

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 NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2017 through M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2017

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

Type or Print Name of Treasurer _____

Signature of Treasurer Camerlinck, Bryan, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 24 / 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="26050.00"/>	<input type="text" value="26050.00"/>
(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="26050.00"/>	<input type="text" value="26050.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2000.00"/>	<input type="text" value="2000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="24050.00"/>	<input type="text" value="24050.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	24900.00	24900.00
(ii) Unitemized	1150.00	1150.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	26050.00	26050.00
(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)	26050.00	26050.00
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)).....▶	26050.00	26050.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	26050.00	26050.00

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.....	2000.00	2000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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)) ..	2000.00	2000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	2000.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	26050.00	26050.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26050.00	26050.00
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 21
	<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. Arnold, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39111 Balmoral Drive
 City Prairieville State LA Zip Code 70769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 LHSIC Dir Actuarial Val & Sr Prod
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2017
Transaction ID : SA11AI.4116
 Amount of Each Receipt this Period 250.00
 Memo Item
 Check

B. Atkins, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7070 Goodwood Ave
 City Baton Rouge State LA Zip Code 70808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 LHSIC Board of Directors
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 13 / 2017
Transaction ID : SA11AI.4197
 Amount of Each Receipt this Period 500.00
 Memo Item
 Check

C. Barfield, Deirdre, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 715 Coachlight Road
 City Shreveport State LA Zip Code 71106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 LHSIC Senior Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.4157
 Amount of Each Receipt this Period 250.00
 Memo Item
 Check

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 7 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Bergeron, Tasha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3338 Myrtle Ave
 City Baton Rouge State LA Zip Code 70860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Director, Population Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2017
Transaction ID : SA11AI.4167
 Amount of Each Receipt this Period 250.00
 Memo Item
 Check

B. Borne, Daniel, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5754 Forsythia 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) Board of Directors
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 04 / 2017
Transaction ID : SA11AI.4203
 Amount of Each Receipt this Period 300.00
 Memo Item
 Check

C. Bourgeois, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19425 Creek Round Ave
 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) VP ELM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2017
Transaction ID : SA11AI.4130
 Amount of Each Receipt this Period 500.00
 Memo Item
 Check

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00
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 8 OF 21
	<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. Bueche, Robin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25413 Renee Ct
 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) VP Legal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 27 / 2017
Transaction ID : SA11AI.4201
 Amount of Each Receipt this Period 250.00
 Memo Item
 Check

B. Calandro, Jeanne, Michele, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19474 Perkins Road East
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 06 / 2017
Transaction ID : SA11AI.4108
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Check

C. Camerlinck, Bryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7354 Sevenoaks 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) EVP, CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2017
Transaction ID : SA11AI.4134
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Check

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<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. Cantrell, Dawn, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3016 Rue D Orleans

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
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2017

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period
500.00

Memo Item
 Check

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

Mailing Address 16938 Highland Club Ave

City Baton Rouge	State LA	Zip Code 70817
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2017

Transaction ID : SA11AI.4139

Amount of Each Receipt this Period
500.00

Memo Item
 Check

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

Mailing Address 5535 N Pointer Ct

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) Director, Provider Reimbursement
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2017

Transaction ID : SA11AI.4205

Amount of Each Receipt this Period
250.00

Memo Item
 Check

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 10 OF 21
<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. Cross, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10603 Pinebrook Ave
 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) Vice President of Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI.4185
 Amount of Each Receipt this Period 500.00
 Memo Item
 Check

B. Eysink, Dianne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1411 Tara Blvd
 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) Director, Strategic Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2017
Transaction ID : SA11AI.4151
 Amount of Each Receipt this Period 250.00
 Memo Item
 Check

C. Faulk, Sheldon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1618 St. Albans Drive
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Deputy General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 20 / 2017
Transaction ID : SA11AI.4161
 Amount of Each Receipt this Period 400.00
 Memo Item
 Check

SUBTOTAL of Receipts This Page (optional).....	1150.00
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 11 OF 21
<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. Ford, Milam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 226 W Woodstone Ct
 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) Vice President Pharmacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 18 / 2017
Transaction ID : SA11AI.4169
 Amount of Each Receipt this Period 500.00
 Memo Item
 Check

B. Greig, Jerome, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Peck Blvd
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Board of Directors Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2017
Transaction ID : SA11AI.4135
 Amount of Each Receipt this Period 250.00
 Memo Item
 Check

C. Hanly, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13919 Kimbleton Ave
 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) Regional Director - BR Group Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2017
Transaction ID : SA11AI.4132
 Amount of Each Receipt this Period 250.00
 Memo Item
 Check

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 21
	<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 A. Keller, Brian, P., ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2017		
Mailing Address 1068 Cyril Avenue			Transaction ID : SA11AI.4173		
City Baton Rouge	State LA	Zip Code 70806	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Check		
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Chief Marketing Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kendrick, Bernie, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2017		
Mailing Address 7443 N. Eisworth Ave			Transaction ID : SA11AI.4179		
City Baton Rouge	State LA	Zip Code 70818	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Check		
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Director National Self Funded & Partne			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Knapp, Ann, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 19 / 2017		
Mailing Address P O Box 1665			Transaction ID : SA11AI.4126		
City Lake Charles	State LA	Zip Code 70602	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Check		
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Board of Directors Member			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 13 OF 21
	<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. Laird, Gina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11019 Fernbrook Ave
 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) SVP Benefit Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 16 / 2017
Transaction ID : SA11AI.4199
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Check

