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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

10	other man	All Authorized	Oommitte			Office Use Only	
1. NAME OF T COMMITTEE (in full)	YPE OR PRINT	Exai	nple: If typin the lines.	ıg, type	12FE4M	5	
Louisiana Health Servic	e & Indemnit	y Company D	BA Blue	Cross & I	Blue Shiel	d of Louisia	ana PAC
<u> </u>							
ADDRESS (number and street)	5525 Reitz Avenu	e					
▼ Check if different							
than previously reported. (ACC)	Baton Rouge				LA _	70809	
2. FEC IDENTIFICATION NUM	MBER ▼	CITY ▲		5	STATE A	ZIP C	ODE 🛦
C C00651265		3. IS THIS REPORT		IEW N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	200 0	Mar 20 (M3)		lun 20 (M6)	H	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)) (c) 12-Dav	Apr 20 (M4)		lul 20 (M7)	. —	20 (M10)	Jan 31 (YE)
July 15 Quarterly Report (Q2)	PRF-FI	ection	Primary (12P) Convention (12P)	_	General (Special (Runoff (12R)
October 15 Quarterly Report (Q3)	·	ioi tiic.	CONVENTION (120)	Opecial (120)	
January 31 Year-End Report (YE)		Election on	M = M /	D D /	Y Y Y Y	in the State	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day		General (30G	à)	Runoff (3	0R)	Special (30S)
Termination Report (TER)	перип	Election on	M = M /	D D /	Y = Y = Y	in the State	
5. Covering Period 04	01	2018	through	06_	30 /	2018]
I certify that I have examined this Type or Print Name of Treasurer	Report and to th Camerlinck, Brya	e best of my known,,,	rledge and b	pelief it is tru	e, correct and	I complete.	
	linck, Bryan, , ,	1	Electronically	Filed] D	ate 07	/ D D /	2018
NOTE: Submission of false, erroneo	ous, or incomplete	information may sub	oject the pers	son signing th	is Report to th	e penalties of 5	2 U.S.C. § 30109.
Office Use Only						FEC FO	

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 04 01 2018 06 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 25650.00 Beginning of Reporting Period..... 10656.89 14256.89 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 38306.89 36306.89 6(a) and 6(c) for Column B)..... 6000.00 8000.00 Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 30306.89 30306.89 (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

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	6309.01	9609.01
(i) Itemized (use Schedule A)	4 4 4	3003.01
(ii) Unitemized	2347.88	2647.88
(iii) TOTAL (add	1111111111	4 4 4
Lines 11(a)(i) and (ii)▶	8656.89	12256.89
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	5.50	4 4
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	79. 1 79. 1	
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	8656.89	12256.89
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	4 4	45 45
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made	4 4	4 4
to Federal Candidates and Other		
Political Committees	2000.00	2000.00
. 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
(1) Lavia Farda (1) and C 1 1 1 1 1 1 1 1 1	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
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	10656.89	14256.89
. Total Federal Receipts		
. Iotal i edelal liecelpts		

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		Galeridai Teal-10-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	4			
Expenditures	0.00	0.00		
(c) Total Operating Expenditures	4 4	4 4 4		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party	0.00	0.00		
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	6000.00	8000.00		
Independent Expenditures	4 4	4 4		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(52 U.S.C. § 30116(d))	0.00			
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
	4 4	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other				
Than Political Committees	0.00	0.00		
/h\ Delitical Deuts Committees				
(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 Contribution Refunds				
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Fordered Floridae Author (50 H 0 0 0 0000)	(20))	4 4		
Federal Election Activity (52 U.S.C. § 30101)	(20))			
(a) Allocated Federal Election Activity (from Schedule H6)				
(i) Federal Share	0.00	0.00		
(i) I oddiai Gridio	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid	45 45 45			
Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add	45 45	75 75 75		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
T. 18:1	,			
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6000.00	8000.00		
Total Federal Disbursements	,			
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	6000.00	2002.00		
,	0000.00	8000.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8656.89	12256.89		
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8656.89	12256.89		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00		
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
38. 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

FC)K LI	NE NU	IMRFK	PAGE	-	6	OF		13	
(check only one)										
[X 11:	a T	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 Faulk, Sheldon, , , Date of Receipt Mailing Address 1618 St. Albans 15 City Zip Code State Transaction ID: SA11AI.4398 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 208.35 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 2018 City State Zip Code Transaction ID: SA11AI.4428 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: 2018 Aggregate Year-to-Date ▼ Primary General Other (specify) 250.02 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gray, Paul, , , Date of Receipt Mailing Address 1146 Club Place 02 2018 City State Zip Code Transaction ID: SA11AI.4239 **Baton Rouge** LA 70810 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) Check LHSIC Director Operational Audit and Plan Pe Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 333.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** Use separate schedule(s) (check only one) **X** 11a 11b 11c

13

7 OF

for each category of the 12 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 Greig, Jerome, K,, Date of Receipt Mailing Address 120 Peck Blvd City Zip Code State Transaction ID: SA11AI.4458 LA Lafayette 70508 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) **Board of Directors Member** LHSIC 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. Hochheiser, David, , , Date of Receipt Mailing Address 218 E. Greens Drive 2018 City State Zip Code Transaction ID: SA11AI.4418 **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) ▼ 250.00 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 2018 City State Zip Code Transaction ID: SA11AI.4449 **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 300.00 Other (specify) 350.00 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

