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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) Blue Cross Blue Shield of Alabama PAC 2 North Jackson Street ADDRESS (number and street) Suite 202 (Check if address is changed) Montgomery 36104 ALCITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tgadson@comerica.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00457242 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. Hosp, Ted,,, Type or Print Name of Treasurer Hosp, Ted,,, [Electronically Filed] 07 2019 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 Only

Local 202-694-1100

FFC	Form 1 (Revised 02/2009)	Page 2
TYPE O	F COMMITTEE	1 ago 2
Candid	ate 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. (Cominformation below.)	nplete the candidate
Name of Candidat	e	
Candida Party Aff		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat		
Party (committee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	I Action 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 so 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.)	
Joint F	ındraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/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.	vo or more political
C	ommittees Participating in Joint Fundraiser	
1	L L L L L L L L L L L L L L L L L L L	
2	FEC ID number	
3	FEC ID number	
4		

	-		
l	FEC Form 1	(Revised 02/2009)	Page 3
W	/rite or Type Commit	ittee Name	
E	Blue Cross	s Blue Shield of Alabama PAC	
6.	Name of Any Cor	nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
В	lue Cross Blue	e Shield of Alabama	
L			
	Mailing Address	2 North Jackson Street Suite 202	
		Montgomery AL 36104	
		CITY STATE ZIF	PCODE
	Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Leade	rship PAC Sponsor
	Custodian of Reco	cords: Identify by name, address (phone number optional) and position of the person in posses.	ssion of committee
	I	PAC Services, Comerica Bank, , ,	1
	Full Name	MC #2250	
	Mailing Address	PO Box 75000	
		Detroit MI 48275-2250)
	Title or Position	CITY STATE ZIF	P CODE
	Book Keeper		1 7271
).		name and address (phone number optional) of the treasurer of the committee; and the name ent (e.g., assistant treasurer).	and address of
	Full Name of Treasurer	Hosp, Ted, , ,	
	Mailing Address	2 North Jackson Street	
		Suite 202	
		Montgomery AL 36104	
	Title or Position	CITY STATE ZIP	CODE
	Executive Director	Tolophono numbor	3 7157

EEC Ear	1 (Revised 02/2009)	Page 4
FEC FOI	1 1 (VENISER 0.5/15003)	raye 4
Full Name of Designated Agent		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
Banks or Other safety deposit be Name of Bank,	Depositories: List all banks or other depositories in which the committee deposits funds, holioxes or maintains funds. Depository, etc. Comerica Bank	us accounts, lents
Mailing Address	PO Box 75000	
	PAC Services MC 2250	
	Detroit MI 48275	
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Name of Bank,	Depository, etc.	
Name of Bank,		

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F1A Transaction ID:

Amending to change treasurer

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraisin	n Participant:								
9(9)	1.	9		1	FEC ID r	number	С			
	2.				FEC ID r	number	С			
	3.				FEC ID r	number	С			
					FEC ID r	number	С	-	-	
	4									
6.	Name of Any Connected	Organization, At	ffiliated Committee J	oint Fundrai:	sina Repre	sentative	e or lea	ndershin	PAC S	nonsor
0.	Florida Health Pol				ogopo	oornaa r	, 00.			policoi
	Mailing Address	PO Box 6936						1 1 1	1 1	
	Ü									
		Jacksonville				FL	322	202		
	Relationship:		CITY A			STATE A			CODE	<u> </u>
		Overeninetien	_	D Jaint 5			Г	-		
	Connected	Organization	Affiliated Committee	Joint Ft	undraising F	representa	ilive	Leade	rsnip PA	C Sponsor
8.	Designated Agent: Identify	by name, addre	ess (phone number – c	ptional)						
	Full Name									
	Mailing Address									
		1				1 1 1	1 1 1	1 1 1	1 1	
					. 1		1.		1_1	
			CITY A		 ST	ATE A		ZIP (CODE A	
	TITLE OR POSITION	V	1	- .			1_		1_1	
				Iele	phone Num	nber				
9.	Banks or Other Denositor									rents
	safety deposit boxes or ma		ks or other depositories	s in which th	e committe	e deposit	s funds,	holds ad	ccounts,	
			s or other depositorie:	s in which th	e committe	e deposit	s funds,	holds a	ccounts,	
	Name of Bank, Depository, etc.		s or other depositorie:	s in which th	e committe	e deposit	s funds,	holds ad	ccounts,	
	safety deposit boxes or ma		ss or other depositories	s in which th	e committe	e deposit	s funds,	holds ad	ccounts,	
	Name of Bank, Depository, etc.		ss or other depositories	s in which th	e committe	e deposit	s funds,	holds ad	counts,	

