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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Louisiana Health Servic	e & Indemnity Comp	eany DBA Blue Cross &	Blue Shield of Louisiana PAC
ADDRESS (number and street)	5525 Reitz Avenue		
Check if different than previously reported. (ACC)	Baton Rouge		LA 70809 -
2. FEC IDENTIFICATION NUM	MBER ▼ CITY	Y A	STATE ▲ ZIP CODE ▲
C C00651265	3. IS	THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb 2	20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar :	20 (M3) Jun 20 (M6)	(Non-Election Year Only)
April 15 Quarterly Report (Q1)	20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2	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	n on	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	n on/	in the State of
5. Covering Period 07	01 2018	through 09	/ 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined this Type or Print Name of Treasurer	Report and to the best of a Camerlinck, Bryan, , ,	my knowledge and belief it is to	rue, correct and complete.
	linck, Bryan, , ,	[Electronically Filed]	Date 10 09 2018
	ous, 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 2018 09 30 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 24050.00 January 1. 2018 (b) Cash on Hand at 30306.89 Beginning of Reporting Period..... 4037.32 18294.21 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 42344.21 34344.21 6(a) and 6(c) for Column B)..... 500.00 8500.00 Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 33844.21 33844.21 (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

Re	eport Covering the Period: From:		09 / 30 / 2018
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	2160.35	11769.36
	(ii) Unitemized	1876.97	4524.85
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	4037.32	16294.21
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	4037.32	16294.21
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	2000.00
	(Dividends, Interest, etc.)	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	4037.32	18294.21
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	4037.32	18294.21

DETAILED SUMMARY PAGE

of Disbursements

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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
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	500.00	8500.00
. Independent Expenditures (use Schedule E)	0.00	0.00
. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
. Loans Made	4 4 4	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	
Than Political Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
. Other Disbursements (Including Non-Federal Donations)	0.00	0.00
 Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6) 	0))	
(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
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))	500.00	8500.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)	7 1 7 1 7	7 7 7
from Line 31)	500.00	8500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	4037.32	16294.21
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4037.32	16294.21
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ann Knapp Campaign Date of Receipt Mailing Address 3320 Country Club Dr 2018 City Zip Code State Transaction ID: SA11AI.4601 Lake Charles LA 70605 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) 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. Bruno, Michael, B, , Date of Receipt Mailing Address 5850 Kensington Blvd 2018 City State Zip Code Transaction ID: SA11AI.4603 **New Orleans** LA 70127 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 **Board Member** Check Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Faulk, Sheldon, , , Date of Receipt Mailing Address 1618 St. Albans 15 2018 City State Zip Code Transaction ID: SA11AI.4482 **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: 2018 Aggregate Year-to-Date ▼ Primary General 291.69 Other (specify) 791.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 Faulk, Sheldon, , , Date of Receipt Mailing Address 1618 St. Albans City Zip Code State Transaction ID: SA11AI.4512 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: 2018 Aggregate Year-to-Date ▼ Primary General 333.36 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 2018 City State Zip Code Transaction ID: SA11AI.4502 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: 2018 Aggregate Year-to-Date ▼ Primary General Other (specify) 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hochheiser, David, , , Date of Receipt Mailing Address 218 E. Greens Drive 2018 City State Zip Code Transaction ID: SA11AI.4533 **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: 2018 Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 141.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC 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.4563 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: 2018 Aggregate Year-to-Date ▼ x Primary General 450.00 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 2018 City State Zip Code Transaction ID: SA11AI.4593 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: 2018 Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 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 2018 City State Zip Code Transaction ID: SA11AI.4631 **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: 2018 Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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.4661 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: 2018 Aggregate Year-to-Date ▼ Primary General 600.00 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. 2018 City State Zip Code Transaction ID: SA11AI.4486 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) **LHSIC** PR Ded SVP & Chief Marketing Officer Receipt For: 2018 Aggregate Year-to-Date ▼ Primary General Other (specify) 250.02 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Keller, Brian, , , Date of Receipt Mailing Address 1068 Cyril Ave. 2018 City State Zip Code Transaction ID: SA11AI.4517 **Baton Rouge** LA 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) PR Ded SVP & Chief Marketing Officer LHSIC Receipt For: 2018 Aggregate Year-to-Date ▼ Primary General 291.69 Other (specify) 133.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 Keller, Brian, , , Date of Receipt Mailing Address 1068 Cyril Ave. City Zip Code State Transaction ID: SA11AI.4645 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: 2018 Aggregate Year-to-Date ▼ Primary General 208.35 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Labat, Errol, , , Date of Receipt Mailing Address 8907 Spring Grove Dr. 2018 City State Zip Code Transaction ID: SA11AI.4556 LA **Baton Rouge** 70809 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 VP, Enrollment & Billing Receipt For: 2018 Aggregate Year-to-Date ▼ Primary General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Labat, Errol, , , Date of Receipt Mailing Address 8907 Spring Grove Dr. 2018 City State Zip Code Transaction ID: SA11AI.4586 **Baton Rouge** LA 70809 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 VP, Enrollment & Billing LHSIC Receipt For: 2018 Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 91.67 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

