

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) [X] NEW (N) [ ] 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) [X] 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 07 / 01 / 2023 through 12 / 31 / 2023

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, , , Date 01 / 09 / 2024

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="2023"/>	<input type="text" value="80676.45"/>	<input type="text" value="80676.45"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="90358.93"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="10346.72"/>	<input type="text" value="21029.20"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="100705.65"/>	<input type="text" value="101705.65"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7000.00"/>	<input type="text" value="8000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="93705.65"/>	<input type="text" value="93705.65"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**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).....	8648.52	14165.32
(ii) Unitemized .....	1698.20	6863.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10346.72	21029.20
(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) .....	10346.72	21029.20
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)).....▶	10346.72	21029.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10346.72	21029.20

**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.....	7000.00	8000.00
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)) ..	7000.00	8000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	8000.00

**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) .....	10346.72	21029.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10346.72	21029.20
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 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Bourgeois, Tina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19425 Creek Round Avenue  
 City Baton Rouge State LA Zip Code 70817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.92

Date of Receipt  
 07 / 15 / 2023  
**Transaction ID : SA11AI.9865**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**B. Bourgeois, Tina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19425 Creek Round Avenue  
 City Baton Rouge State LA Zip Code 70817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt  
 07 / 31 / 2023  
**Transaction ID : SA11AI.9904**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**C. Bourgeois, Tina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19425 Creek Round Avenue  
 City Baton Rouge State LA Zip Code 70817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.60

Date of Receipt  
 08 / 15 / 2023  
**Transaction ID : SA11AI.9943**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.52
<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 85
	<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. Bourgeois, Tina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19425 Creek Round Avenue  
 City Baton Rouge State LA Zip Code 70817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.44

Date of Receipt 08 / 31 / 2023  
**Transaction ID : SA11AI.9981**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**B. Bourgeois, Tina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19425 Creek Round Avenue  
 City Baton Rouge State LA Zip Code 70817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 354.28

Date of Receipt 09 / 15 / 2023  
**Transaction ID : SA11AI.10019**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**C. Bourgeois, Tina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19425 Creek Round Avenue  
 City Baton Rouge State LA Zip Code 70817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.12

Date of Receipt 09 / 30 / 2023  
**Transaction ID : SA11AI.10057**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.52
<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 8 OF 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 19425 Creek Round Avenue

City Baton Rouge   State LA   Zip Code 70817

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

Name of Employer (for Individual) LHSIC   Occupation (for Individual) Enterprise Info Mgmt

Receipt For: 2024  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.96**

Date of Receipt **10 / 15 / 2023**

**Transaction ID : SA11AI.10095**

Amount of Each Receipt this Period **20.84**

Memo Item  
 Payroll Deduction

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

Mailing Address 19425 Creek Round Avenue

City Baton Rouge   State LA   Zip Code 70817

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

Name of Employer (for Individual) LHSIC   Occupation (for Individual) Enterprise Info Mgmt

Receipt For: 2024  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.80**

Date of Receipt **10 / 31 / 2023**

**Transaction ID : SA11AI.10133**

Amount of Each Receipt this Period **20.84**

Memo Item  
 Payroll Deduction

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

Mailing Address 19425 Creek Round Avenue

City Baton Rouge   State LA   Zip Code 70817

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

Name of Employer (for Individual) LHSIC   Occupation (for Individual) Enterprise Info Mgmt

Receipt For: 2024  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **437.64**

Date of Receipt **11 / 15 / 2023**

**Transaction ID : SA11AI.10171**

Amount of Each Receipt this Period **20.84**

Memo Item  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **62.52**

**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 85
	<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. Bourgeois, Tina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19425 Creek Round Avenue  
 City Baton Rouge State LA Zip Code 70817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.48

Date of Receipt  
 11 / 30 / 2023  
**Transaction ID : SA11AI.10209**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**B. Bourgeois, Tina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19425 Creek Round Avenue  
 City Baton Rouge State LA Zip Code 70817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 479.32

Date of Receipt  
 12 / 15 / 2023  
**Transaction ID : SA11AI.10248**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**C. Bourgeois, Tina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19425 Creek Round Avenue  
 City Baton Rouge State LA Zip Code 70817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.16

Date of Receipt  
 12 / 31 / 2023  
**Transaction ID : SA11AI.10286**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.52
<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 85  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Cross, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10603 Pinebrook Avenue  
 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 Sales  
 Receipt For: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2023  
**Transaction ID : SA11AI.9864**  
 Amount of Each Receipt this Period 21.00  
 Memo Item  
 Payroll Deduction

**B. Cross, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10603 Pinebrook Avenue  
 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 Sales  
 Receipt For: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2023  
**Transaction ID : SA11AI.9903**  
 Amount of Each Receipt this Period 21.00  
 Memo Item  
 Payroll Deduction

**C. Cross, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10603 Pinebrook Avenue  
 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 Sales  
 Receipt For: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2023  
**Transaction ID : SA11AI.9942**  
 Amount of Each Receipt this Period 21.00  
 Memo Item  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 63.00  
**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: PAGE 11 OF 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 10603 Pinebrook Avenue

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 Sales

Receipt For: 2024  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **08 / 31 / 2023**

**Transaction ID : SA11AI.9980**

Amount of Each Receipt this Period **21.00**

Memo Item  
 Payroll Deduction

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

Mailing Address 10603 Pinebrook Avenue

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 Sales

Receipt For: 2024  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **357.00**

Date of Receipt **09 / 15 / 2023**

**Transaction ID : SA11AI.10018**

Amount of Each Receipt this Period **21.00**

Memo Item  
 Payroll Deduction

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

Mailing Address 10603 Pinebrook Avenue

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 Sales

Receipt For: 2024  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt **09 / 30 / 2023**

**Transaction ID : SA11AI.10056**

Amount of Each Receipt this Period **21.00**

Memo Item  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ **63.00**

**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 12 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Cross, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10603 Pinebrook Avenue  
 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 Sales  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2023  
**Transaction ID : SA11AI.10094**  
 Amount of Each Receipt this Period 21.00  
 Memo Item  
 Payroll Deduction

**B. Cross, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10603 Pinebrook Avenue  
 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 Sales  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2023  
**Transaction ID : SA11AI.10132**  
 Amount of Each Receipt this Period 21.00  
 Memo Item  
 Payroll Deduction