FEC Form 1S (Revised 02/2017)

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
Ha L	=	Prganization, Affiliated Committee, Joint Fundrais		e, or Leadership PAC Sponsor
				00044
_		Honolulu	HI	96814
F	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
8. Desig r		Organization Affiliated Committee Joint Fi	undraising Representa	tive Leadership PAC Sponsor
_				
Ful	II Name			
	II Name			
Ма	ailing Address	CITY A	STATE A	ZIP CODE A
Ма			STATE A	ZIP CODE A
9. Banks safety Name Deposi	or Other Depositorideposit boxes or mair of Bank, itory, etc.	Tele es: List all banks or other depositories in which the	phone Number	
9. Banks safety Name Deposi	ailing Address ITLE OR POSITION or Other Depositoric deposit boxes or mair of Bank,	Tele es: List all banks or other depositories in which the	phone Number	
9. Banks safety Name Deposi	or Other Depositorideposit boxes or mair of Bank, itory, etc.	Tele es: List all banks or other depositories in which the	phone Number	

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

anks or Other Depositor defety deposit boxes or material deposition and the deposition of Bank, epository, etc.	ories: List all bank aintains funds.	s or other depositories in v			s funds, holds account	s, ren
anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.	ories: List all bank aintains funds.	s or other depositories in v			s funds, holds account	s, ren
anks or Other Deposito afety deposit boxes or ma	ories: List all bank aintains funds.	s or other depositories in v			s funds, holds account	s, ren
anks or Other Deposito	ories: List all bank aintains funds.	s or other depositories in v			ts funds, holds account	is, rent
TITLE OR POSITION			TOTOPHONE IN	nunnet [ш
TITLE OR POSITION		, , , , , , , , 1	Telephone N	ımbar	- -	
	▼	CITY A	:	STATE A	ZIP CODE	•
Mailing Address						
Full Name						
		Affiliated Committee ss (phone number – option	Joint Fundraising	Hepresent	ative Leadership F	-AC Sp
			1 _			
Relationship:	vvasiiiigtori	CITY A		STATE A	ZIP COD	
	Washington			, DC ,	20003	
Mailing Address						
	330 9th Street	SE				
 						_ '
Regence BLUEP	_	filiated Committee, Joint	Fundraising Rep	oresentativ	e, or Leadership PAC	Spon
4.			 FEC ID	number	С	
			 FEC ID) number	C	
3.			 FEC ID	number	С	
2			1) number	C	

FEC Form 1S (Revised 02/2017)

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-(a)	ou/b) Joint Fundacion	n Dauticinant.		_
o(<u>g)</u>	or(h). Joint Fundraisin		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
	Mailing Address	636 Grand Avenue		
		Station 13		
		Des Moines	IA I	50309
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint F	Fundraising Representat	tive Leadership PAC Sponsor
3.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	CITY	STATE A	ZIP CODE A
3.	Full Name	CITY A		
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY A Tele Ties: 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	CITY A Tele Ties: 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 main Name of Bank,	CITY A Tele Ties: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
3.	Full Name	CITY A Tele Ties: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
3.	Full Name	CITY A Tele Ties: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A

