Only

PAGE 1 / 26

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Premera Blue Cross Political Action Committee/Premera PAC 7001 220th Street SW ADDRESS (number and street) MS 355 (Check if address is changed) Mountlake Terrace 98043 WA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mrgriffin@comerica.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 29 2017 C00409227 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Sorrin, Leonard H., , , Type or Print Name of Treasurer Sorrin, Leonard H., , , [Electronically Filed] 06 29 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye z
Can	didate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(5)
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

	_		
	FEC Form 1 (Revised ()2/2009)	Page 3
٧	Vrite or Type Committee Name		
	Premera Blue C	Cross Political Action Committee/Premera P.	AC
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Р	remera Blue Cross		
L			
	Mailing Address	7001 220th Street SW	
	J	MS 355	
		Mountainlake Terrace WA 98043	
		CITY STATE ZI	P CODE
	Relationship: x Connected	d Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
•	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
	Bank, Con	nerica, , ,	
	Full Name	,PAC Services, MC #2250	
	Mailing Address	PO Box 75000	
		Detroit MI 48275-2250	0
	Title or Position	CITY STATE ZI	P CODE
	Book Keeper		7271
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
	Full Name Sorrin, Lec	onard H., , ,	ı
	of Treasurer	7001 220th St SW, MS 355	
	Mailing Address		
		Manuallela Tarrasa	
		Mountlake Terrace WA 98043 CITY STATE ZIF	P CODE
	Title or Position Treasurer	CITY STATE ZII Telephone number 425 - 91	

9.

FEC For i	m 1 (Revised 02/2009)	Page 4
		-
Full Name of Designated	Soto, Heather, , ,	1
Agent	₁ 7001 220th Street SW	
Mailing Address		
	MS355	
	Mountainlake Terrace WA 98043	
	CITY STATE	ZIP CODE
Title or Position		
	Comerica Bank PAC Service, MC 2250	ds accounts, rents
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		
	CITY STATE	ZIP CODE

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC' 5 'F9 DCF H Z G7 < 98 I @ 'CF' + H9 A = N5 H = CB

Form/Schedule: F1A Transaction ID:

Amending to respond to letter dated June 27, 2017 to correct the boxes that were incorrectly checked and to file a complete version of the report.

Form/Schedule: Transaction ID:

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraising	, . a		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fundr	• .	
The Political Action	n Cmte of BCBS Arizona Healthy Go	overnment Cmte	
Mailing Address	PO Box 13466		
	Phoenix	AZ	85002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC S
	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name			Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
esignated Agent: Identify Full Name	by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or main	by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor aftety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g) c	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 6936		
		Jacksonville	, , FL ,	32202
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
			Fundraising Representa	
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	TITLE OR POSITION	•		ZIP CODE A
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which the	STATE ▲ ephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which the	STATE ▲ ephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which the	STATE ▲ ephone Number	
9.	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the	STATE ▲ ephone Number	
9.	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the	STATE ▲ ephone Number	

FEC Form 1S (Revised 02/2017)

	Mailing Address	818 Kee	aumoku					
		Honolul	<u> </u>				968	314
	Relationship:			CITY A		STATE A	<u> </u>	ZIP CODE ▲
	Connecte	d Organizatio	on 🗶 Affili	ated Committee	Joint Fu	ndraising Represe	ntative	Leadership PAC Spon
	signated Agent: Identif	y by name,	address (ph	one number – op	otional)			
Des	Full Name	y by name,	address (ph	one number - op	otional)			
Des		y by name,	address (ph	one number - op	otional)			
Des	Full Name	y by name,	address (ph	one number – op	otional)	STATE A		ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page _9 **of** _26__