F	FOR LINE NUMBER:					PAGE		8	OF		13
(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 Keller, Brian, , , Date of Receipt Mailing Address 1068 Cyril Ave. City Zip Code State Transaction ID: SA11AI.4432 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 ▼ x Primary General 208.35 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.4404 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: 2018 Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 210.00 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 2018 City State Zip Code Transaction ID: SA11AI.4434 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 252.00 Other (specify) 125.67 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

FOR LINE NUMBER:					PAGE	9	OF		13	
(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 Miller, Judy, P,, Date of Receipt Mailing Address 5203 Raphael Drive 2018 City Zip Code State Transaction ID: SA11AI.4459 LA 71303 Alexandria 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) **Board of Directors Member** LHSIC 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.** Tipton, Michael, , , Date of Receipt Mailing Address 586 Franklin St. 04 2018 City State Zip Code Transaction ID: SA11AI.4328 **Baton Rouge** 70806 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 Head of Community Relations 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. Udvarhelyi, Ian, Steven, , Date of Receipt Mailing Address 7623 Boyce Drive 2018 City Zip Code State Transaction ID: SA11AI.4329 **Baton Rouge** LA 70809 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Check LHSIC President & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 5500.00 SUBTOTAL of Receipts This Page (optional)..... 6309.01 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 OF 13
· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s)	(check only one)
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a11b11c12
			13 14 15 X 16 17
Any information copied from such Reports and State for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)	0	DD 4 DL 0	0.51 01.11 (1 1.1 5.0
/ Louisiana Health Service & Inde	mnity Co	ompany DBA Blue Cros	ss & Blue Shield of Louisiana PAC
Full Name of Individual (Last, First, Middle Initial JOHN KENNEDY FOR US	al) or Full C	Organization Name	Date of Receipt
Mailing Address 2900 CLEARVIEW PKWY			M M / D D / Y Y Y Y
SUITE 206	Ta		04 17 2018
City METAIRIE	State LA	Zip Code 70006	Transaction ID : SA16.4462
	12,	70000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0608398	1000.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
			Return of Contribution
Receipt For: 2018 Receipt For: 2018 General	Aggregate	Year-to-Date ▼	
Other (specify) \blacktriangledown		1000.00	
		45 45	
Full Name of Individual (Last, First, Middle Initials, RALPH ABRAHAM FOR CONGRES		organization Name	Date of Receipt
Mailing Address P.O. BOX 14062			M = M / D = D / Y = Y = Y
01	101.1	7: 0 1	04 17 2018
City MONROE	State	Zip Code 71207	Transaction ID : SA16.4463
		71207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C cod	0563940	1000.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Descript For			Retund of Contribution
Receipt For: 2018 Primary General	Aggregate	Year-to-Date ▼	
Other (specify) ▼		1000.00	
		7-1-1-7-1-1-7-1-1	'
Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name	Date of Bassist
Mailing Address			Date of Receipt
City	State	Zip Code	
			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
			Memo Item
Name of Employer (for Individual)	Ucc	upation (for Individual)	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General			
Other (specify)			
SUBTOTAL of Receipts This Page (ontional)			2000.00

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

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2000.00

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 11 OF					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	NOMBER.				
Any information copied from such Reports and Stater or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)	le and address of any politic	cai committee to	Solicit contributions from Such committee.				
Louisiana Health Service & Indemr	nity Company DBA	Blue Cross	& Blue Shield of Louisiana PAC				
Full Name (Last, First, Middle Initial)	F00		Date of Disbursement				
A. CAPTAIN HIGGINS FOR CONGR	ESS		M M / D D / Y Y Y Y				
Mailing Address PO BOX 61747			06 01 2018				
City S LAFAYETTE	State Zip Code LA 70596		FEC Identification Number				
Purpose of Disbursement June 1, 2018 Fundraiser		1	C C00617662				
Candidate Name		011	Transaction ID : SB23.4392				
CAPTAIN HIGGINS FOR CONGRI	ESS	Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburser	ment For: 2018	71	1000.00				
President	Primary General Other (specify) ▼		Memo Item				
State: LA District: 03							
B. GARRET GRAVES VICTORY FUN	ND		Date of Disbursement				
Mailing Address PO BOX 64845			06 29 2018				
City BATON ROUGE	State Zip Code LA 70896		FEC Identification Number				
Purpose of Disbursement	70090		C C00635565				
Fundraiser		011	Transaction ID : SB23.4455				
Candidate Name GARRET GRAVES VICTORY FUN	ID.	Category/	Amount of Each Disbursement this Period				
	nent For: 2018	Туре	1000.00				
	Primary General		7 7 7				
President State: LA District: 06	Other (specify)		Memo Item				
Full Name (Last, First, Middle Initial)							
C. JOHN KENNEDY FOR US			Date of Disbursement				
Mailing Address 2900 CLEARVIEW PKWY SUITE 206			04 30 7 2018				
City	State Zip Code		FEC Identification Number				
METAIRIE Purpose of Disbursement	LA 70006						
Fundraiser		011	C C00608398				
Candidate Name		Category/	Transaction ID: SB23.4464 Amount of Each Disbursement this Period				
JOHN KENNEDY FOR US		Type	100000				
Conoto	ment For: 2018 Primary General		1000.00				
X Senate President	Primary General Other (specify) ▼		П.,				
State: LA District: 00			Memo Item				
SUBTOTAL of Disbursements This Page (optional)			3000.00				
(opional)			7 7 7				
TOTAL This Period (last page this line number only)			1				