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

h). Joint Fundraisi	ng Participant:		0
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	C
	I Organization, Affiliated Committee, Joint Fundr Blue Shield of Kansas Employee PAC		e, or Leadership PAC Spon
		, 6/11(2 1 / 16	
Mailing Address	1133 Topeka Blvd		
	Topeka	, , , KS ,	66629
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
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esignated Agent: Identi			
esignated Agent: Identi			
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esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
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esignated Agent: Identic Full Name	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraising	, [
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
BLUEPAC, Capita	I Blue Cross		
	PO Box 60710 Elmerton Avenue		
Mailing Address	Li i i i i i i i i i i i i i i i i i i		
	Harrisburg	PA	17106
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected		Fundraising Representa	Leadership PAC Sp
	by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sp
esignated Agent: Identify		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify Full Name		Fundraising Representation	Leadersnip PAC Sp
esignated Agent: Identify Full Name		rundraising Representa	Leadersnip PAC Sp
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	STATE A	ZIP CODE A
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esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank,	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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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	С
ame of Any Connecte	d Organization, Affiliated Committee, Joint Fundr	aising Representative	e or Leadershin PAC Snon
=	PAC of Highmark Blue Cross Blue Sh		s, or Ecuacionip i Ac opon
Mailing Address	1800 Center Street		
	Camp HIII	PA PA	17011
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC Sp
	ify by name, address (phone number – optional)	Fundraising Hepresenta	Leadership PAC Sp
esignated Agent: Ident		Fundraising Hepresenta	Leadership PAC Sp
esignated Agent: Ident		Fundraising Hepresenta	Leadership PAC Sp
esignated Agent: Ident		Fundraising Hepresenta	Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)	STATE A	ZIP CODE A
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esignated Agent: Ident Full Name	ify by name, address (phone number – optional) CITY ▲ Te	STATE A	ZIP CODE A
esignated Agent: Ident Full Name	ify by name, address (phone number – optional) CITY ▲ CITY ▲ Cories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ify by name, address (phone number – optional) CITY ▲ CITY ▲ Cories: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO anks or Other Depositatety deposit boxes or reame of Bank,	ify by name, address (phone number – optional) CITY ▲ CITY ▲ Cories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification of Bank, epository, etc.	ify by name, address (phone number – optional) CITY ▲ CITY ▲ Cories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification of Bank, epository, etc.	ify by name, address (phone number – optional) CITY ▲ CITY ▲ Cories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID numb	per C
2.		FEC ID numl	per C
3.		FEC ID numl	per C
4.		FEC ID numl	per C
	I Organization, Affiliated Committee, Joint Cross Blue Shield Assn PAC	Fundraising Represen	tative, or Leadership PAC Spons
Mailing Address	1310 G Street NW		
	Washington	DO DO	20005
Relationship:	CITY A	STAT	E ▲ ZIP CODE ▲
Designated Agent: Identif	fy by name, address (phone number – option	nal)	
Full Name			
Full Name			
Mailing Address	CITY A	STATE	▲ ZIP CODE ▲
	CITY A	STATE Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION	pries: List all banks or other depositories in	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or means to box and the safety deposit box and t	pries: List all banks or other depositories in	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	pries: List all banks or other depositories in	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	pries: List all banks or other depositories in	Telephone Number	

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

5(g) or (l	h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	С
_				
6. N		Organization, Affiliated Committee, Joint Fundra		e, or Leadership PAC Sponsor
	Carefirst Associate	es Federal Political Action Committee		
	Mailing Address	10455 Mill Run Circle		
	Mailing Address			
		Owens Mills	, , MD ,	, 21117
	Relationship:	CITY A	STATE A	ZIP CODE A
_	Connected	Organization X Affiliated Committee Joint F	Fundraising Representa	ative Leadership PAC Sponsor
8. D e	esignated Agent: Identify	by name, address (phone number - optional)		
8. D e	esignated Agent: Identify	by name, address (phone number – optional)		
8. D e		by name, address (phone number – optional)		
8. D e	Full Name	by name, address (phone number – optional)		
8. D e	Full Name			
8. D e	Full Name	CITY A	STATE A	ZIP CODE A
8. D e	Full Name	CITY A	1	
3. D e	Full Name	CITY A	STATE A	
 9. B i	Full Name	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE A
 9. B i	Full Name Mailing Address TITLE OR POSITION	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE A
 9. B i sa	Full Name	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE A
 9. B i sa	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material deposit boxes or material deposit boxes are of Bank,	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE A
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 9. B i sa	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or material deposition are of Bank, epository, etc	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fundice Corporation Political Action Com	• .	e, or Leadership PAC Spon
Mailing Address	330 East Randolph Street		
	Chicago	, ,] <u> </u>	60601
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Join	t Fundraising Representa	ative Leadership PAC Sp
	y by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Hepresent	Leadersnip PAC S
esignated Agent: Identif		T Fundraising Representation	Leadersnip PAC S
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Federal CAREPA	AC-The Blue Cross Blue Shield of MA	PAC	
Mailing Address	401 Park Drive		
	Boston	MA L	02115
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint Ify by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
		Fundraising Representa	Leadership PAC Sp
esignated Agent: Ident		Fundraising Hepresenta	Leadership PAC S
esignated Agent: Ident		Fundraising Representa	Leadership PAC S
esignated Agent: Ident		Fundraising Representa	Leadership PAC S
esignated Agent: Ident	ify by name, address (phone number – optional)	STATE A	Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ify by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ify by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit	ify by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	ify by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

