, Middle Initial)
C. American Security PAC


## Date of Disbursement

| M 10 | D 16 | $2017$ |
| :---: | :---: | :---: |

FEC Identification Number


Transaction ID : 10818674
Amount of Each Disbursement this Period
$\square 5$
$\square$ Memo Item

| SUBTOTAL of Disbursements This Page (optional)......................................................... | $15000.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... ${ }_{\text {. }}$ | , 15000.00 |

