

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**
Louisiana Health Service & Indemnity Company 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 NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C **C00651265** 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 / / 2022 through / / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Camerlinck, Bryan, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Camerlinck, Bryan, , ,* [Electronically Filed] Date / / 2022

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

Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana 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="2022"/>		68595.40
(b) Cash on Hand at Beginning of Reporting Period.....	68595.40	
(c) Total Receipts (from Line 19)	5325.40	5325.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	73920.80	73920.80
7. Total Disbursements (from Line 31).....	1000.00	1000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	72920.80	72920.80
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

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

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).....	1684.66	1684.66
(ii) Unitemized	3640.74	3640.74
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5325.40	5325.40
(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)	5325.40	5325.40
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	0.00
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)).....▶	5325.40	5325.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5325.40	5325.40

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.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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)) ..	1000.00	1000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	1000.00

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5325.40	5325.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5325.40	5325.40
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 12
<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Faulk, Sheldon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1618 St. Albans
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP Governmental Affairs
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2022
Transaction ID : SA11AI.8501
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

B. Faulk, Sheldon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1618 St. Albans
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP Governmental Affairs
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.8544
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

C. Keller, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1068 Cyril Ave.
 City Baton Rouge State LA Zip Code 70806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2022
Transaction ID : SA11AI.8506
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	125.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 12
	<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Keller, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1068 Cyril Ave.
 City Baton Rouge State LA Zip Code 70806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.8549
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

B. Kozik, Sue, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5334 Everwood Run
 City Sarasota State FL Zip Code 34235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) EXEC- INFO TECHNOLOGY
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 15 / 2022
Transaction ID : SA11AI.8536
 Amount of Each Receipt this Period 50.00
 Memo Item
 PR Ded

C. Kozik, Sue, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5334 Everwood Run
 City Sarasota State FL Zip Code 34235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) EXEC- INFO TECHNOLOGY
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2022
Transaction ID : SA11AI.8579
 Amount of Each Receipt this Period 50.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....▶	141.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 12
<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Langlois, Darrell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42037 Bang Ficklin Road
 City Prairieville State LA Zip Code 70769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2022
Transaction ID : SA11AI.8508
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

B. Langlois, Darrell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42037 Bang Ficklin Road
 City Prairieville State LA Zip Code 70769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.8551
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

C. Richert, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 237 Ridgeway Drive
 City Metairie State LA Zip Code 70001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business to Consumer
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2022
Transaction ID : SA11AI.8530
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	126.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 12
<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)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Richert, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 237 Ridgeway Drive
 City Metairie State LA Zip Code 70001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business to Consumer
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2022
Transaction ID : SA11AI.8573
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

B. Udvarhelyi, I Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7623 Boyce Drive
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CEO Administration
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2022
Transaction ID : SA11AI.8353
 Amount of Each Receipt this Period 208.33
 Memo Item
 PR Ded

C. Udvarhelyi, I Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7623 Boyce Drive
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CEO Administration
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2022
Transaction ID : SA11AI.8398
 Amount of Each Receipt this Period 208.33
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	458.66
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Udvarhelyi, I Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7623 Boyce Drive
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CEO Administration
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2022
Transaction ID : SA11AI.8442
 Amount of Each Receipt this Period
 208.33
 Memo Item
 PR Ded

B. Udvarhelyi, I Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7623 Boyce Drive
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CEO Administration
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2022
Transaction ID : SA11AI.8486
 Amount of Each Receipt this Period
 208.33
 Memo Item
 PR Ded

C. Udvarhelyi, I Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7623 Boyce Drive
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CEO Administration
 Receipt For: 2022
 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
 03 / 15 / 2022
Transaction ID : SA11AI.8529
 Amount of Each Receipt this Period
 208.33
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	624.99
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 12
(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Udvarhelyi, I Steven, , ,

Mailing Address **7623 Boyce Drive**

City Baton Rouge	State LA	Zip Code 70809
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LHSIC	Occupation (for Individual) CEO Administration
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Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1249.98

Date of Receipt
03 / 31 / 2022

Transaction ID : SA11AI.8572

Amount of Each Receipt this Period
208.33

Memo Item
 PR Ded

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	208.33
TOTAL This Period (last page this line number only).....▶	1684.66

**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)

Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

Full Name (Last, First, Middle Initial)

A. JULIA LETLOW FOR CONGRESS

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01		15		2022

Mailing Address 905 JULIA ST

FEC Identification Number

C	C00766428
---	-----------

City RAYVILLE	State LA	Zip Code 71269
------------------	-------------	-------------------

Transaction ID : SB23.8583

Purpose of Disbursement
Letlow's Lagniappe fundraiser

Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

JULIA LETLOW FOR CONGRESS

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
--	--

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
-----	---	-----	---	-------------

Mailing Address

FEC Identification Number

C	
---	--

City	State	Zip Code
------	-------	----------

Amount of Each Disbursement this Period

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Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
--	--

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
-----	---	-----	---	-------------

Mailing Address

FEC Identification Number

C	
---	--

City	State	Zip Code
------	-------	----------

Amount of Each Disbursement this Period

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Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
--	--

Memo Item

State: District:

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

1000.00

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

1000.00
