

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

ADDRESS (number and street) 5525 Reitz Avenue  
Check if different than previously reported. (ACC) Baton Rouge LA 70809

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00651265 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period 03 / 01 / 2021 through 06 / 30 / 2021

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

Signature of Treasurer Camerlinck, Bryan, , , [Electronically Filed] Date 07 / 06 / 2021

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="2021"/>		53502.14
(b) Cash on Hand at Beginning of Reporting Period.....	55219.70	
(c) Total Receipts (from Line 19) .....	7909.48	10627.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	63129.18	64129.18
7. Total Disbursements (from Line 31).....	1500.00	2500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	61629.18	61629.18
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4937.35	4937.35
(ii) Unitemized .....	2972.13	5689.69
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7909.48	10627.04
(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) .....	7909.48	10627.04
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)).....▶	7909.48	10627.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7909.48	10627.04

**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.....	1500.00	2500.00
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)) ..	1500.00	2500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	2500.00

**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) .....	7909.48	10627.04
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7909.48	10627.04
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 34
	<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. 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) LHSIC Occupation (for Individual) Senior Medical Director  
 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  
 03 / 26 / 2021  
**Transaction ID : SA11AI.7433**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 Personal Check

**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: 2022  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  
 05 / 31 / 2021  
**Transaction ID : SA11AI.7658**  
 Amount of Each Receipt this Period  
 20.84  
 Memo Item  
 PR Ded

**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: 2022  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : SA11AI.7702**  
 Amount of Each Receipt this Period  
 20.84  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	541.68
<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 7 OF 34
	<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. 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: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt  
 06 / 30 / 2021  
**Transaction ID : SA11AI.7746**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

**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: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 05 / 31 / 2021  
**Transaction ID : SA11AI.7657**  
 Amount of Each Receipt this Period 21.00  
 Memo Item  
 PR Ded

**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: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
 06 / 15 / 2021  
**Transaction ID : SA11AI.7701**  
 Amount of Each Receipt this Period 21.00  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.84
<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 8 OF 34
	<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 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: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2021  
**Transaction ID : SA11AI.7745**  
 Amount of Each Receipt this Period  
 21.00  
 Memo Item  
 PR Ded

**B. Derouen, Lillian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4090 Sycamore Ridge  
 City Zachary State LA Zip Code 70791  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2021  
**Transaction ID : SA11AI.7431**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 Personal Check

**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: 2022  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2021  
**Transaction ID : SA11AI.7440**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	562.67
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 34
	<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: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2021  
**Transaction ID : SA11AI.7479**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 PR Ded

**B. Faulk, Sheldon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1618 St. Albans  
 City Baton Rouge State LA Zip Code 70810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP Governmental Affairs  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2021  
**Transaction ID : SA11AI.7526**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 PR Ded

**C. Faulk, Sheldon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1618 St. Albans  
 City Baton Rouge State LA Zip Code 70810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP Governmental Affairs  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2021  
**Transaction ID : SA11AI.7570**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 PR Ded

<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 10 OF 34
	<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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LHSIC	Occupation (for Individual) SVP Governmental Affairs
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Receipt For: 2022  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.03

Date of Receipt  
 05 / 15 / 2021  
**Transaction ID : SA11AI.7615**

Amount of Each Receipt this Period  
 41.67

Memo Item  
 PR Ded

**B. Faulk, Sheldon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1618 St. Albans

City Baton Rouge	State LA	Zip Code 70810
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LHSIC	Occupation (for Individual) SVP Governmental Affairs
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Receipt For: 2022  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 416.70

Date of Receipt  
 05 / 31 / 2021  
**Transaction ID : SA11AI.7659**

Amount of Each Receipt this Period  
 41.67

Memo Item  
 PR Ded

**C. Faulk, Sheldon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1618 St. Albans

City Baton Rouge	State LA	Zip Code 70810
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LHSIC	Occupation (for Individual) SVP Governmental Affairs
--	---

Receipt For: 2022  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 458.37

Date of Receipt  
 06 / 15 / 2021  
**Transaction ID : SA11AI.7703**

Amount of Each Receipt this Period  
 41.67

Memo Item  
 PR Ded

<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 11 OF 34
<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: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2021  
**Transaction ID : SA11AI.7747**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 PR Ded