(h), 6, 8 and/or 9 Page $\frac{17}{2}$ of $\frac{27}{2}$

g) or (h).	Joint Fundraising	g Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
		Organization, Affiliated Committee, Joint Fundra	ising Representativ	e, or Leadership PAC Sponsor
Blu L_	ie Cross and Bl	ue Shield of MI PAC		
		ı 602 West Ionia		
N	Mailing Address			
		Lansing	MI MI	48933
F	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Daoigr	Connected			
		by name, address (phone number – optional)		
Ful	nated Agent: Identify			
Ful	nated Agent: Identify			
Ful	nated Agent: Identify			ative Leadership PAC Sponso
Ful Ma	nated Agent: Identify	by name, address (phone number – optional)	STATE A	ZIP CODE A
Ful Ma	nated Agent: Identify Il Name	by name, address (phone number – optional) CITY		
Ful Ma Ti Banks safety Name Deposi	nated Agent: Identify II Name	by name, address (phone number – optional) CITY Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
Ful Ma Ti Banks safety Name Deposi	nated Agent: Identify Il Name	by name, address (phone number – optional) CITY Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
Ful Ma Ti Banks safety Name Deposi	nated Agent: Identify Il Name	by name, address (phone number – optional) CITY Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A

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

h). Joint Fundrais i	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fundr		
Healthy Governn	nent Cmte, The Political Action Cmte	of BCBS Arizoni	a
	<u> </u>		
NACTO A ALLer	PO Box 13466		
Mailing Address			
	Physics		05000
	Phoenix	AZ	85002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Joint	t Fundraising Represent	Leadership PAC Sp
		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Ident	ify by name, address (phone number – optional) CITY		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit	ify by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name	ify by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	ify by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	ify by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Telepories: 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 Fundrais	ng rattopant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connecte	d Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
	Blue Shield of Kansas City Federal PA		
1			
Mailing Address	2301 Main		
	Kansas City	MO	64108
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
	ed Organization X Affiliated Committee Joint ify by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Ident		Fundraising Representa	Leadership PAC S
esignated Agent: Ident		Fundraising Representa	Leadership PAC S
esignated Agent: Ident		Fundraising Representa	Leadership PAC S
esignated Agent: Ident		Fundraising Representation	Leadership PAC S
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident	ify by name, address (phone number – optional)	Fundraising Representation	
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)		
Full Name Mailing Address	ify by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit	ify by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositely deposit boxes or name of Bank,	ify by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositely deposit boxes or name of Bank,	ify by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	ing i di tioipaitti		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Blue Cross and E	Blue Shield of NE PAC		
	_I 7261 Mercy Road		
Mailing Address			
	Omaha	NE NE	68180
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Join	t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi	Affiliated Committee Join fy 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		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	st Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name	fy by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	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 Tories: List all banks or other depositories in which	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 Tories: List all banks or other depositories in which	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 Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin	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 Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	5901 Chapel Hill Road		
		Box 2291		
		Durham 	NC	27702
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization X Affiliated Committee Joint I	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A		ZIP CODE A
8. 9.	Full Name Mailing Address TITLE OR POSITION	CITY A Tele ries: List all banks or other depositories in which the	STATE ▲ ephone Number	
	Full Name Mailing Address TITLE OR POSITION	CITY A Tele ries: List all banks or other depositories in which the	STATE ▲ ephone Number	
	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	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A Tele ries: List all banks or other depositories in which the	STATE ▲ ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A Tele ries: List all banks or other depositories in which the	STATE ▲ ephone Number	

