

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**Blue Cross Blue Shield of Alabama PAC**

ADDRESS (number and street) **2 North Jackson Street**  
**Suite 202**  
 Check if different than previously reported. (ACC) **Montgomery** **AL** **36104**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** **C00457242** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2018 through  /  /  2018

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

Signature of Treasurer Stone, Robin, , , [Electronically Filed] Date  /  /  2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Blue Cross Blue Shield of Alabama PAC

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		114739.51
(b) Cash on Hand at Beginning of Reporting Period.....	117809.90	
(c) Total Receipts (from Line 19) .....	6317.92	39388.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	124127.82	154127.82
7. Total Disbursements (from Line 31).....	25000.00	55000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	99127.82	99127.82
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

Write or Type Committee Name

**Blue Cross Blue Shield of Alabama PAC**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5847.08	30263.91
(ii) Unitemized .....	470.84	4124.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6317.92	34388.31
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	6317.92	34388.31
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(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)).....▶	6317.92	39388.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6317.92	39388.31

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. 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
22. Transfers to Affiliated/Other Party Committees.....	20000.00	20000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	35000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	25000.00	55000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25000.00	55000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6317.92	34388.31
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6317.92	34388.31
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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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)  
**Blue Cross Blue Shield of Alabama PAC**

**A. Velezis, Michael, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 450 Riverchase Parkway East  
 City Birmingham State AL Zip Code 35244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS AL Occupation (for Individual) VP Legal Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt 05 / 31 / 2018  
**Transaction ID : PR125562735546**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 P/R Deduction (\$208.33 Monthly)

**B. Jarrett, Angela, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 North Jackson Street Suite 202  
 City Montgomery State AL Zip Code 36104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) VP Claims & Benefit Admin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt 05 / 31 / 2018  
**Transaction ID : PR130963535546**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 P/R Deduction (\$208.33 Monthly)

**C. Weaver, Darrel, Craig, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 450 Riverchase Parkway East  
 City Birmingham State AL Zip Code 35244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) VP Healthcare Networks Svcs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt 05 / 31 / 2018  
**Transaction ID : PR132319635546**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 P/R Deduction (\$208.33 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	624.99
<b>TOTAL</b> 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: (check only one)	PAGE 7 OF 19
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Blue Cross Blue Shield of Alabama PAC**

**A. Keown, Kipp, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 450 Riverchase Parkway East  
 City Birmingham State AL Zip Code 35244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) VP Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt 05 / 31 / 2018  
**Transaction ID : PR132319735546**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 P/R Deduction (\$208.33 Monthly)

**B. Orr, Robert, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1905 Balfour Dr  
 City Birmingham State AL Zip Code 35216-2703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) VP Customer Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt 05 / 31 / 2018  
**Transaction ID : PR78822935546**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 P/R Deduction (\$208.33 Monthly)

**C. Vines, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 717 Savannah Pl  
 City Birmingham State AL Zip Code 35226-3262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) President and CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt 05 / 31 / 2018  
**Transaction ID : PR78823035546**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 P/R Deduction (\$208.33 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	624.99
<b>TOTAL</b> 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: (check only one)	PAGE 8 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Blue Cross Blue Shield of Alabama PAC**

**A. Bonner, Laura, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 226 Cambo Ter  
 City Birmingham State AL Zip Code 35226-1078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) Dept Mgr Enrollment Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2018  
**Transaction ID : PR78825535546**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Briggs, Dick, Dowling, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4327 Kennesaw Dr  
 City Birmingham State AL Zip Code 35213-3311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2018  
**Transaction ID : PR78825835546**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 P/R Deduction (\$208.33 Monthly)

**C. Carden, Noel, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5783 Cypress Trce  
 City Birmingham State AL Zip Code 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 ▼ 1041.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2018  
**Transaction ID : PR78826335546**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 P/R Deduction (\$208.33 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	456.66
<b>TOTAL</b> 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: (check only one)	PAGE 9 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Blue Cross Blue Shield of Alabama PAC**

**A. Carter, Tony, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 156 Stonegate Dr  
 City Birmingham State AL Zip Code 35242-7054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) VP Consumer Insurance Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2018  
**Transaction ID : PR78826435546**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 P/R Deduction (\$208.33 Monthly)

**B. Council, Rebekah, Elgin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 919 38th St S  
 City Birmingham State AL Zip Code 35222-3602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) SVP & Chief Marketing Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2018  
**Transaction ID : PR78826935546**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 P/R Deduction (\$208.33 Monthly)