**C. Cross, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10603 Pinebrook Avenue  
 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 Sales  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 441.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2023  
**Transaction ID : SA11AI.10170**  
 Amount of Each Receipt this Period 21.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	63.00
<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 13 OF 85
	<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. Cross, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10603 Pinebrook Avenue  
 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 Sales  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt  
 11 / 30 / 2023  
**Transaction ID : SA11AI.10208**  
 Amount of Each Receipt this Period 21.00  
 Memo Item  
 Payroll Deduction

**B. Cross, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10603 Pinebrook Avenue  
 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 Sales  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 483.00

Date of Receipt  
 12 / 15 / 2023  
**Transaction ID : SA11AI.10247**  
 Amount of Each Receipt this Period 21.00  
 Memo Item  
 Payroll Deduction

**C. Cross, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10603 Pinebrook Avenue  
 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 Sales  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 12 / 31 / 2023  
**Transaction ID : SA11AI.10285**  
 Amount of Each Receipt this Period 21.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	63.00
<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 14 OF 85		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. Enright, Sherri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7949 Settlers Circle  
 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) HR - SVP  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2023  
**Transaction ID : SA11AI.9900**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**B. Enright, Sherri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7949 Settlers Circle  
 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) HR - SVP  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2023  
**Transaction ID : SA11AI.9939**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**C. Enright, Sherri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7949 Settlers Circle  
 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) HR - SVP  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2023  
**Transaction ID : SA11AI.9977**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<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 15 OF 85
	<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. Enright, Sherri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7949 Settlers Circle  
 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) HR - SVP  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
 08 / 31 / 2023  
**Transaction ID : SA11AI.10015**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**B. Enright, Sherri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7949 Settlers Circle  
 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) HR - SVP  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt  
 09 / 15 / 2023  
**Transaction ID : SA11AI.10053**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**C. Enright, Sherri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7949 Settlers Circle  
 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) HR - SVP  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 09 / 30 / 2023  
**Transaction ID : SA11AI.10091**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<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 16 OF 85
	<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. Enright, Sherri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7949 Settlers Circle  
 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) HR - SVP  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 10 / 15 / 2023  
**Transaction ID : SA11Al.10129**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**B. Enright, Sherri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7949 Settlers Circle  
 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) HR - SVP  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA11Al.10167**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**C. Enright, Sherri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7949 Settlers Circle  
 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) HR - SVP  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 11 / 15 / 2023  
**Transaction ID : SA11Al.10205**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 17 OF 85
	<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. Enright, Sherri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7949 Settlers Circle  
 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) HR - SVP  
 Receipt For: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : SA11AI.10243**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**B. Enright, Sherri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7949 Settlers Circle  
 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) HR - SVP  
 Receipt For: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 12 / 15 / 2023  
**Transaction ID : SA11AI.10282**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**C. Enright, Sherri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7949 Settlers Circle  
 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) HR - SVP  
 Receipt For: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11AI.10320**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<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 18 OF 85
	<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. 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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.71

Date of Receipt 07 / 15 / 2023  
**Transaction ID : SA11AI.9866**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt 07 / 31 / 2023  
**Transaction ID : SA11AI.9905**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.05

Date of Receipt 08 / 15 / 2023  
**Transaction ID : SA11AI.9944**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.01
<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 19 OF 85
	<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. 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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt  
 08 / 31 / 2023  
**Transaction ID : SA11AI.9982**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 708.39

Date of Receipt  
 09 / 15 / 2023  
**Transaction ID : SA11AI.10020**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt  
 09 / 30 / 2023  
**Transaction ID : SA11AI.10058**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.01
<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 20 OF 85
	<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. 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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 791.73

Date of Receipt 10 / 15 / 2023  
**Transaction ID : SA11AI.10096**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.40

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA11AI.10134**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.07

Date of Receipt 11 / 15 / 2023  
**Transaction ID : SA11AI.10172**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.01
<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 21 OF 85
	<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. 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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 916.74

Date of Receipt 11 / 30 / 2023  
**Transaction ID : SA11Al.10210**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 958.41

Date of Receipt 12 / 15 / 2023  
**Transaction ID : SA11Al.10249**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.08

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11Al.10287**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.01
<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 22 OF 85
	<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. Fletcher, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29721 Tulip  
 City Walker State LA Zip Code 70785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Dir - Interplan Operations  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA11AI.10135**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 Payroll Deduction

**B. Fletcher, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29721 Tulip  
 City Walker State LA Zip Code 70785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Dir - Interplan Operations  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 218.82

Date of Receipt 11 / 15 / 2023  
**Transaction ID : SA11AI.10173**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 Payroll Deduction

**C. Fletcher, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29721 Tulip  
 City Walker State LA Zip Code 70785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Dir - Interplan Operations  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt 11 / 30 / 2023  
**Transaction ID : SA11AI.10211**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	31.26
<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 23 OF 85
	<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)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Fletcher, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29721 Tulip  
 City Walker State LA Zip Code 70785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Dir - Interplan Operations  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 239.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2023  
**Transaction ID : SA11AI.10250**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 Payroll Deduction

**B. Fletcher, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29721 Tulip  
 City Walker State LA Zip Code 70785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Dir - Interplan Operations  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA11AI.10288**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 Payroll Deduction

**C. Guilbeau, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26322 West Meadow Drive  
 City Jackson State LA Zip Code 70748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) IT ENTERPRISE INFRASTRUCTURE  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2023  
**Transaction ID : SA11AI.9894**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	41.68
<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 24 OF 85
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Guilbeau, Jason, , ,</b>			Date of Receipt MM / DD / YYYY 07 / 31 / 2023 <b>Transaction ID : SA11AI.9933</b>
Mailing Address 26322 West Meadow Drive			Amount of Each Receipt this Period 20.84
City Jackson	State LA	Zip Code 70748	<input type="checkbox"/> Memo Item Payroll Deduction
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) LHSIC		Occupation (for Individual) IT ENTERPRISE INFRASTRUCTURE	
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.76		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Guilbeau, Jason, , ,</b>			Date of Receipt MM / DD / YYYY 08 / 15 / 2023 <b>Transaction ID : SA11AI.9972</b>
Mailing Address 26322 West Meadow Drive			Amount of Each Receipt this Period 20.84
City Jackson	State LA	Zip Code 70748	<input type="checkbox"/> Memo Item Payroll Deduction
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) LHSIC		Occupation (for Individual) IT ENTERPRISE INFRASTRUCTURE	
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.60		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Guilbeau, Jason, , ,</b>			Date of Receipt MM / DD / YYYY 08 / 31 / 2023 <b>Transaction ID : SA11AI.10010</b>
Mailing Address 26322 West Meadow Drive			Amount of Each Receipt this Period 20.84
City Jackson	State LA	Zip Code 70748	<input type="checkbox"/> Memo Item Payroll Deduction
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) LHSIC		Occupation (for Individual) IT ENTERPRISE INFRASTRUCTURE	
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 333.44		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.52
<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 25 OF 85
	<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. Guilbeau, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26322 West Meadow Drive  
 City Jackson State LA Zip Code 70748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) IT ENTERPRISE INFRASTRUCTURE  
 Receipt For: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 354.28