5(g)	or(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
			'	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
	Regence BLUEPA			I
	Mailing Address	330 9th Street SE		
		Washington	l DC l	20003
	Relationship:	CITY A	STATE A	ZIP CODE ▲
			Fundraising Represental	
		Annated Committee	undraising riepresental	Loadership TAO oponsor
3.	Designated Agent: Identify	by name, address (phone number - optional)		
3.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
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3.	Full Name	CITY	STATE A	ZIP CODE A
3.	Full Name	CITY A		
3.	Full Name	CITY A	STATE A	
3.	Full Name _ _ _ Mailing Address TITLE OR POSITION	CITY A Tele ries: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
3. •	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY A Tele ries: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
3.	Full Name	CITY A Tele ries: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
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3.	Full Name	CITY A Tele ries: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
3.	Full Name	CITY A Tele ries: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lir

h). Joint Fundraisi			I	FEC ID n	umber		
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2.						C	=
3.				FEC ID n			=
4.				FEC ID n	umber	C	_
ame of Any Connected	Organization. At	ffiliated Committee.	Joint Fundra	isina Repre	sentative	e, or Leadership PAC S	nog
Wellmark, Incorp	_	Well PAC					
Mailing Address	636 Grand Ave	enue					
	Station 13		1 1 1 1		1 1 1		
	Des Moines			1	I IA I	50309	
Relationship:		CITY A		S	TATE A	ZIP CODE	
Connecte		Affiliated Committee		Fundraising R	depresenta	ative Leadership PA	
				Fundraising R	depresenta	Leadership PA	
Connecte				Fundraising R	epresenta	Leadership PA	
Connecte esignated Agent: Identif				Fundraising R	epresenta	Leadership PA	
Connecte esignated Agent: Identif	y by name, addre		- optional)		depresenta		AC S
Connecte esignated Agent: Identif	y by name, addre	ess (phone number -	- optional)		depresenta		AC S
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FEC Form 1S (Revised 02/2017)

1.		FEC ID number FEC ID number	C
2		FEC ID number	C
4.		FEC ID number	С
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ame of Any Connected	l Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
Blue Cross and E	Blue Shield of Kansas Employee PAC,	, CARE PAC	
<u> </u>			
	. 1122 Tapaka Plud		
Mailing Address	1133 Topeka Blvd		
	Topeka	KS KS	66629
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
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FEC Form 1S (Revised 02/2017)

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number City ▲ STATE ▲ ZIP CODE ▲ Telephone Number City ▲ STATE ▲ ZIP CODE ▲ Telephone Number City ▲ STATE ▲ ZIP CODE ▲ Telephone Number Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Title OR Positions: List all banks or other depositories in which the committee deposits funds, holds accounts, rensistley deposit boxes or maintains funds. Name of Bank, Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rensistley deposit boxes or maintains funds.	r(h). Joint Fundraisir	ng Participant:		
3.	1.		FEC ID number	С
A. FEC ID number C Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Spon BLUEPAC, Capital Blue Cross Mailing Address PO Box 60710 Elmenton Avenue Harrisburg PA 17106 Relationship: CITY	2		FEC ID number	C
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spon BLUEPAC, Capital Blue Cross Mailing Address PO Box 60710 Elmerton Avenue Harrisburg Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spon Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number – — — — — — — — — — — — — — — — — — —	3.		FEC ID number	C
BLUEPAC, Capital Blue Cross Mailing Address PO Box 60710 Elmerton Avenue Harrisburg PA 17106 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Si Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	4.		FEC ID number	C
Mailing Address PO Box 60710 Elmerton Avenue Harrisburg Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization X Affiliated Committee Joint Fundraising Representative Leadership PAC Si Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponso
Harrisburg Harrisburg Harrisburg PA 17106 ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number PA 17106 ZIP CODE ▲ Telephone Number	BLUEPAC, Capita	al Blue Cross		
Harrisburg Harrisburg Harrisburg PA 17106 ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number PA 17106 ZIP CODE ▲ Telephone Number				
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Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spanization Leadership PAC Spanization Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, reneafety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spantage Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — — — — — — — — — — — — — — — — — — —		Harrisburg	PA	17106
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TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number				
Telephone Number	Mailing Address			
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Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rensafety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
Mailing Address	TITLE OR POSITION	CITY A	1	ZIP CODE A
	Banks or Other Depositor safety deposit boxes or management of Bank,	ories: List all banks or other depositories in wh	Telephone Number	
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FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 a