**B. Ford, Milam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 226 West Woodstone Court  
 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) Commercial Pharmacy  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 209.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2021  
**Transaction ID : SA11AI.7661**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

**C. Ford, Milam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 226 West Woodstone Court  
 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) Commercial Pharmacy  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : SA11AI.7705**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	83.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 34
<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 West Woodstone Court  
 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) Commercial Pharmacy  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2021  
**Transaction ID : SA11AI.7749**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

**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: 2022  
 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  
 05 / 31 / 2021  
**Transaction ID : SA11AI.7696**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

**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: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : SA11AI.7740**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

<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 13 OF 34
	<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. 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: 2022  
 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  
 06 / 30 / 2021  
**Transaction ID : SA11AI.7786**  
 Amount of Each Receipt this Period  
 20.84  
 Memo Item  
 PR Ded

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2021  
**Transaction ID : SA11AI.7444**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item  
 PR Ded

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2021  
**Transaction ID : SA11AI.7483**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item  
 PR Ded

<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 14 OF 34
	<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. Keller, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1068 Cyril Ave.  
 City Baton Rouge State LA Zip Code 70806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2021  
**Transaction ID : SA11AI.7530**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 PR Ded

**B. Keller, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1068 Cyril Ave.  
 City Baton Rouge State LA Zip Code 70806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2021  
**Transaction ID : SA11AI.7574**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 PR Ded

**C. Keller, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1068 Cyril Ave.  
 City Baton Rouge State LA Zip Code 70806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2021  
**Transaction ID : SA11AI.7619**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 PR Ded

<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 15 OF 34
	<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. Keller, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1068 Cyril Ave.  
 City Baton Rouge State LA Zip Code 70806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2021  
**Transaction ID : SA11AI.7663**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 PR Ded

**B. Keller, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1068 Cyril Ave.  
 City Baton Rouge State LA Zip Code 70806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : SA11AI.7707**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 PR Ded

**C. Keller, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1068 Cyril Ave.  
 City Baton Rouge State LA Zip Code 70806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2021  
**Transaction ID : SA11AI.7751**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 PR Ded

<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 16 OF 34
<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. Kozik, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19434 Cape Hart Ct.  
 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) EXEC- INFO TECHNOLOGY  
 Receipt For: 2022  
 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  
 03 / 15 / 2021  
**Transaction ID : SA11AI.7470**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 PR Ded

**B. Kozik, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19434 Cape Hart Ct.  
 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) EXEC- INFO TECHNOLOGY  
 Receipt For: 2022  
 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  
 03 / 31 / 2021  
**Transaction ID : SA11AI.7517**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 PR Ded

**C. Kozik, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19434 Cape Hart Ct.  
 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) EXEC- INFO TECHNOLOGY  
 Receipt For: 2022  
 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  
 04 / 15 / 2021  
**Transaction ID : SA11AI.7561**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 34
	<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. Kozik, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19434 Cape Hart Ct.  
 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) EXEC- INFO TECHNOLOGY  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2021**  
**Transaction ID : SA11AI.7605**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 PR Ded

**B. Kozik, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19434 Cape Hart Ct.  
 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) EXEC- INFO TECHNOLOGY  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **05 / 15 / 2021**  
**Transaction ID : SA11AI.7650**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 PR Ded

**C. Kozik, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19434 Cape Hart Ct.  
 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) EXEC- INFO TECHNOLOGY  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 31 / 2021**  
**Transaction ID : SA11AI.7694**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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 34
	<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. Kozik, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19434 Cape Hart Ct.

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) EXEC- INFO TECHNOLOGY
--	--

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 06 / 15 / 2021  
**Transaction ID : SA11AI.7738**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 PR Ded

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

Mailing Address 19434 Cape Hart Ct.

