

# 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**  
**Blue Cross Blue Shield of Alabama PAC**

ADDRESS (number and street) **2 North Jackson Street**  
**Suite 202**  
 Check if different than previously reported. (ACC) **Montgomery** **AL** **36104-3821**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** **C00457242** 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  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2024 through  /  /  2024

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 **Hosp, Ted, , ,**

Signature of Treasurer **Hosp, Ted, , ,** Date  /  /  2024

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

SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Blue Cross Blue Shield of Alabama PAC

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		9094.97
(b) Cash on Hand at Beginning of Reporting Period.....	9094.97	
(c) Total Receipts (from Line 19) .....	21250.12	21250.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	30345.09	30345.09
7. Total Disbursements (from Line 31).....	5072.76	5072.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	25272.33	25272.33
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Blue Cross Blue Shield of Alabama PAC

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19999.72	19999.72
(ii) Unitemized .....	1250.40	1250.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	21250.12	21250.12
(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) .....	21250.12	21250.12
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)).....▶	21250.12	21250.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	21250.12	21250.12

**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 .....	72.76	72.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	72.76	72.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
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)) ..	5072.76	5072.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5072.76	5072.76

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	21250.12	21250.12
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21250.12	21250.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	72.76	72.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	72.76	72.76

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

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)  
**Blue Cross Blue Shield of Alabama PAC**

**A. Velezis, Michael, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Norht Jackson St Suite 202  
 City Montgomery State AL Zip Code 36104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) VP and General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 20 / 2024  
**Transaction ID : AB4FE6D190B684507BD4**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

**B. Vines, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 N Jackson St Ste 202  
 City Montgomery State AL Zip Code 36104-3821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 20 / 2024  
**Transaction ID : A89B2E70677EC477FABF**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

**C. Keown, Kipp, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 450 Riverchase Pkwy E  
 City Hoover State AL Zip Code 35244-2858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) VP Marketing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 20 / 2024  
**Transaction ID : AF3363E10C0EB4BD2871**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1874.97
<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 17
	<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)  
**Blue Cross Blue Shield of Alabama PAC**

**A. Edwards, Brian, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 N Jackson St  
 Ste 202  
 City Montgomery State AL Zip Code 36104-3821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) SVP Healthcare Networks  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 20 / 2024  
**Transaction ID : AB409BE8C018E4FF49FC**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

**B. Herringdon, Sheila, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 N Jackson St  
 Ste 202  
 City Montgomery State AL Zip Code 36104-3821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) VP Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 20 / 2024  
**Transaction ID : AF22F98344A824E688F6**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

**C. Platt, David, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 N Jackson St  
 Ste 202  
 City Montgomery State AL Zip Code 36104-3821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) VP Large Group Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 20 / 2024  
**Transaction ID : A3EED3203044A4CD0BE5**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1874.97
<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 17
	<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)  
**Blue Cross Blue Shield of Alabama PAC**

**A. Carden, Noel, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 N Jackson St  
 Ste 202  
 City Montgomery State AL Zip Code 36104-3821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) VP and Chief Actuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 20 / 2024  
**Transaction ID : A9A86E87F18B04961AD4**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

**B. Cale, Dorinda, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 N Jackson St  
 City Montgomery State AL Zip Code 36104-3803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) VP Pharmacy Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 20 / 2024  
**Transaction ID : A39BE16CDA8A3405B962**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