Date of Receipt  
 09 / 15 / 2023  
**Transaction ID : SA11AI.10048**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**B. Guilbeau, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26322 West Meadow Drive  
 City Jackson State LA Zip Code 70748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) IT ENTERPRISE INFRASTRUCTURE  
 Receipt For: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.12

Date of Receipt  
 09 / 30 / 2023  
**Transaction ID : SA11AI.10086**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**C. Guilbeau, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26322 West Meadow Drive  
 City Jackson State LA Zip Code 70748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) IT ENTERPRISE INFRASTRUCTURE  
 Receipt For: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.96

Date of Receipt  
 10 / 15 / 2023  
**Transaction ID : SA11AI.10124**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.52
<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 26 OF 85
	<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. Guilbeau, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26322 West Meadow Drive  
 City Jackson State LA Zip Code 70748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) IT ENTERPRISE INFRASTRUCTURE  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2023  
**Transaction ID : SA11AI.10162**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**B. Guilbeau, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26322 West Meadow Drive  
 City Jackson State LA Zip Code 70748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) IT ENTERPRISE INFRASTRUCTURE  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 437.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2023  
**Transaction ID : SA11AI.10200**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**C. Guilbeau, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26322 West Meadow Drive  
 City Jackson State LA Zip Code 70748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) IT ENTERPRISE INFRASTRUCTURE  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2023  
**Transaction ID : SA11AI.10238**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.52
<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 27 OF 85
	<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. Guilbeau, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26322 West Meadow Drive  
 City Jackson State LA Zip Code 70748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) IT ENTERPRISE INFRASTRUCTURE  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 479.32

Date of Receipt 12 / 15 / 2023  
**Transaction ID : SA11AI.10277**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**B. Guilbeau, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26322 West Meadow Drive  
 City Jackson State LA Zip Code 70748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) IT ENTERPRISE INFRASTRUCTURE  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.16

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11AI.10315**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**C. Hanly, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13919 Kimbleton Avenue  
 City Baton Rouge State LA Zip Code 70817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Baton Rouge Sales  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA11AI.10136**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	52.10
<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 28 OF 85
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Hanly, Gregory, , ,</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 15 / 2023 <b>Transaction ID : SA11AI.10174</b>
Mailing Address 13919 Kimbleton Avenue			Amount of Each Receipt this Period 10.42
City Baton Rouge	State LA	Zip Code 70817	<input type="checkbox"/> Memo Item Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 218.82	
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Baton Rouge Sales	
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hanly, Gregory, , ,</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 30 / 2023 <b>Transaction ID : SA11AI.10212</b>
Mailing Address 13919 Kimbleton Avenue			Amount of Each Receipt this Period 10.42
City Baton Rouge	State LA	Zip Code 70817	<input type="checkbox"/> Memo Item Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 229.24	
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Baton Rouge Sales	
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hanly, Gregory, , ,</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 15 / 2023 <b>Transaction ID : SA11AI.10251</b>
Mailing Address 13919 Kimbleton Avenue			Amount of Each Receipt this Period 10.42
City Baton Rouge	State LA	Zip Code 70817	<input type="checkbox"/> Memo Item Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 239.66	
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Baton Rouge Sales	
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	31.26
<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 29 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Hanly, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13919 Kimbleton Avenue  
 City Baton Rouge State LA Zip Code 70817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Baton Rouge Sales  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA11AI.10289**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 Payroll Deduction

**B. Harvey, Korey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO 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) Legal General  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2023  
**Transaction ID : SA11AI.9895**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**C. Harvey, Korey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO 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) Legal General  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2023  
**Transaction ID : SA11AI.9934**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	52.10
<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 30 OF 85
	<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)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Harvey, Korey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO 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) Legal General
--	--

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.60

Date of Receipt  
 08 / 15 / 2023  
**Transaction ID : SA11AI.9973**

Amount of Each Receipt this Period  
20.84

Memo Item  
 Payroll Deduction

**B. Harvey, Korey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO 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) Legal General
--	--

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.44

Date of Receipt  
 08 / 31 / 2023  
**Transaction ID : SA11AI.10011**

Amount of Each Receipt this Period  
20.84

Memo Item  
 Payroll Deduction

**C. Harvey, Korey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO 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) Legal General
--	--

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
354.28

Date of Receipt  
 09 / 15 / 2023  
**Transaction ID : SA11AI.10049**

Amount of Each Receipt this Period  
20.84

Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.52
<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 31 OF 85
	<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. Harvey, Korey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO 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) Legal General
--	--

Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2023  
**Transaction ID : SA11Al.10087**

Amount of Each Receipt this Period  
20.84

Memo Item  
Payroll Deduction

**B. Harvey, Korey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO 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) Legal General
--	--

Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
395.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2023  
**Transaction ID : SA11Al.10125**

Amount of Each Receipt this Period  
20.84

Memo Item  
Payroll Deduction

**C. Harvey, Korey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO 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) Legal General
--	--

Receipt For: 2024  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2023  
**Transaction ID : SA11Al.10163**

Amount of Each Receipt this Period  
20.84

Memo Item  
Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.52
<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 32 OF 85
	<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. Harvey, Korey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO 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) Legal General
--	--

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
437.64

Date of Receipt  
 11 / 15 / 2023  
**Transaction ID : SA11AI.10201**

Amount of Each Receipt this Period  
20.84

Memo Item  
 Payroll Deduction

**B. Harvey, Korey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO 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) Legal General
--	--

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.48

Date of Receipt  
 11 / 30 / 2023  
**Transaction ID : SA11AI.10239**

Amount of Each Receipt this Period  
20.84

Memo Item  
 Payroll Deduction

**C. Harvey, Korey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO 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) Legal General
--	--

Receipt For: 2024  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
479.32

Date of Receipt  
 12 / 15 / 2023  
**Transaction ID : SA11AI.10278**

Amount of Each Receipt this Period  
20.84

Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.52
<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 33 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Harvey, Korey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO 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) Legal General  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA11AI.10316**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2023  
**Transaction ID : SA11AI.9870**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2023  
**Transaction ID : SA11AI.9909**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	104.18
<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 34 OF 85
	<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. 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: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.05