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) EXEC- INFO TECHNOLOGY
--	--

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 06 / 30 / 2021  
**Transaction ID : SA11AI.7784**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 PR Ded

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

Mailing Address 42037 Bang Ficklin Road

City Prairieville	State LA	Zip Code 70769
----------------------	-------------	-------------------

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

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

Receipt For: 2022  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 03 / 15 / 2021  
**Transaction ID : SA11AI.7446**

Amount of Each Receipt this Period  
 42.00

Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	142.00
<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 19 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2021  
**Transaction ID : SA11AI.7485**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 PR Ded

**B. Langlois, Darrell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42037 Bang Ficklin Road  
 City Prairieville State LA Zip Code 70769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2021  
**Transaction ID : SA11AI.7532**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 PR Ded

**C. Langlois, Darrell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42037 Bang Ficklin Road  
 City Prairieville State LA Zip Code 70769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2021  
**Transaction ID : SA11AI.7576**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 PR Ded

<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 20 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Langlois, Darrell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42037 Bang Ficklin Road  
 City Prairieville State LA Zip Code 70769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2021  
**Transaction ID : SA11AI.7621**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 PR Ded

**B. Langlois, Darrell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42037 Bang Ficklin Road  
 City Prairieville State LA Zip Code 70769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2021  
**Transaction ID : SA11AI.7665**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 PR Ded

**C. Langlois, Darrell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42037 Bang Ficklin Road  
 City Prairieville State LA Zip Code 70769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : SA11AI.7709**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 PR Ded

<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 21 OF 34
	<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. Langlois, Darrell, , ,</b>			Date of Receipt
Mailing Address 42037 Bang Ficklin Road			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2021"/>
City Prairieville	State LA	Zip Code 70769	<b>Transaction ID : SA11AI.7753</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="42.00"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Business Dev & Strategy	<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="504.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Mayo, Tamara, , ,</b>			Date of Receipt
Mailing Address 3235 Grand Way Avenue			<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2021"/>
City Baton Rouge	State LA	Zip Code 70810	<b>Transaction ID : SA11AI.7600</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) VP - Provider Reimb & Audit	<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="208.40"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Mayo, Tamara, , ,</b>			Date of Receipt
Mailing Address 3235 Grand Way Avenue			<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2021"/>
City Baton Rouge	State LA	Zip Code 70810	<b>Transaction ID : SA11AI.7644</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) VP - Provider Reimb & Audit	<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="229.24"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="83.68"/>
<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 22 OF 34
	<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. 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: 2022  
 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
05	/	15	/	2021

**Transaction ID : SA11AI.7645**

Amount of Each Receipt this Period  
20.84

Memo Item  
 PR Ded

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) VP - Provider Reimb & Audit
--	--

Receipt For: 2022  
 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
05	/	31	/	2021

**Transaction ID : SA11AI.7688**

Amount of Each Receipt this Period  
20.84

Memo Item  
 PR Ded

**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: 2022  
 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
05	/	31	/	2021

**Transaction ID : SA11AI.7689**

Amount of Each Receipt this Period  
20.84

Memo Item  
 PR Ded

<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 23 OF 34
	<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: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.60

Date of Receipt  
 06 / 15 / 2021  
**Transaction ID : SA11AI.7732**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

**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: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.44

Date of Receipt  
 06 / 15 / 2021  
**Transaction ID : SA11AI.7733**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

**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: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 354.28

Date of Receipt  
 06 / 30 / 2021  
**Transaction ID : SA11AI.7778**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

<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 24 OF 34
	<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: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.12

Date of Receipt 06 / 30 / 2021  
**Transaction ID : SA11AI.7779**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

**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: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 15 / 2021  
**Transaction ID : SA11AI.7724**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 PR Ded

**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: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2021  
**Transaction ID : SA11AI.7769**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.84
<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 25 OF 34
	<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. 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: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 15 / 2021  
**Transaction ID : SA11AI.7653**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 PR Ded

**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: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2021  
**Transaction ID : SA11AI.7697**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 PR Ded

**C. 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: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 15 / 2021  
**Transaction ID : SA11AI.7741**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 PR Ded

<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 26 OF 34
	<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. 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: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2021  
**Transaction ID : SA11AI.7787**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 PR Ded

**B. Richert, Thomas, , ,**  
 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) Business to Consumer  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 15 / 2021  
**Transaction ID : SA11AI.7465**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 PR Ded

**C. Richert, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 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) Business to Consumer  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 31 / 2021  
**Transaction ID : SA11AI.7508**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	109.00
<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 27 OF 34
	<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 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) Business to Consumer  
 Receipt For: 2022  
 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  
 04 / 15 / 2021  
**Transaction ID : SA11AI.7553**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 PR Ded

**B. Richert, Thomas, , ,**  
 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) Business to Consumer  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2021  
**Transaction ID : SA11AI.7597**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 PR Ded