**C. DeCroes, Charles, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1392 Belmont Ln  
 City Helena State AL Zip Code 35080-4004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) VP Technology Support  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2018  
**Transaction ID : PR78827135546**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 P/R Deduction (\$208.33 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	624.99
<b>TOTAL</b> 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: (check only one)	PAGE 10 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Blue Cross Blue Shield of Alabama PAC**

**A. Dunsmore, Joseph, Edward, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4474 Heritage Park Dr  
 City Birmingham State AL Zip Code 35226-4171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) Deputy CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt **05 / 31 / 2018**  
**Transaction ID : PR78827635546**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 P/R Deduction (\$208.33 Monthly)

**B. Edwards, Brian, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 Eagle Cove Dr  
 City Pelham State AL Zip Code 35124-2223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) VP Controller  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt **05 / 31 / 2018**  
**Transaction ID : PR78827735546**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 P/R Deduction (\$208.33 Monthly)

**C. Herringdon, Sheila, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 fox valley highlands cr  
 City Maylene State AL Zip Code 35114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) VP Business Development  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt **05 / 31 / 2018**  
**Transaction ID : PR78829035546**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 P/R Deduction (\$208.33 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	624.99
<b>TOTAL</b> 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: (check only one)	PAGE 11 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Blue Cross Blue Shield of Alabama PAC**

**A. Ingrum, Jeffrey, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4008 Charring Cross Ln  
 City Birmingham State AL Zip Code 35226-2092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) SVP Health Care Networks  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt 05 / 31 / 2018  
**Transaction ID : PR78829235546**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 P/R Deduction (\$208.33 Monthly)

**B. Mackin, Carol, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 809 Royal Ter  
 City Birmingham State AL Zip Code 35242-7222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) VP Corp Comm/Community Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt 05 / 31 / 2018  
**Transaction ID : PR78830735546**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 P/R Deduction (\$208.33 Monthly)

**C. McIntyre, Douglas, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3489 Birchwood Ln  
 City Birmingham State AL Zip Code 35243-4434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) VP Healthcare Network Contract  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt 05 / 31 / 2018  
**Transaction ID : PR78830935546**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 P/R Deduction (\$208.33 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	624.99
<b>TOTAL</b> 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: (check only one)	PAGE 12 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Blue Cross Blue Shield of Alabama PAC**

**A. Moor, John, Matthew, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Montcrest Dr  
 City Birmingham State AL Zip Code 35213-3022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) VP UTIC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt 05 / 31 / 2018  
**Transaction ID : PR78831335546**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 P/R Deduction (\$208.33 Monthly)

**B. Morris, Joe, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 908 Lakeview Estates Dr  
 City Bessemer State AL Zip Code 35023-5810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) Director Facilities Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 206.36

Date of Receipt 05 / 31 / 2018  
**Transaction ID : PR78831535546**  
 Amount of Each Receipt this Period 37.52  
 Memo Item  
 P/R Deduction (\$18.76 Bi-Weekly)

**C. Morrissette, John, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1515 Amherst Cir  
 City Birmingham State AL Zip Code 35216-1009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) Mgr Sales Sup/Nat'l Accts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 31 / 2018  
**Transaction ID : PR78831635546**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	295.85
<b>TOTAL</b> 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: (check only one)	PAGE 13 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Blue Cross Blue Shield of Alabama PAC**

**A. Mosko, Ashley, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 503 Olmsted St  
 City Birmingham State AL Zip Code 35242-1825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) VP Health Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt 05 / 31 / 2018  
**Transaction ID : PR78831735546**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 P/R Deduction (\$208.33 Monthly)

**B. Parton, Christopher, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Creekwood Ln  
 City Helena State AL Zip Code 35080-3273  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) Director Info Security/CISO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2018  
**Transaction ID : PR78831935546**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Patterson, Michael, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1809 Lucinda Robey Pl  
 City Birmingham State AL Zip Code 35211-3872  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) SVP and Chief Legal Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt 05 / 31 / 2018  
**Transaction ID : PR78832035546**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 P/R Deduction (\$208.33 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	456.66
<b>TOTAL</b> 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: (check only one)	PAGE 14 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Blue Cross Blue Shield of Alabama PAC**

**A. Platt, David, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3700 Montevallo Rd S

City Birmingham	State AL	Zip Code 35213-4208
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBS Alabama	Occupation (for Individual) VP Large Group Sales
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
452.53