Date of Receipt 08 / 15 / 2023  
**Transaction ID : SA11AI.9948**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt 08 / 31 / 2023  
**Transaction ID : SA11AI.9986**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 708.39

Date of Receipt 09 / 15 / 2023  
**Transaction ID : SA11AI.10024**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.01
<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 35 OF 85
	<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: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt **09 / 30 / 2023**  
**Transaction ID : SA11Al.10062**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 791.73

Date of Receipt **10 / 15 / 2023**  
**Transaction ID : SA11Al.10100**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.40

Date of Receipt **10 / 31 / 2023**  
**Transaction ID : SA11Al.10138**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.01
<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 36 OF 85
<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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.07

Date of Receipt 11 / 15 / 2023  
**Transaction ID : SA11Al.10176**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 916.74

Date of Receipt 11 / 30 / 2023  
**Transaction ID : SA11Al.10214**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 958.41

Date of Receipt 12 / 15 / 2023  
**Transaction ID : SA11Al.10253**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.01
<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 37 OF 85
	<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: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.08

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11AI.10291**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**B. Kendrick, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7443 N. Eisorwh Avenue  
 City Baton Rouge    State LA    Zip Code 70818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC    Occupation (for Individual) Dir - Natl & Special Accounts  
 Receipt For: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA11AI.10139**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 Payroll Deduction

**C. Kendrick, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7443 N. Eisorwh Avenue  
 City Baton Rouge    State LA    Zip Code 70818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC    Occupation (for Individual) Dir - Natl & Special Accounts  
 Receipt For: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 218.82

Date of Receipt 11 / 15 / 2023  
**Transaction ID : SA11AI.10177**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.51
<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 38 OF 85
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Kendrick, George, , ,</b>			Date of Receipt
Mailing Address 7443 N. Eisworth Avenue			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2023"/>
City Baton Rouge	State LA	Zip Code 70818	<b>Transaction ID : SA11AI.10215</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="10.42"/>
Name of Employer (for Individual) LHSIC	Occupation (for Individual) Dir - Natl & Special Accounts		<input type="checkbox"/> Memo Item Payroll Deduction
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="229.24"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kendrick, George, , ,</b>			Date of Receipt
Mailing Address 7443 N. Eisworth Avenue			<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2023"/>
City Baton Rouge	State LA	Zip Code 70818	<b>Transaction ID : SA11AI.10254</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="10.42"/>
Name of Employer (for Individual) LHSIC	Occupation (for Individual) Dir - Natl & Special Accounts		<input type="checkbox"/> Memo Item Payroll Deduction
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="239.66"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Kendrick, George, , ,</b>			Date of Receipt
Mailing Address 7443 N. Eisworth Avenue			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2023"/>
City Baton Rouge	State LA	Zip Code 70818	<b>Transaction ID : SA11AI.10292</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="10.42"/>
Name of Employer (for Individual) LHSIC	Occupation (for Individual) Dir - Natl & Special Accounts		<input type="checkbox"/> Memo Item Payroll Deduction
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="250.08"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="31.26"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 39 OF 85
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Langlois, Darrell, , ,</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>15</td> <td></td> <td>2023</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		15		2023
M M M	/	D D D	/	Y Y Y Y Y Y									
07		15		2023									
Mailing Address 42037 Bang Ficklin Road			<b>Transaction ID : SA11AI.9872</b>										
City Prairieville	State LA	Zip Code 70769	Amount of Each Receipt this Period <table border="1"> <tr> <td>42.00</td> </tr> </table>	42.00									
42.00													
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Payroll Deduction										
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Business Dev & Strategy											
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>546.00</td> </tr> </table>		546.00										
546.00													

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Langlois, Darrell, , ,</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>31</td> <td></td> <td>2023</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		31		2023
M M M	/	D D D	/	Y Y Y Y Y Y									
07		31		2023									
Mailing Address 42037 Bang Ficklin Road			<b>Transaction ID : SA11AI.9911</b>										
City Prairieville	State LA	Zip Code 70769	Amount of Each Receipt this Period <table border="1"> <tr> <td>42.00</td> </tr> </table>	42.00									
42.00													
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Payroll Deduction										
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Business Dev & Strategy											
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>588.00</td> </tr> </table>		588.00										
588.00													

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Langlois, Darrell, , ,</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>15</td> <td></td> <td>2023</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		15		2023
M M M	/	D D D	/	Y Y Y Y Y Y									
08		15		2023									
Mailing Address 42037 Bang Ficklin Road			<b>Transaction ID : SA11AI.9950</b>										
City Prairieville	State LA	Zip Code 70769	Amount of Each Receipt this Period <table border="1"> <tr> <td>42.00</td> </tr> </table>	42.00									
42.00													
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Payroll Deduction										
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Business Dev & Strategy											
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>630.00</td> </tr> </table>		630.00										
630.00													

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>126.00</td> </tr> </table>	126.00
126.00		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**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 40 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. 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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2023  
**Transaction ID : SA11AI.9988**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 714.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2023  
**Transaction ID : SA11AI.10026**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 Payroll Deduction

**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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2023  
**Transaction ID : SA11AI.10064**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	126.00
<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 41 OF 85
	<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. 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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 10 / 15 / 2023  
**Transaction ID : SA11AI.10102**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA11AI.10140**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 Payroll Deduction

**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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 882.00

Date of Receipt 11 / 15 / 2023  
**Transaction ID : SA11AI.10178**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	126.00
<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 42 OF 85
	<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)  
**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt  
 11 / 30 / 2023  
**Transaction ID : SA11AI.10216**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 966.00

Date of Receipt  
 12 / 15 / 2023  
**Transaction ID : SA11AI.10255**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 Payroll Deduction

**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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 12 / 31 / 2023  
**Transaction ID : SA11AI.10293**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	126.00
<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 43 OF 85		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

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

**A. 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 General  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 31 / 2023**  
**Transaction ID : SA11AI.9912**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. 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 General  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **08 / 15 / 2023**  
**Transaction ID : SA11AI.9951**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**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 General  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **08 / 31 / 2023**  
**Transaction ID : SA11AI.9989**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<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 44 OF 85
	<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	