B. Lavergne, David, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1315 South 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) Sr. Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 11 / 2017
Transaction ID : SA11AI.4110
 Amount of Each Receipt this Period 250.00
 Memo Item
 Check

C. Leake, Shawn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6951 S Fieldgate Ct
 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) Director Financial Reporting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2017
Transaction ID : SA11AI.4165
 Amount of Each Receipt this Period 250.00
 Memo Item
 Check

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 14 OF 21
	<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. Maginnis, John, H, , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 696 Longue Vue Pl
 City Madisonville State LA Zip Code 70447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Vice President Strategic Communication
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 350.00

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI.4187
 Amount of Each Receipt this Period 350.00
 Memo Item
 Check

B. Mayo, Tamara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3235 Grand Way Ave.
 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 Reimbursement & Paymer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI.4189
 Amount of Each Receipt this Period 500.00
 Memo Item
 Check

C. McCotter, J, Kevin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10775 Longfellow Trace
 City Shreveport State LA Zip Code 71106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Director - Board of Directors
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 10 / 02 / 2017
Transaction ID : SA11AI.4149
 Amount of Each Receipt this Period 500.00
 Memo Item
 Check

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 15 OF 21
<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. Miller, Judy, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5203 Raphael Drive
 City Alexandria State LA Zip Code 71303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Board of Directors Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 19 / 2017
Transaction ID : SA11AI.4124
 Amount of Each Receipt this Period 250.00
 Memo Item
 Check

B. Odom, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 969 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) Staff Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.4118
 Amount of Each Receipt this Period 250.00
 Memo Item
 Check

C. Paquin, Daniel, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10720 Linkwood Ct.
 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) Senior Vice President of Government Pr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 25 / 2017
Transaction ID : SA11AI.4171
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Check

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 16 OF 21
	<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, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4701 Transcontinental Drive
 City Metairie State LA Zip Code 70006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 06 / 2017
Transaction ID : SA11AI.4103
 Amount of Each Receipt this Period 500.00
 Memo Item
 Check

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) Director of Taxation, Financial System
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2017
Transaction ID : SA11AI.4175
 Amount of Each Receipt this Period 250.00
 Memo Item
 Check

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) Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI.4195
 Amount of Each Receipt this Period 250.00
 Memo Item
 Check

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 17 OF 21
	<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. Short, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6237 Double Tree Dr
 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) Sr. VP Finance, Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2017
Transaction ID : SA11AI.4137
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Check

B. Simon, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Rimwood Ave
 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) Medical Director Clinical Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 12 / 2017
Transaction ID : SA11AI.4159
 Amount of Each Receipt this Period 350.00
 Memo Item
 Check

C. Small, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 Elissalde 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) Senior Vice President and Chief Actuary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2017
Transaction ID : SA11AI.4177
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Check

SUBTOTAL of Receipts This Page (optional).....	2350.00
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 18 OF 21
	<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. Teamer, Roderic, F, , Sr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1420 Prentiss Ave.

City New Orleans	State LA	Zip Code 70122
---------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Director
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2017

Transaction ID : SA11AI.4143

Amount of Each Receipt this Period
250.00

Memo Item
 Check

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

Mailing Address 586 Franklin St.

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) Head of Community Relations
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2017

Transaction ID : SA11AI.4147

Amount of Each Receipt this Period
250.00

Memo Item
 Check

C. Udvarhelyi, Ian, 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) President & CEO
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.4122

Amount of Each Receipt this Period
5000.00

Memo Item
 Check

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
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 19 OF 21
	<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. Wagner, Dan, , ,
 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) State Director Individual Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2017
Transaction ID : SA11AI.4181
 Amount of Each Receipt this Period 250.00
 Memo Item
 Check

B. Walker, Stephen, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3267 East Lakeshore Drive
 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) Lead Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 12 / 2017
Transaction ID : SA11AI.4114
 Amount of Each Receipt this Period 500.00
 Memo Item
 Check

C. Washington, Vindell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2313 Fairway 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) CMO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2017
Transaction ID : SA11AI.4163
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Check

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 20 OF 21
	<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. Whittemore, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62037 Blackwell Drive
 City Lacombe State LA Zip Code 70446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Director of Sales, MA Group Retiree Bu
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2017
Transaction ID : SA11AI.4145
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Check

B. Williams, Heath, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10370 Dunn Drive
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Dir Group Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2017
Transaction ID : SA11AI.4105
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Check

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

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	24900.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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		28		2017

Mailing Address 1310 G STREET NW

City WASHINGTON State DC Zip Code 20005

FEC Identification Number

C C00194746

Transaction ID : SB22.4210

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement

Category/Type

Candidate Name

BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) ▼

Memo Item

State: District:

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

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

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

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

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

2000.00

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

2000.00