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

**Transaction ID : PR78832135546**

Amount of Each Receipt this Period  
232.75

Memo Item

P/R Deduction (\$208.33 Monthly)

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

Mailing Address 4127 Heatherhedge Ln

City Birmingham	State AL	Zip Code 35226-2095
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBS Alabama	Occupation (for Individual) SVP Enterprise Resources
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1041.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

**Transaction ID : PR78832735546**

Amount of Each Receipt this Period  
208.33

Memo Item

P/R Deduction (\$208.33 Monthly)

**C. Smith, Mary, C, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5440 Magnolia Trce

City Birmingham	State AL	Zip Code 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 ▼  
1041.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

**Transaction ID : PR78833235546**

Amount of Each Receipt this Period  
208.33

Memo Item

P/R Deduction (\$208.33 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	649.41
<b>TOTAL</b> 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: (check only one)	PAGE 15 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Blue Cross Blue Shield of Alabama PAC**

**A. Stone, Joseph, Robin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3755 Everest Dr  
 City Montgomery State AL Zip Code 36106-3336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) VP Governmental Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2018  
**Transaction ID : PR78833635546**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$120.00 Monthly)

**B. Vice, Cynthia, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 936 Beech Ln  
 City Birmingham State AL Zip Code 35213-2024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) SVP & Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2018  
**Transaction ID : PR78834335546**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 P/R Deduction (\$208.33 Monthly)

**C. Walden, Joseph, Clay, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Signal Hill Rd  
 City Spanish Fort State AL Zip Code 36527-3138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) District Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 234.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2018  
**Transaction ID : PR78834535546**  
 Amount of Each Receipt this Period 42.62  
 Memo Item  
 P/R Deduction (\$21.31 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	370.95
<b>TOTAL</b> 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: (check only one)	PAGE 16 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Blue Cross Blue Shield of Alabama PAC**

**A. Ward, Brandon, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Coshatt Trl  
 City Birmingham State AL Zip Code 35244-2439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) VP Business Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2018  
**Transaction ID : PR78834635546**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 P/R Deduction (\$208.33 Monthly)

**B. Warren, Susan, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2021 Chandapine Cir  
 City Pelham State AL Zip Code 35124-1430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) Dept Mgr Corporate Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2018  
**Transaction ID : PR78834735546**  
 Amount of Each Receipt this Period 37.84  
 Memo Item  
 P/R Deduction (\$18.92 Bi-Weekly)

**C. Watkins, James, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1935 Red Oak Ln NE  
 City Arab State AL Zip Code 35016-5360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCBS Alabama Occupation (for Individual) District Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 209.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2018  
**Transaction ID : PR78834835546**  
 Amount of Each Receipt this Period 38.10  
 Memo Item  
 P/R Deduction (\$19.05 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	284.27
<b>TOTAL</b> 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 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Blue Cross Blue Shield of Alabama PAC**

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

Mailing Address 130 Hampton Drive

City Pelham      State AL      Zip Code 35244

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBS AL      Occupation (for Individual) SVP Business Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1041.65

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 31 / 2018

**Transaction ID : PR94042835546**

Amount of Each Receipt this Period  
208.33

Memo Item

P/R Deduction (\$208.33 Monthly)

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City      State      Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)      Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City      State      Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)      Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	208.33
<b>TOTAL</b> This Period (last page this line number only).....▶	5847.08

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Blue Cross Blue Shield of Alabama PAC**

**A. Blue PAC - BCBS Association PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 1310 G Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement Transfer to Affiliated Committee

Candidate Name **Blue PAC - BCBS Association PAC**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 11 / 2018

FEC Identification Number: C00194746

Transaction ID : 11232509

Amount of Each Disbursement this Period: 20000.00

Transfer to Affiliated Committee

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	20000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	20000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Blue Cross Blue Shield of Alabama PAC**

Full Name (Last, First, Middle Initial)

**A. Seeking Justice Committee**

Mailing Address P O Box 131025

City Birmingham State AL Zip Code 35213

Purpose of Disbursement  
Direct Contribution

011  
Category/  
Type

Candidate Name  
**Seeking Justice Committee**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
05 / 11 / 2018

FEC Identification Number  
C C00666776  
**Transaction ID : 11232510**  
Amount of Each Disbursement this Period  
5000.00  
Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

FEC Identification Number  
C  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

FEC Identification Number  
C  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5000.00  
5000.00