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. 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 General  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2023  
**Transaction ID : SA11AI.10027**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. 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 General  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2023  
**Transaction ID : SA11AI.10065**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**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 General  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2023  
**Transaction ID : SA11AI.10103**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<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 45 OF 85
	<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. 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 General  
 Receipt For: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2023  
**Transaction ID : SA11AI.10141**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. 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 General  
 Receipt For: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2023  
**Transaction ID : SA11AI.10179**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**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 General  
 Receipt For: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2023  
**Transaction ID : SA11AI.10217**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<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 46 OF 85
	<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. 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 General  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2023  
**Transaction ID : SA11AI.10256**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. 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 General  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA11AI.10294**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**C. Mayo, Tamara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3235 Grand Way Avenue  
 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) VP - Provider Reimb & Audit  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2023  
**Transaction ID : SA11AI.9891**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.84
<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 47 OF 85
<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. Mayo, Tamara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3235 Grand Way Avenue  
 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) VP - Provider Reimb & Audit  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt **07 / 31 / 2023**  
**Transaction ID : SA11AI.9930**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**B. Mayo, Tamara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3235 Grand Way Avenue  
 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) VP - Provider Reimb & Audit  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.60

Date of Receipt **08 / 15 / 2023**  
**Transaction ID : SA11AI.9969**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**C. Mayo, Tamara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3235 Grand Way Avenue  
 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) VP - Provider Reimb & Audit  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.44

Date of Receipt **08 / 31 / 2023**  
**Transaction ID : SA11AI.10007**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.52
<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 48 OF 85
	<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)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Mayo, Tamara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3235 Grand Way Avenue  
 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) VP - Provider Reimb & Audit  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 354.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2023  
**Transaction ID : SA11AI.10045**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**B. Mayo, Tamara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3235 Grand Way Avenue  
 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) VP - Provider Reimb & Audit  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2023  
**Transaction ID : SA11AI.10083**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**C. Mayo, Tamara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3235 Grand Way Avenue  
 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) VP - Provider Reimb & Audit  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2023  
**Transaction ID : SA11AI.10121**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.52
<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 49 OF 85
	<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. Mayo, Tamara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3235 Grand Way Avenue  
 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) VP - Provider Reimb & Audit  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.80

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA11AI.10159**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**B. Mayo, Tamara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3235 Grand Way Avenue  
 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) VP - Provider Reimb & Audit  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 437.64

Date of Receipt 11 / 15 / 2023  
**Transaction ID : SA11AI.10197**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**C. Mayo, Tamara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3235 Grand Way Avenue  
 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) VP - Provider Reimb & Audit  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.48

Date of Receipt 11 / 30 / 2023  
**Transaction ID : SA11AI.10235**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.52
<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 50 OF 85
	<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. Mayo, Tamara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3235 Grand Way Avenue  
 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) VP - Provider Reimb & Audit  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 479.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2023  
**Transaction ID : SA11AI.10274**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**B. Mayo, Tamara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3235 Grand Way Avenue  
 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) VP - Provider Reimb & Audit  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA11AI.10312**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**C. Michelli, Geoff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10457 Barry 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) Security Architecture  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2023  
**Transaction ID : SA11AI.9886**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	61.68
<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 51 OF 85
	<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)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Michelli, Geoff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10457 Barry 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) Security Architecture  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : SA11AI.9925**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**B. Michelli, Geoff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10457 Barry 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) Security Architecture  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 15 / 2023  
**Transaction ID : SA11AI.9964**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**C. Michelli, Geoff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10457 Barry 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) Security Architecture  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2023  
**Transaction ID : SA11AI.10002**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<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 52 OF 85
	<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. Michelli, Geoff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10457 Barry 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) Security Architecture  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 09 / 15 / 2023  
**Transaction ID : SA11AI.10040**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**B. Michelli, Geoff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10457 Barry 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) Security Architecture  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 09 / 30 / 2023  
**Transaction ID : SA11AI.10078**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**C. Michelli, Geoff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10457 Barry 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) Security Architecture  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 10 / 15 / 2023  
**Transaction ID : SA11AI.10116**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<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: PAGE 53 OF 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 10457 Barry 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) Security Architecture

Receipt For: 2024  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **10 / 31 / 2023**

**Transaction ID : SA11AI.10154**

Amount of Each Receipt this Period **20.00**

Memo Item  
Payroll Deduction

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

Mailing Address 10457 Barry 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) Security Architecture

Receipt For: 2024  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **11 / 15 / 2023**

**Transaction ID : SA11AI.10192**

Amount of Each Receipt this Period **20.00**

Memo Item  
Payroll Deduction

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

Mailing Address 10457 Barry 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) Security Architecture

Receipt For: 2024  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **11 / 30 / 2023**

**Transaction ID : SA11AI.10230**

Amount of Each Receipt this Period **20.00**

Memo Item  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.00**

**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 54 OF 85
	<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. Michelli, Geoff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10457 Barry 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) Security Architecture  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2023  
**Transaction ID : SA11AI.10269**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**B. Michelli, Geoff, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10457 Barry 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) Security Architecture  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA11AI.10307**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**C. Miller, Wesley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13124 Bluff Road  
 City Geismar State LA Zip Code 70734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Medicare Advantage Compliance  
 Receipt For: 2024  
 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  
 11 / 15 / 2023  
**Transaction ID : SA11AI.10193**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<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 55 OF 85
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Miller, Wesley, , ,</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 30 / 2023 <b>Transaction ID : SA11Al.10231</b>
Mailing Address 13124 Bluff Road			Amount of Each Receipt this Period 10.00
City Geismar	State LA	Zip Code 70734	<input type="checkbox"/> Memo Item Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 220.00	
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Medicare Advantage Compliance	
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Miller, Wesley, , ,</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 15 / 2023 <b>Transaction ID : SA11Al.10270</b>
Mailing Address 13124 Bluff Road			Amount of Each Receipt this Period 10.00
City Geismar	State LA	Zip Code 70734	<input type="checkbox"/> Memo Item Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 230.00	
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Medicare Advantage Compliance	
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Miller, Wesley, , ,</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2023 <b>Transaction ID : SA11Al.10308</b>
Mailing Address 13124 Bluff Road			Amount of Each Receipt this Period 10.00
City Geismar	State LA	Zip Code 70734	<input type="checkbox"/> Memo Item Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00	
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Medicare Advantage Compliance	
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<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 56 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Mix, Becca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3027 Grand Route St. John St.  
 City New Orleans State LA Zip Code 70119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Legal - Operations  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2023  
**Transaction ID : SA11AI.9896**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Mix, Becca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3027 Grand Route St. John St.  
 City New Orleans State LA Zip Code 70119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Legal - Operations  
 Receipt For: 2024  
 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  
 07 / 31 / 2023  
**Transaction ID : SA11AI.9935**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**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: 2024  
 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  
 07 / 15 / 2023  
**Transaction ID : SA11AI.9890**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 Payroll Deduction