h). Joint Fundrais i	.	FEC ID number	C
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ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
	PAC of Highmark Blue Cross Blue S		,, o
Mailing Address	1800 Center Street		
	1		
	Camp Hill	PA	17011
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Joint	t Fundraising Representa	ative Leadership PAC S
esignated Agent: Ident		t Fundraising Represent	Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
•	I Organization, Affiliated Committee, Joint Fundr Cross Blue Shield Assn PAC	aising Representative	e, or Leadership PAC Spon
Mailing Address	1310 G Street NW		
g			
	Washington	, DC	20005
Relationship:			
Helationship.	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
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FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	ig Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fund		e, or Leadership PAC Spon
	les i ederal i onidal Action Committe		
Mailing Address	10455 Mill Run Circle		
	Owen Mills	MD	21117
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC S
	y by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC S
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esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	y by name, address (phone number – optional) CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	y by name, address (phone number – optional) CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ing i di tioipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Health Care Corp	poration Political Action Committee		
	330 East Randolph St		
Mailing Address	330 East Nandoph of		
	Chicago	<u> L</u>	60601
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Joint	t Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Joint by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Federal CAREPA	AC - The Blue Cross Blue Shield of MA	A PAC	
Mailing Address	401 Park Drive		
Walling / lddreec			
	Boston	MA	02115
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC Sp
	fy by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines 5(g) of

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
4.			
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
Blue Cross and B	lue Shield of MI PAC		
I			
Mailing Address	602 West Ionia		
	Lansing	MI	48933
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify		Fundraising Represent	Leadership PAC S
esignated Agent: Identif		Fundraising Represent	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Represent	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY Te	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A lephone Number	ZIP CODE A
Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A lephone Number	ZIP CODE A
Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A lephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin ç	g Participant:		
	1		FEC ID number	C
	2		FEC ID number	C
	3		FEC ID number	C
	4		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundrai		e, or Leadership PAC Sponsor
	Mailing Address	2301 Main		
		Kansas City	MO	64108
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint F	undraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Tele	ephone Number	
9.	Dealer Other Dealer	ies: List all banks or other depositories in which th	ne committee deposi	to fundo holdo accounto ronto
	safety deposit boxes or mai			is fullus, floius accounts, ferits
				is fulfus, floids accounts, ferits
	safety deposit boxes or main Name of Bank,			Is fulfus, floids accounts, ferits
	Name of Bank, Depository, etc.			is fulfus, floids accounts, ferits
	Name of Bank, Depository, etc.			

FEC Form 1S (Revised 02/2017)

or(h). Joint Fundraisi	ng Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundament	draising Representative	e, or Leadership PAC Sponsor
Blue Cross and E	Blue Shield of NE PAC		
Mailing Address	7261 Mercy Road		
	Omaha	ı ı NE ı	68180
Relationship:	CITY ▲	STATE A	ZIP CODE A
		nt Fundraising Representa	
Full Name	fy by name, address (phone number – optional)		
Mailing Address			
TITLE OR POSITION	CITY A	STATE A	ZIP CODE ▲
Lilia		Telephone Number	
Banks or Other Deposits safety deposit boxes or many Name of Bank, Depository, etc. Mailing Address	ories: List all banks or other depositories in whice aintains funds.	n the committee deposit	s funds, holds accounts, rents