**C. Williams, John, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 N Jackson St  
 Ste 202  
 City Montgomery State AL Zip Code 36104-3821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) VP District and Consumer Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 20 / 2024  
**Transaction ID : A19004A3939E841F88B7**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1874.97
<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 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Blue Cross Blue Shield of Alabama PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Barth, John, Walter, ,</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2024
Mailing Address 2 N Jackson St Ste 202		<b>Transaction ID : ACC2FEFA3B0744D199D8</b>
City Montgomery	State AL	
Zip Code 36104-3821		Amount of Each Receipt this Period 624.99
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) BLUPAC	Occupation (for Individual) VP Customer Service	Payroll Deduction: \$208.33/Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.99	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Briggs, Dick, Dowling, ,</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2024
Mailing Address 2 N Jackson St Ste 202		<b>Transaction ID : AE835FEF4C5664667BCC</b>
City Montgomery	State AL	
Zip Code 36104-3821		Amount of Each Receipt this Period 624.99
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) BLUPAC	Occupation (for Individual) Executive Vice President	Payroll Deduction: \$208.33/Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.99	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Orr, Robert, R, ,</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2024
Mailing Address 2 N Jackson St Ste 202		<b>Transaction ID : ACED893851FCE469EB3D</b>
City Montgomery	State AL	
Zip Code 36104-3821		Amount of Each Receipt this Period 624.99
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) BLUPAC	Occupation (for Individual) SVP Enterprise Resources	Payroll Deduction: \$208.33/Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 624.99	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1874.97
<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 17
	<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)  
**Blue Cross Blue Shield of Alabama PAC**

**A. DeLawrence, Jennifer, Helms, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 N Jackson St  
 Ste 202  
 City Montgomery State AL Zip Code 36104-3821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) VP Controller  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 20 / 2024  
**Transaction ID : A84253E6569434359A19**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

**B. Hosp, Edward, Andrew, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 N Jackson St  
 Ste 202  
 City Montgomery State AL Zip Code 36104-3821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) VP Governmental Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt 03 / 20 / 2024  
**Transaction ID : A5247A9F8CD9B486BABD**  
 Amount of Each Receipt this Period 1249.98  
 Memo Item  
 Payroll Deduction: \$416.66/Bi-Weekly

**C. Council, Rebekah, Elgin, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 N Jackson St  
 Ste 202  
 City Montgomery State AL Zip Code 36104-3821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) SVP & Chief Marketing Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 20 / 2024  
**Transaction ID : A537880F771CA4F768BA**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2499.96
<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 17
	<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)  
**Blue Cross Blue Shield of Alabama PAC**

**A. DeCroses, Charles, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 N Jackson St  
Ste 202

City Montgomery      State AL      Zip Code 36104-3821

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

Name of Employer (for Individual) BLUPAC      Occupation (for Individual) VP Technology Support

Receipt For:  
 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  
 03 / 20 / 2024

**Transaction ID : A2859350BE14048C0BB2**

Amount of Each Receipt this Period  
624.99

Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

**B. Weaver, Darrel, Craig, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 450 Riverchase Pkwy E

City Hoover      State AL      Zip Code 35244-2858

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

Name of Employer (for Individual) BLUPAC      Occupation (for Individual) VP Healthcare Networks Svcs

Receipt For:  
 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  
 03 / 20 / 2024

**Transaction ID : A440E6A572B824AC8943**

Amount of Each Receipt this Period  
624.99

Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

**C. Oaks, Joseph, Harold, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 N Jackson St  
Ste 202

City Montgomery      State AL      Zip Code 36104-3821

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

Name of Employer (for Individual) BLUPAC      Occupation (for Individual) VP Network Contracting

Receipt For:  
 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  
 03 / 20 / 2024

**Transaction ID : AD8ECAAE2F55C4F17B1E**

Amount of Each Receipt this Period  
624.99

Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1874.97
<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 17
	<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)  
**Blue Cross Blue Shield of Alabama PAC**

**A. Mosko, Ashley, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 N Jackson St  
 Ste 202  
 City Montgomery State AL Zip Code 36104-3821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) VP Health Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 20 / 2024  
**Transaction ID : A0C773CE3EA724C58A6B**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

**B. Ward, Brandon, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 N Jackson St  
 Ste 202  
 City Montgomery State AL Zip Code 36104-3821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) VP Business Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 20 / 2024  
**Transaction ID : AE61AE4BEEB3A4195ABB**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