<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 57 OF 85
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Richert, Thomas, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2023 <b>Transaction ID : SA11AI.9929</b>		
Mailing Address 237 Ridgeway Drive			Amount of Each Receipt this Period 42.00		
City Metairie	State LA	Zip Code 70001	Memo Item Payroll Deduction		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Business to Consumer			
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 588.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Richert, Thomas, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 15 / 2023 <b>Transaction ID : SA11AI.9968</b>		
Mailing Address 237 Ridgeway Drive			Amount of Each Receipt this Period 42.00		
City Metairie	State LA	Zip Code 70001	Memo Item Payroll Deduction		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Business to Consumer			
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 630.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Richert, Thomas, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2023 <b>Transaction ID : SA11AI.10006</b>		
Mailing Address 237 Ridgeway Drive			Amount of Each Receipt this Period 42.00		
City Metairie	State LA	Zip Code 70001	Memo Item Payroll Deduction		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Business to Consumer			
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 672.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	126.00
<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 58 OF 85
	<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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 714.00

Date of Receipt  
 09 / 15 / 2023  
**Transaction ID : SA11AI.10044**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 Payroll Deduction

**B. 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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt  
 09 / 30 / 2023  
**Transaction ID : SA11AI.10082**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt  
 10 / 15 / 2023  
**Transaction ID : SA11AI.10120**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	126.00
<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:	PAGE 59 OF 85
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA11Al.10158**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 Payroll Deduction

**B. 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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 882.00

Date of Receipt 11 / 15 / 2023  
**Transaction ID : SA11Al.10196**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : SA11Al.10234**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	126.00
<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 60 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 966.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2023  
**Transaction ID : SA11AI.10273**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 Payroll Deduction

**B. 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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA11AI.10311**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 Payroll Deduction

**C. Rone, Rodney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Minter Drive  
 City Mandeville State LA Zip Code 70471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Planning and Financial Systems  
 Receipt For: 2024  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2023  
**Transaction ID : SA11AI.10151**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	94.42
<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 61 OF 85
	<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. Rone, Rodney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Minter Drive  
 City Mandeville State LA Zip Code 70471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Planning and Financial Systems  
 Receipt For: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 218.82

Date of Receipt 11 / 15 / 2023  
**Transaction ID : SA11AI.10189**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 Payroll Deduction

**B. Rone, Rodney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Minter Drive  
 City Mandeville State LA Zip Code 70471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Planning and Financial Systems  
 Receipt For: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt 11 / 30 / 2023  
**Transaction ID : SA11AI.10227**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 Payroll Deduction

**C. Rone, Rodney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Minter Drive  
 City Mandeville State LA Zip Code 70471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Planning and Financial Systems  
 Receipt For: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 239.66

Date of Receipt 12 / 15 / 2023  
**Transaction ID : SA11AI.10266**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	31.26
<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 62 OF 85
	<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. Rone, Rodney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Minter Drive  
 City Mandeville State LA Zip Code 70471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Planning and Financial Systems  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA11AI.10304**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 Payroll Deduction

**B. Shepherd, Paula, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2247 Midway Road  
 City Slaughter State LA Zip Code 70777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP - Benefits Administration  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2023  
**Transaction ID : SA11AI.9875**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**C. Shepherd, Paula, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2247 Midway Road  
 City Slaughter State LA Zip Code 70777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP - Benefits Administration  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2023  
**Transaction ID : SA11AI.9914**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	52.10
<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 63 OF 85
	<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. Shepherd, Paula, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2247 Midway Road  
 City Slaughter State LA Zip Code 70777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP - Benefits Administration  
 Receipt For: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.60

Date of Receipt 08 / 15 / 2023  
**Transaction ID : SA11AI.9953**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**B. Shepherd, Paula, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2247 Midway Road  
 City Slaughter State LA Zip Code 70777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP - Benefits Administration  
 Receipt For: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.44

Date of Receipt 08 / 31 / 2023  
**Transaction ID : SA11AI.9991**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**C. Shepherd, Paula, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2247 Midway Road  
 City Slaughter State LA Zip Code 70777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP - Benefits Administration  
 Receipt For: 2024  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 354.28

Date of Receipt 09 / 15 / 2023  
**Transaction ID : SA11AI.10029**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.52
<b>TOTAL</b> This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 64 OF 85
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (check only one)
11a 11b 11c 12
13 14 15 16 17

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

A. Shepherd, Paula, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2247 Midway Road
City Slaughter State LA Zip Code 70777
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP - Benefits Administration
Receipt For: 2024
Primary General
Other (specify)
Aggregate Year-to-Date 375.12

Date of Receipt
09 / 30 / 2023
Transaction ID : SA11AI.10067
Amount of Each Receipt this Period 20.84
Memo Item
Payroll Deduction

B. Shepherd, Paula, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2247 Midway Road
City Slaughter State LA Zip Code 70777
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP - Benefits Administration
Receipt For: 2024
Primary General
Other (specify)
Aggregate Year-to-Date 395.96

Date of Receipt
10 / 15 / 2023
Transaction ID : SA11AI.10105
Amount of Each Receipt this Period 20.84
Memo Item
Payroll Deduction

C. Shepherd, Paula, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2247 Midway Road
City Slaughter State LA Zip Code 70777
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP - Benefits Administration
Receipt For: 2024
Primary General
Other (specify)
Aggregate Year-to-Date 416.80

Date of Receipt
10 / 31 / 2023
Transaction ID : SA11AI.10143
Amount of Each Receipt this Period 20.84
Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... 62.52
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 65 OF 85
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Shepherd, Paula, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2023 <b>Transaction ID : SA11Al.10181</b>		
Mailing Address 2247 Midway Road			Amount of Each Receipt this Period 20.84		
City Slaughter	State LA	Zip Code 70777	Memo Item Payroll Deduction		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) LHSIC		Occupation (for Individual) SVP - Benefits Administration			
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 437.64			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Shepherd, Paula, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2023 <b>Transaction ID : SA11Al.10219</b>		
Mailing Address 2247 Midway Road			Amount of Each Receipt this Period 20.84		
City Slaughter	State LA	Zip Code 70777	Memo Item Payroll Deduction		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) LHSIC		Occupation (for Individual) SVP - Benefits Administration			
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 458.48			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Shepherd, Paula, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2023 <b>Transaction ID : SA11Al.10258</b>		
Mailing Address 2247 Midway Road			Amount of Each Receipt this Period 20.84		
City Slaughter	State LA	Zip Code 70777	Memo Item Payroll Deduction		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) LHSIC		Occupation (for Individual) SVP - Benefits Administration			
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 479.32			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.52
<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 66 OF 85
	<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)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Shepherd, Paula, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2247 Midway Road  
 City Slaughter State LA Zip Code 70777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP - Benefits Administration  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA11AI.10296**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**B. Simon, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Rimwood Avenue  
 City Lafayette State LA Zip Code 70501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Appeals & Policy  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2023  
**Transaction ID : SA11AI.9892**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**C. Simon, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Rimwood Avenue  
 City Lafayette State LA Zip Code 70501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Appeals & Policy  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2023  
**Transaction ID : SA11AI.9931**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.52
<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 67 OF 85
	<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)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Simon, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Rimwood Avenue  
 City Lafayette State LA Zip Code 70501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Appeals & Policy  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.60