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 12 OF 13		
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 use				
or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)	_	_			
Louisiana Health Service & Indemn	ity Company DBA E	Blue Cross	& Blue Shield of Louisiana PAC		
Full Name (Last, First, Middle Initial)			Data of Diskumannant		
A. MIKE JOHNSON FOR LOUISIANA	ı.		Date of Disbursement		
Mailing Address P. O. Box 6075			04 03 2018		
•	tate Zip Code		FEC Identification Number		
Bossier City Purpose of Disbursement	LA 71171				
Fundraiser		011	C C00608695		
Candidate Name		Category/	Transaction ID : SB23.4240 Amount of Each Disbursement this Period		
MIKE JOHNSON FOR LOUISIANA		Type			
<u> </u>	nent For: 2018		1000.00		
	Primary General Other (specify) ▼				
State: LA District: 04	other (openity)		Memo Item		
Full Name (Last, First, Middle Initial)					
B. MIKE JOHNSON FOR LOUISIANA	1		Date of Disbursement		
			M = M / D = D / Y = Y = Y		
Mailing Address P. O. Box 6075			04 16 2018		
,	tate Zip Code LA 71171		FEC Identification Number		
Bossier City Purpose of Disbursement	71171		C C00608695		
Return of Uncashed Check		011	Transaction ID : SB23.4467 Amount of Each Disbursement this Period		
Candidate Name		Category/			
MIKE JOHNSON FOR LOUISIANA		Type	4000.00		
	ent For: 2018 Primary General		- 1000.00		
	Other (specify)				
State: LA District: 04	(-		Memo Item		
Full Name (Last, First, Middle Initial)					
C. MIKE JOHNSON FOR LOUISIANA			Date of Disbursement		
Mailing Address P. O. Box 6075			04 30 _2018 _		
	1				
,	tate Zip Code LA 71171		FEC Identification Number		
Bossier City Purpose of Disbursement	71171		C C00608695		
Fundraiser	011	Transaction ID : SB23.4468			
Candidate Name		Category/	Amount of Each Disbursement this Period		
MIKE JOHNSON FOR LOUISIANA		Type	1000.00		
Conoto	nent For: 2018		1000.00		
	Primary ☐ General Other (specify) ▼		П., .		
State: LA District: 04			Memo Item		
SUBTOTAL of Disbursements This Page (optional)		·····•	1000.00		
TOTAL This Period (last page this line number only).					

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SCHEDULE B (FEC Form 3X)		FOR LINE I	INE NUMBER: PAGE 13 OF 13				
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 use						
or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)	_	_					
	ity Company DBA E	Blue Cross	& Blue Shield of Louisiana PAC				
Full Name (Last, First, Middle Initial)							
A. RALPH ABRAHAM FOR CONGRE	SS		Date of Disbursement				
Mailing Address P.O. BOX 14062			04 30 2018				
City	tate Zip Code		FEC Identification Number				
	LA 71207						
Purpose of Disbursement Fundraiser		011	C C00563940				
Candidate Name		Category/	Transaction ID : SB23.4466 Amount of Each Disbursement this Period				
RALPH ABRAHAM FOR CONGRE		Type					
	nent For: 2018 Primary General		1000.00				
	Other (specify)		П м ж				
State: LA District: 05			Memo Item				
Full Name (Last, First, Middle Initial)							
B. RICHMOND FOR CONGRESS			Date of Disbursement				
Mailing Address 909 POYDRAS STREET			05 10 _ 2018 _				
SUITE 1825							
,	tate Zip Code LA 70112		FEC Identification Number				
Purpose of Disbursement	70112		C C00451336				
Fundraiser		011	Transaction ID : SB23.4325				
Candidate Name RICHMOND FOR CONGRESS		Category/	Amount of Each Disbursement this Period				
	ent For: 2018	Туре	1000.00				
	Primary General		4 4				
	Other (specify)		Memo Item				
State: LA District: 02			Ц				
Full Name (Last, First, Middle Initial) C.			Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address							
City	ztate Zip Code		FEC Identification Number				
Purpose of Disbursement			С				
·		<u> </u>					
Candidate Name	Category/	Amount of Each Disbursement this Period					
Office Sought: House Disbursem	nent For:	Туре					
	Primary General		7 7				
President		Memo Item					
State: District:			ш				
SUBTOTAL of Disbursements This Page (optional)			2000.00				
			6000.00				
TOTAL This Period (last page this line number only).		·····	6000.00				