**C. Dunsmore, Joseph, Edward, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 N Jackson St  
 Ste 202  
 City Montgomery State AL Zip Code 36104-3821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) Deputy CIO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 20 / 2024  
**Transaction ID : A363309A2FF894D8C973**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1874.97
<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 17
	<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)  
**Blue Cross Blue Shield of Alabama PAC**

**A. Manderson, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 N Jackson St  
 Ste 202  
 City Montgomery State AL Zip Code 36104-3821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) VP Treasury Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 20 / 2024  
**Transaction ID : A298038B647F3499DA5E**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

**B. Cullen, Jill, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 N Jackson St  
 Ste 202  
 City Montgomery State AL Zip Code 36104-3821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) Chief Actuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 20 / 2024  
**Transaction ID : AC46DC950156A45C584E**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

**C. Patterson, Michael, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 N Jackson St  
 Ste 202  
 City Montgomery State AL Zip Code 36104-3821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) Chief Admin and Legal Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 20 / 2024  
**Transaction ID : AE483817E06DC4BF89CB**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1874.97
<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 17
	<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)  
**Blue Cross Blue Shield of Alabama PAC**

**A. Miller, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 N Jackson St  
 Ste 202  
 City Montgomery State AL Zip Code 36104-3821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) VP Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 20 / 2024  
**Transaction ID : A5024789984C9459D811**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

**B. Jarrett, Angela, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 N Jackson St  
 Ste 202  
 City Montgomery State AL Zip Code 36104-3821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) VP Claims & Benefit Admin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 20 / 2024  
**Transaction ID : AD2C2E03D9CCC499E938**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

**C. Hill, James, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 450 Riverchase Pkwy E  
 City Hoover State AL Zip Code 35244-2858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLUPAC Occupation (for Individual) SVP Business Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 03 / 20 / 2024  
**Transaction ID : A83386B381C9A40A4BC1**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction: \$208.33/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1874.97
<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 17
<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)  
**Blue Cross Blue Shield of Alabama PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
McGlaun, Brian, S., ,

Mailing Address 2 N Jackson St  
Ste 202

City Montgomery State AL Zip Code 36104-3821

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

Name of Employer (for Individual) BLUPAC Occupation (for Individual) VP&CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2024

**Transaction ID : A62F6782C75CC436BB48**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	19999.72

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

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NAME OF COMMITTEE (In Full)

**Blue Cross Blue Shield of Alabama PAC**

Full Name (Last, First, Middle Initial)

### A. Comerica Bank

Mailing Address PO Box 75000

City  
Detroit

State  
MI

Zip Code  
48275-0001

Purpose of Disbursement

Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	2	4

FEC Identification Number

**C**

**Transaction ID : BAF869D355**

Amount of Each Disbursement this Period

16.33

Memo Item

Full Name (Last, First, Middle Initial)

### B. Comerica Bank

Mailing Address PO Box 75000

City  
Detroit

State  
MI

Zip Code  
48275-0001

Purpose of Disbursement

Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	2	4

FEC Identification Number

**C**

**Transaction ID : B9D33F31A6I**

Amount of Each Disbursement this Period

30.94

Memo Item

Full Name (Last, First, Middle Initial)

### C. Comerica Bank

Mailing Address PO Box 75000

City  
Detroit

State  
MI

Zip Code  
48275-0001

Purpose of Disbursement

Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	2	4

FEC Identification Number

**C**

**Transaction ID : B275975CB5**

Amount of Each Disbursement this Period

25.49

Memo Item

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

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

72.76

72.76



# 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)  
**Blue Cross Blue Shield of Alabama PAC**

**A. American Security PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 167 West Manor Lane

City Alexandria State AL Zip Code 36250

Purpose of Disbursement  
Political Contribution

Candidate Name  
American Security PAC

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2024  
 Primary  General  
 Other (specify) Other

Date of Disbursement  
MM / DD / YYYY  
03 / 18 / 2024

FEC Identification Number  
C C00439521  
Transaction ID : BE2108B1C7

Amount of Each Disbursement this Period  
5000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00