**C. Richert, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 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) Business to Consumer  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2021  
**Transaction ID : SA11AI.7642**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 PR Ded

<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 28 OF 34
	<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 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) Business to Consumer  
 Receipt For: 2022  
 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  
 05 / 31 / 2021  
**Transaction ID : SA11AI.7686**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 PR Ded

**B. Richert, Thomas, , ,**  
 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) Business to Consumer  
 Receipt For: 2022  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : SA11AI.7730**  
 Amount of Each Receipt this Period 42.00  
 Memo Item  
 PR Ded

**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) VP - Ben Admin Claims Ops  
 Receipt For: 2022  
 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  
 05 / 31 / 2021  
**Transaction ID : SA11AI.7668**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	104.84
<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 29 OF 34
<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) VP - Ben Admin Claims Ops
--	--

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2021

**Transaction ID : SA11AI.7712**

Amount of Each Receipt this Period  
20.84

Memo Item  
 PR Ded

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

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

Receipt For: 2022  
 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
05	/	31	/	2021

**Transaction ID : SA11AI.7691**

Amount of Each Receipt this Period  
20.84

Memo Item  
 PR Ded

**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) Lead Medical Director
--	--

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2021

**Transaction ID : SA11AI.7735**

Amount of Each Receipt this Period  
20.84

Memo Item  
 PR Ded

<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 30 OF 34
	<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. 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) Lead Medical Director  
 Receipt For: 2022  
 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  
 06 / 30 / 2021  
**Transaction ID : SA11AI.7781**  
 Amount of Each Receipt this Period 20.84  
 Memo Item  
 PR Ded

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2021  
**Transaction ID : SA11AI.7507**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 PR Ded

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2021  
**Transaction ID : SA11AI.7552**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	437.50
<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 31 OF 34
	<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. Udvarhelyi, I Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7623 Boyce Drive  
 City Baton Rouge State LA Zip Code 70809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CEO Administration  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2021  
**Transaction ID : SA11AI.7596**  
 Amount of Each Receipt this Period  
 208.33  
 Memo Item  
 PR Ded

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2021  
**Transaction ID : SA11AI.7641**  
 Amount of Each Receipt this Period  
 208.33  
 Memo Item  
 PR Ded

**C. Udvarhelyi, I Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7623 Boyce Drive  
 City Baton Rouge State LA Zip Code 70809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CEO Administration  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2021  
**Transaction ID : SA11AI.7685**  
 Amount of Each Receipt this Period  
 208.33  
 Memo Item  
 PR Ded

<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 32 OF 34
	<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: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt  
 06 / 15 / 2021  
**Transaction ID : SA11AI.7729**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 PR Ded

**B. Udvarhelyi, I Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7623 Boyce Drive  
 City Baton Rouge State LA Zip Code 70809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CEO Administration  
 Receipt For: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1458.31

Date of Receipt  
 06 / 30 / 2021  
**Transaction ID : SA11AI.7774**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 PR Ded

**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: 2022  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 05 / 15 / 2021  
**Transaction ID : SA11AI.7648**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	441.66
<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 33 OF 34
	<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: 2022  
 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  
 05 / 31 / 2021  
**Transaction ID : SA11AI.7692**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 PR Ded

**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: 2022  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2021  
**Transaction ID : SA11AI.7736**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 PR Ded

**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: 2022  
 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  
 06 / 30 / 2021  
**Transaction ID : SA11AI.7782**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 PR Ded

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	4937.35

**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. GARRET GRAVES VICTORY FUND**

Mailing Address PO BOX 64845

City  
BATON ROUGE

State  
LA

Zip Code  
70896

Purpose of Disbursement  
Cash Contribution

Candidate Name

**GARRET GRAVES VICTORY FUND**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		10		2021

FEC Identification Number

**C** C00635565

**Transaction ID : SB23.7792**

Amount of Each Disbursement this Period

500.00
--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. TROY CARTER FOR CONGRESS**

Mailing Address PO BOX 50730

City  
NEW ORLEANS

State  
LA

Zip Code  
70150

Purpose of Disbursement  
Cash Contribution

Candidate Name

**TROY CARTER FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: LA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		06		2021

FEC Identification Number

**C** C00763649

**Transaction ID : SB23.7789**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

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Memo Item

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

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

1500.00
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1500.00
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