Date of Receipt  
 08 / 15 / 2023  
**Transaction ID : SA11AI.9970**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**B. Simon, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Rimwood Avenue  
 City Lafayette State LA Zip Code 70501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Appeals & Policy  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.44

Date of Receipt  
 08 / 31 / 2023  
**Transaction ID : SA11AI.10008**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**C. Simon, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Rimwood Avenue  
 City Lafayette State LA Zip Code 70501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Appeals & Policy  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 354.28

Date of Receipt  
 09 / 15 / 2023  
**Transaction ID : SA11AI.10046**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.52
<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 68 OF 85
	<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. Simon, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Rimwood Avenue  
 City Lafayette State LA Zip Code 70501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Appeals & Policy  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2023  
**Transaction ID : SA11AI.10084**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**B. Simon, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Rimwood Avenue  
 City Lafayette State LA Zip Code 70501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Appeals & Policy  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2023  
**Transaction ID : SA11AI.10122**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**C. Simon, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Rimwood Avenue  
 City Lafayette State LA Zip Code 70501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Appeals & Policy  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2023  
**Transaction ID : SA11AI.10160**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.52
<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 69 OF 85
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Simon, Lawrence, , ,</b>			Date of Receipt
Mailing Address 106 Rimwood Avenue			<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2023"/>
City Lafayette	State LA	Zip Code 70501	<b>Transaction ID : SA11AI.10198</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.84"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Appeals & Policy	<input type="checkbox"/> Memo Item Payroll Deduction
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="437.64"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Simon, Lawrence, , ,</b>			Date of Receipt
Mailing Address 106 Rimwood Avenue			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2023"/>
City Lafayette	State LA	Zip Code 70501	<b>Transaction ID : SA11AI.10236</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.84"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Appeals & Policy	<input type="checkbox"/> Memo Item Payroll Deduction
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="458.48"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Simon, Lawrence, , ,</b>			Date of Receipt
Mailing Address 106 Rimwood Avenue			<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2023"/>
City Lafayette	State LA	Zip Code 70501	<b>Transaction ID : SA11AI.10275</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.84"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Appeals & Policy	<input type="checkbox"/> Memo Item Payroll Deduction
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <input type="text" value="479.32"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="62.52"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 70 OF 85
	<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. Simon, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Rimwood Avenue  
 City Lafayette State LA Zip Code 70501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Appeals & Policy  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.16

Date of Receipt **12 / 31 / 2023**  
**Transaction ID : SA11AI.10313**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 Payroll Deduction

**B. Tipton, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 936 Bourbon Ave  
 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) Foundation Administration  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt **10 / 31 / 2023**  
**Transaction ID : SA11AI.10156**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 Payroll Deduction

**C. Tipton, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 936 Bourbon Ave  
 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) Foundation Administration  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 218.82

Date of Receipt **11 / 15 / 2023**  
**Transaction ID : SA11AI.10194**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	41.68
<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 71 OF 85
	<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. Tipton, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 936 Bourbon Ave  
 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) Foundation Administration  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt  
 11 / 30 / 2023  
**Transaction ID : SA11Al.10232**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 Payroll Deduction

**B. Tipton, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 936 Bourbon Ave  
 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) Foundation Administration  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 239.66

Date of Receipt  
 12 / 15 / 2023  
**Transaction ID : SA11Al.10271**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 Payroll Deduction

**C. Tipton, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 936 Bourbon Ave  
 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) Foundation Administration  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt  
 12 / 31 / 2023  
**Transaction ID : SA11Al.10309**  
 Amount of Each Receipt this Period 10.42  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	31.26
<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 72 OF 85
	<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. Toranto, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5945 Cedar Creek Drive  
 City Baton Rouge State LA Zip Code 70817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) M & B Automation Team  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 11 / 15 / 2023  
**Transaction ID : SA11AI.10191**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

**B. Toranto, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5945 Cedar Creek Drive  
 City Baton Rouge State LA Zip Code 70817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) M & B Automation Team  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 11 / 30 / 2023  
**Transaction ID : SA11AI.10229**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

**C. Toranto, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5945 Cedar Creek Drive  
 City Baton Rouge State LA Zip Code 70817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) M & B Automation Team  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 12 / 15 / 2023  
**Transaction ID : SA11AI.10268**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<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 73 OF 85
	<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. Toranto, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5945 Cedar Creek Drive  
 City Baton Rouge State LA Zip Code 70817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) M & B Automation Team  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA11AI.10306**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2708.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2023  
**Transaction ID : SA11AI.9889**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2916.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2023  
**Transaction ID : SA11AI.9928**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	426.66
<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 74 OF 85
	<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)  
**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3124.95

Date of Receipt 08 / 15 / 2023  
**Transaction ID : SA11AI.9967**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3333.28

Date of Receipt 08 / 31 / 2023  
**Transaction ID : SA11AI.10005**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3541.61

Date of Receipt 09 / 15 / 2023  
**Transaction ID : SA11AI.10043**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 Payroll Deduction