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi r			FEC ID no	ımher	C
1.			FEC ID no		-1
2.			l		C
3.			FEC ID no	umber	С
4.			FEC ID no	umber	C
ame of Any Connected	Organization, Affiliate	ed Committee, Joint Fu	ndraising Repres	entative	, or Leadership PAC Spor
Blue Shield of Ca	lifornia PAC				
Mailing Address	50 Beale Street				
	San Francisco			CA	94105
Relationship:		CITY A	S	TATE 🔺	ZIP CODE ▲
			oint Fundraising Re	epresenta	ive Leadership PAC S
esignated Agent: Identif				epresenta	Leadership PAC S
esignated Agent: Identif				epresentar	Leadership PAC S
esignated Agent: Identif				epresentat	Leadership PAC S
esignated Agent: Identif				epresentat	Leadership PAC S
esignated Agent: Identif	by name, address (ph			epresentat	Leadership PAC S
esignated Agent: Identif	by name, address (ph	hone number — optional)		epresentat	
esignated Agent: Identif Full Name Mailing Address	by name, address (ph	hone number – optional)		TE A	
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	ries: List all banks or o	hone number – optional) CITY	STA	TE A	
esignated Agent: Identif Full Name	ries: List all banks or o	hone number – optional) CITY	STA	TE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or ma	ries: List all banks or o	hone number – optional) CITY	STA	TE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	ries: List all banks or o	hone number – optional) CITY	STA	TE A	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 s

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
=	d Organization, Affiliated Committee, Joint F Blue Shield of AL PAC	undraising Representativ	e, or Leadership PAC Spon
Mailing Address	2 North Jackson Street Suite 2		
	Montgomery	AL	36104
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optiona	al)	
Mailing Address			
Mailing Address			
Mailing Address			
Mailing Address TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	CITY A	STATE Telephone Number	ZIP CODE A
TITLE OR POSITION	ories: List all banks or other depositories in w	Telephone Number	
TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of the control of th	ories: List all banks or other depositories in w	Telephone Number	
TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	ories: List all banks or other depositories in w	Telephone Number	
TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	ories: List all banks or other depositories in w	Telephone Number	
anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	ories: List all banks or other depositories in w	Telephone Number	
anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	ories: List all banks or other depositories in w	Telephone Number	

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

h). Joint Fundraisi			a
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
	Organization, Affiliated Committee, Joint Funda (Blue Cross of NE Pennsylvania)	raising Representative	e, or Leadership PAC Spon
Mailing Address	19 North Main Street		
	Wilkes Barre	PA PA	18711
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint by by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC S
esignated Agent: Identif	by 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,	cy by name, address (phone number – optional) CITY CITY Telepries: 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,	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional) CITY CITY Telepries: 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, epository, etc.	cy by name, address (phone number – optional) CITY CITY Telepries: 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

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	I Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spor
IBC PAC Independent	ndence Blue Cross PAC		
Mailing Address	1901 Market Street		
	Philidelphia	, , PA	19103
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
			ative Leadership PAC S
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name		CTATE	
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address	CITY A	STATE A	
Full Name Mailing Address TITLE OR POSITION	CITY A CITY A Telepries: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mane of Bank,	CITY A CITY A Telepries: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the state of Bank, in the state of Bank,	CITY A CITY A Telepries: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A CITY A Telepries: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A CITY A Telepries: List all banks or other depositories in which	elephone Number	ZIP CODE A

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

h). Joint Fundraisi	ng Faiticipant.		
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		e, or Leadership PAC Spon
	Blue Shield of SC Federal Programs F		
AA-Waa Aalalaa	Interstate 20 at Alpine Road		
Mailing Address			
	Columbia	SC SC	29219
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC Sp
	Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	Leadership PAC S
esignated Agent: Identi		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Representation	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sparitive Leadership PAC Sparitive ZIP CODE ZIP CODE
esignated Agent: Identi	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 Telepries: 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,	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	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 Telepries: List all banks or other depositories in which	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 Telepries: List all banks or other depositories in which	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 Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	3		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Premera Blue Cr			
Mailing Address	7001 220th Street SW		
-	1		
	Mountlake Terrace	, , , WA ,	98043
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Joint	t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi	Affiliated Committee Joint of	t Fundraising Represent	Leadership PAC S
esignated Agent: Identi		t Fundraising Represent	Leadership PAC S
esignated Agent: Identi		t Fundraising Represent	Leadership PAC S
esignated Agent: Identi		t Fundraising Represent	Leadership PAC S
esignated Agent: Identi		t Fundraising Representation	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC S
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 anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	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 To pries: List all banks or other depositories in which	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 To pries: List all banks or other depositories in which	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 To pries: List all banks or other depositories in which	STATE A	ZIP CODE A