

# 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 M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y  
10 01 2018 through 11 26 2018

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

Signature of Treasurer Camerlinck, Bryan, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
12 03 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)

Page 2

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="2018"/>		24050.00
(b) Cash on Hand at Beginning of Reporting Period.....	33844.21	
(c) Total Receipts (from Line 19) .....	3337.41	21631.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	37181.62	45681.62
7. Total Disbursements (from Line 31).....	3000.00	11500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	34181.62	34181.62
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

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

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2018 To: M M / D D / Y Y Y Y 11 / 26 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2631.02	14400.38
(ii) Unitemized .....	706.39	5231.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3337.41	19631.62
(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) .....	3337.41	19631.62
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	2000.00
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)).....▶	3337.41	21631.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3337.41	21631.62

**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.....	3000.00	11500.00
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)) ..	3000.00	11500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	11500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

<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) .....	3337.41	19631.62
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3337.41	19631.62
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 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Calandro, Jeanne, Michele, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19474 Perkins Road East  
 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) CAO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 08 / 2018  
**Transaction ID : SA11AI.4668**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Check

**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: 2018  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 10 / 15 / 2018  
**Transaction ID : SA11AI.4675**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 PR Ded

**C. 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: 2018  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 10 / 31 / 2018  
**Transaction ID : SA11AI.4704**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1083.34
<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 13
	<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	<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. 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: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 11 / 15 / 2018  
**Transaction ID : SA11AI.4732**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 PR Ded

**B. Harvey, Korey, Dan, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P. O. Box 82877  
 City Baton Rouge State LA Zip Code 70884  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP Deputy General Counsel  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 09 / 2018  
**Transaction ID : SA11AI.4669**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Check

**C. Hochheiser, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 218 E. Greens Drive  
 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) CVP - Medical Economics  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 15 / 2018  
**Transaction ID : SA11AI.4694**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1091.67
<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 13
	<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. Hochheiser, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 218 E. Greens Drive  
 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) CVP - Medical Economics  
 Receipt For: 2018  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2018  
**Transaction ID : SA11AI.4722**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 PR Ded

**B. Hochheiser, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 218 E. Greens Drive  
 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) CVP - Medical Economics  
 Receipt For: 2018  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2018  
**Transaction ID : SA11AI.4750**  
 Amount of Each Receipt this Period 50.00  
 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: 2018  
 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  
 10 / 15 / 2018  
**Transaction ID : SA11AI.4679**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	141.67
<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 13
<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: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt **10 / 31 / 2018**  
**Transaction ID : SA11AI.4708**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 PR Ded

**B. 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: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt **11 / 15 / 2018**  
**Transaction ID : SA11AI.4736**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 PR Ded

**C. Labat, Errol, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8907 Spring Grove Dr.  
 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) VP, Enrollment & Billing  
 Receipt For: 2018  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **10 / 15 / 2018**  
**Transaction ID : SA11AI.4688**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	108.34
<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 10 OF 13
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Labat, Errol, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8907 Spring Grove Dr.

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) VP, Enrollment & Billing
--	---

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2018

**Transaction ID : SA11AI.4716**

Amount of Each Receipt this Period  
25.00

Memo Item  
PR Ded

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

Mailing Address 8907 Spring Grove Dr.

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) VP, Enrollment & Billing
--	---

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2018

**Transaction ID : SA11AI.4744**

Amount of Each Receipt this Period  
25.00

Memo Item  
PR Ded

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Business Dev & Strategy
--	--

Receipt For: 2018  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
546.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2018

**Transaction ID : SA11AI.4681**

Amount of Each Receipt this Period  
42.00

Memo Item  
PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	92.00
<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 13
<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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Business Dev & Strategy
--	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
588.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2018

**Transaction ID : SA11AI.4710**

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Business Dev & Strategy
--	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
630.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2018

**Transaction ID : SA11AI.4738**

Amount of Each Receipt this Period  
42.00

Memo Item  
 PR Ded

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

Mailing Address 1315 S. Columbine St.

City Baton Rouge	State LA	Zip Code 70808
---------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Legal - Operations
--	---

Receipt For: 2018  
 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
10	/	31	/	2018

**Transaction ID : SA11AI.4711**

Amount of Each Receipt this Period  
15.00

Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	99.00
<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 13
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Lavergne, David, , ,

Mailing Address 1315 S. Columbine St.

City Baton Rouge	State LA	Zip Code 70808
---------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Legal - Operations
--	---

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		15		2018

**Transaction ID : SA11AI.4739**

Amount of Each Receipt this Period  
15.00

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  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15.00
<b>TOTAL</b> This Period (last page this line number only).....	2631.02

**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. BILL CASSIDY FOR US SENATE**

Mailing Address PO BOX 80505

City  
BATON ROUGE

State  
LA

Zip Code  
70898

Purpose of Disbursement  
Bill Cassidy for Senate Event

Candidate Name

**BILL CASSIDY FOR US SENATE**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: LA District: 00

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2018			

FEC Identification Number

**C** C00543983

**Transaction ID : SB23.4759**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

3000.00

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

3000.00