<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 75 OF 85
	<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)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Udvarhelyi, I Steven, , ,</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2023 <b>Transaction ID : SA11AI.10081</b>
Mailing Address 7623 Boyce Drive			Amount of Each Receipt this Period 208.33
City Baton Rouge	State LA	Zip Code 70809	<input type="checkbox"/> Memo Item Payroll Deduction
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) LHSIC		Occupation (for Individual) CEO Administration	
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3749.94		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Udvarhelyi, I Steven, , ,</b>			Date of Receipt MM / DD / YYYY 10 / 15 / 2023 <b>Transaction ID : SA11AI.10119</b>
Mailing Address 7623 Boyce Drive			Amount of Each Receipt this Period 208.33
City Baton Rouge	State LA	Zip Code 70809	<input type="checkbox"/> Memo Item Payroll Deduction
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) LHSIC		Occupation (for Individual) CEO Administration	
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3958.27		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Udvarhelyi, I Steven, , ,</b>			Date of Receipt MM / DD / YYYY 10 / 31 / 2023 <b>Transaction ID : SA11AI.10157</b>
Mailing Address 7623 Boyce Drive			Amount of Each Receipt this Period 208.33
City Baton Rouge	State LA	Zip Code 70809	<input type="checkbox"/> Memo Item Payroll Deduction
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) LHSIC		Occupation (for Individual) CEO Administration	
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 4166.60		

<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 76 OF 85
	<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)  
**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4374.93

Date of Receipt 11 / 15 / 2023  
**Transaction ID : SA11AI.10195**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4583.26

Date of Receipt 11 / 30 / 2023  
**Transaction ID : SA11AI.10233**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 Payroll Deduction

**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4791.59

Date of Receipt 12 / 15 / 2023  
**Transaction ID : SA11AI.10272**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 Payroll Deduction

<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 77 OF 85
	<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)  
**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: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA11Al.10310**  
 Amount of Each Receipt this Period  
 208.33  
 Memo Item  
 Payroll Deduction

**B. Wagner, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Bath Street  
 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) SVP & Chief Marketing Officer  
 Receipt For: 2024  
 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  
 11 / 15 / 2023  
**Transaction ID : SA11Al.10188**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 Payroll Deduction

**C. Wagner, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Bath Street  
 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) SVP & Chief Marketing Officer  
 Receipt For: 2024  
 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  
 11 / 30 / 2023  
**Transaction ID : SA11Al.10226**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	228.33
<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 78 OF 85
	<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. Wagner, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Bath Street  
 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) SVP & Chief Marketing Officer  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2023  
**Transaction ID : SA11AI.10265**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

**B. Wagner, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Bath Street  
 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) SVP & Chief Marketing Officer  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023  
**Transaction ID : SA11AI.10303**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

**C. Wakefield, Cindy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 998 Stanford Ave.  
 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) VP - Corp Comm & Marketing  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2023  
**Transaction ID : SA11AI.9893**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<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 79 OF 85
	<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)  
**Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC**

**A. Wakefield, Cindy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 998 Stanford Ave.  
 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) VP - Corp Comm & Marketing  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2023  
**Transaction ID : SA11AI.9932**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Wakefield, Cindy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 998 Stanford Ave.  
 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) VP - Corp Comm & Marketing  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 15 / 2023  
**Transaction ID : SA11AI.9971**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**C. Wakefield, Cindy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 998 Stanford Ave.  
 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) VP - Corp Comm & Marketing  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2023  
**Transaction ID : SA11AI.10009**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<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 80 OF 85
<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. Wakefield, Cindy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 998 Stanford Ave.  
 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) VP - Corp Comm & Marketing  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 15 / 2023  
**Transaction ID : SA11AI.10047**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Wakefield, Cindy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 998 Stanford Ave.  
 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) VP - Corp Comm & Marketing  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2023  
**Transaction ID : SA11AI.10085**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**C. Wakefield, Cindy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 998 Stanford Ave.  
 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) VP - Corp Comm & Marketing  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 15 / 2023  
**Transaction ID : SA11AI.10123**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 81 OF 85
	<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. Wakefield, Cindy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 998 Stanford Ave.  
 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) VP - Corp Comm & Marketing  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA11AI.10161**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Wakefield, Cindy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 998 Stanford Ave.  
 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) VP - Corp Comm & Marketing  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 15 / 2023  
**Transaction ID : SA11AI.10199**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**C. Wakefield, Cindy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 998 Stanford Ave.  
 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) VP - Corp Comm & Marketing  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2023  
**Transaction ID : SA11AI.10237**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 82 OF 85
	<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. Wakefield, Cindy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 998 Stanford Ave.  
 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) VP - Corp Comm & Marketing  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 12 / 15 / 2023  
**Transaction ID : SA11AI.10276**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Wakefield, Cindy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 998 Stanford Ave.  
 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) VP - Corp Comm & Marketing  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA11AI.10314**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**C. Wiedeman, Joel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 Choctaw Drive  
 City West Monroe State LA Zip Code 71291  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Provider Compliance  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 31 / 2023  
**Transaction ID : SA11AI.10166**  
 Amount of Each Receipt this Period 10.50  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.50
<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 83 OF 85
	<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. Wiedeman, Joel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 Choctaw Drive  
 City West Monroe State LA Zip Code 71291  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Provider Compliance  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.50

Date of Receipt  
 11 / 15 / 2023  
**Transaction ID : SA11AI.10204**  
 Amount of Each Receipt this Period 10.50  
 Memo Item  
 Payroll Deduction

**B. Wiedeman, Joel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 Choctaw Drive  
 City West Monroe State LA Zip Code 71291  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Provider Compliance  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
 11 / 30 / 2023  
**Transaction ID : SA11AI.10242**  
 Amount of Each Receipt this Period 10.50  
 Memo Item  
 Payroll Deduction

**C. Wiedeman, Joel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 Choctaw Drive  
 City West Monroe State LA Zip Code 71291  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Provider Compliance  
 Receipt For: 2024  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 241.50

Date of Receipt  
 12 / 15 / 2023  
**Transaction ID : SA11AI.10281**  
 Amount of Each Receipt this Period 10.50  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	31.50
<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 84 OF 85
<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"/>	<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  
Wiedeman, Joel, , ,

Mailing Address 102 Choctaw Drive

City West Monroe	State LA	Zip Code 71291
---------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Provider Compliance
--	--

Receipt For: 2024  
 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
12	/	31	/	2023

**Transaction ID : SA11AL10319**

Amount of Each Receipt this Period  
10.50

Memo Item  
Payroll Deduction

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10.50
<b>TOTAL</b> This Period (last page this line number only).....▶	8648.52

**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. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2023

Mailing Address 1310 G STREET NW

City  
WASHINGTON

State  
DC

Zip Code  
20005

FEC Identification Number

**C** C00194746

**Transaction ID : SB23.10244**

Amount of Each Disbursement this Period

7000.00

Purpose of Disbursement

Contribution to Blue Pac

Category/ Type
-------------------

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/ Type
-------------------

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) ▼	

State:

District:

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/ Type
-------------------

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) ▼	

State:

District:

Memo Item

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

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

7000.00

7000.00