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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 Labat, Errol, , , Date of Receipt Mailing Address 8907 Spring Grove Dr. 15 City Zip Code State Transaction ID: SA11AI.4624 LA Baton Rouge 70809 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) VP, Enrollment & Billing LHSIC PR Ded Receipt For: 2018 Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Labat, Errol, , , Date of Receipt Mailing Address 8907 Spring Grove Dr. 2018 City State Zip Code Transaction ID: SA11AI.4654 LA **Baton Rouge** 70809 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 VP, Enrollment & Billing Receipt For: 2018 Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 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 2018 City State Zip Code Transaction ID: SA11AI.4488 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 Business Dev & Strategy LHSIC Receipt For: 2018 Aggregate Year-to-Date ▼ Primary General 294.00 Other (specify) 92.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

\rangle	NAME OF COMMITTEE (In Full) Louisiana Health Service & Inder		· · ·	& Blue Shield of Louisiana PAC
Δ	Full Name of Individual (Last, First, Middle Initial Langlois, Darrell, , ,	l) or Full Orga	anization Name	Date of Receipt
٠.	Mailing Address 42037 Bang Ficklin Road			07 31 2018
	City	State	Zip Code	Transaction ID : SA11AI.4519
	Prairieville	LA	70769	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer (for Individual)	ation (for Individual)	Memo Item	
	LHSIC	ess Dev & Strategy	PR Ded	
	Receipt For: 2018 ✓ Primary General Other (specify) ▼			
3.	Full Name of Individual (Last, First, Middle Initia Langlois, Darrell, , ,	anization Name	Date of Receipt	
	Mailing Address 42037 Bang Ficklin Road			08 15 2018
	City	State LA	Zip Code	Transaction ID : SA11AI.4549
	Prairieville	LA	70769	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		42.00	
	Name of Employer (for Individual) LHSIC		ation (for Individual) ess Dev & Strategy	Memo Item PR Ded
	Receipt For: 2018 ✓ Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 378.00	
С .	Full Name of Individual (Last, First, Middle Initial Langlois, Darrell, , ,	l) or Full Orga	anization Name	Date of Receipt
	Mailing Address 42037 Bang Ficklin Road			08 31 2018
	City Prairieville	State LA	Zip Code 70769	Transaction ID : SA11AI.4579
			10100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer (for Individual) LHSIC	PR Ded		
	Receipt For: 2018 X Primary General Other (specify)			
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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 15 City Zip Code State Transaction ID: SA11AI.4617 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: 2018 Aggregate Year-to-Date ▼ Primary General 462.00 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 2018 City State Zip Code Transaction ID: SA11AI.4647 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: 2018 Aggregate Year-to-Date ▼ Primary General Other (specify) 504.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** McCotter, J, Kevin, , Date of Receipt Mailing Address 10775 Longfellow Trace 2018 City State Zip Code Transaction ID: SA11AI.4605 Shreveport LA 71106 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Check LHSIC Director - Board of Directors Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 384.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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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 McCoy, Brent, , , Date of Receipt Mailing Address 8933 Rue Felicity 2018 City Zip Code State Transaction ID: SA11AI.4599 LA Baton Rouge 70809 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LHSIC **Board Member** Check Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 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) 250.00 SUBTOTAL of Receipts This Page (optional)..... 2160.35

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Detailed Surmary Page	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(Gricok Grily Gric)	23 26 27					
A RALPH ABRAHAM FOR CONGRESS Malling Address P.O. BOX 14062 City MNROE LA Sought ABRAHAM, For Congress Molifice Sought ABRAHAM, RALPH LEE DR. JR.,, Office Sought ABRAHAM, RALPH LEE DR. JR., Office Sought ABRAHAM, RALPH LEE DR. JR., Office Sought ABRAHAM, RALPH LEE DR. JR., Office Sought ABRAHAM, RALPH LEE DR., Office Soug									
NAME OF COMMITTEE (In Full) Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC Full Name (Last, First, Middle Initial) RallPh ABRAHAM FOR CONGRESS Mailing Address P.O. BOX 14062 City MONRC Candidate Name ABRAHAM, RALPH LEE DR. JR Office Sought: Value President Value President Value									
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