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisir			
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e. or Leadership PAC Spon
	lue Shield of NC Employees PAC	9p	-, -:
1			
Mailing Address	5901 Chapel Hill Road		
	Box2291		
	Durham	NC	27702
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
Connected	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
Connecter connec		Fundraising Representa	ative Leadership PAC S
Connected esignated Agent: Identify Full Name		Fundraising Representa	ative Leadership PAC S
Connected esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
Connected esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY		
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions are of Bank,	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor affety deposit boxes or material deposition of Bank, epository, etc.	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor affety deposit boxes or material deposition of Bank, epository, etc.	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi r			l FEC. I	D number	C
1.				D number	
2.					C
3.			FEC I	D number	С
4.			FEC I	D number	C
ame of Any Connected	Organization, Affili	iated Committee, Joint	Fundraising Re	presentativ	e, or Leadership PAC Spon
Blue Shield of Ca	lifornia PAC				
Mailing Address	50 Beals Street				
	San Francisco			CA	94105
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
П.			T		
		Affiliated Committee	Joint Fundraisir	ng Represent	ative Leadership PAC S
esignated Agent: Identif				ng Represent	ative Leadership PAC S
esignated Agent: Identif				ng Represent	Leadership PAC S
esignated Agent: Identif				ng Represent	Leadership PAC S
esignated Agent: Identif				ng Represent	Leadership PAC S
esignated Agent: Identif	y by name, address		nal)	ng Represent	Leadership PAC S
esignated Agent: Identif	y by name, address	(phone number – optio	nal)	Represent	
esignated Agent: Identif Full Name Mailing Address	y by name, address	(phone number – optio	nal)	STATE A	
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address	(phone number – optio	nal) Telephone I	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or mail	y by name, address	(phone number – optio	nal) Telephone I	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address	(phone number – optio	nal) Telephone I	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions.	y by name, address	(phone number – optio	nal) Telephone I	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, address	(phone number – optio	nal) Telephone I	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines

	ng Participant:		
1.		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
4.			
ame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spor
Blue Cross and E	Blue Shield of AL PAC		
	2 North Jackson Street Ste 2		
Mailing Address	2 Horn datasin street etc 2		
	Montgomery	AL	36104
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee July July Strategy July	oint Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi			ative Leadership PAC S
esignated Agent: Identi			ative Leadership PAC S
esignated Agent: Identi			ative Leadership PAC S
esignated Agent: Identi			ative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

1	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spor
Blue Cross Voice	(Blue Cross of NE Pennsylvania)		
	19 North Main Street		
Mailing Address			
	Wilkes Barre	L PA	18711
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC S
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name			
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A		
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A cries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or management of Bank,	CITY A cries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or management of Bank,	CITY A cries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions are of Bank, epository, etc.	CITY A cries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions are of Bank, epository, etc.	CITY A cries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

TITLE OR POSITION Banks or Other Deposito safety deposit boxes or many depository, etc. Mailing Address	ries: List all banks	s or other depositories in w	Telephone Numb		s, holds accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ries: List all banks	s or other depositories in w			s, holds accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ries: List all banks	s or other depositories in w			s, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks	s or other depositories in w			s, holds accounts, rents
Banks or Other Deposito	ries: List all banks	s or other depositories in w			s, holds accounts, rents
					-
TITLE OR POSITION	V		Telephone Numb	oer L	-
TITLE OR POSITION	▼				
		CITY A	STA	TE ▲	ZIP CODE ▲
Mailing Address					
Full Name					
Designated Agent: Identify	y by name, addres	s (phone number – optiona	ıl)		
Connected	d Organization	Affiliated Committee	Joint Fundraising Re	presentative	Leadership PAC Spo
Relationship:		CITY A	SI	ATE A	ZIP CODE ▲
	Philidelphia			PA 1	9103
Mailing Address	1901 Market Sti	reet			
IBC PAC Indepen	dence Blue C	Cross PAC			
Name of Any Connected	Organization, Affi	iliated Committee, Joint F	undraising Repres	entative, or L	eadership PAC Sponso
4.			FEC ID nu	ımber C	
1			FEC ID nu		
3.			FEC ID nu		
2			_		

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin	y Participant:	
	1		FEC ID number C
	2.		FEC ID number C
	3		FEC ID number
	4		FEC ID number
6.		Organization, Affiliated Committee, Joint Fundrue Shield of SC Federal Programs F	raising Representative, or Leadership PAC Sponsor
	Mailing Address	Interstate 20 at Alpine Road	
		Columbia	SC 29219
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint	t Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		Te	elephone Number
9.	safety deposit boxes or ma		the committee deposits funds, holds accounts, rents
	Name of Bank, Depository, etc.		
	Mailing Address		
ı		CITY ▲	STATE ▲ ZIP CODE ▲