Image# 202007029244232698			_		PAGE 1 / 18
	EPORT OF F ND DISBURS Other Than An Author	<b>SEMENT</b>	s	Office	
1. NAME OF TYP	PE OR PRINT ▼	Example: If typir	na type	Office U	se Only
COMMITTEE (in full)		over the lines.	1	2FE4M5	
Louisiana Health Service	& Indemnity Compa	INY DBA Blue	Cross & Blu	ue Shield of Lo	ouisiana PAC
ADDRESS (number and street)	525 Reitz Avenue				
Check if different than previously reported. (ACC)	Baton Rouge			A 70809	<b>a</b>
2. FEC IDENTIFICATION NUME	SER ▼ CITY	▲	STA		ZIP CODE
C C00651265	3. IS T REF	~	NEW N) <b>OR</b>	AMENDED (A)	
(Choose One)	(b) Monthly Report Due On: Mar 20		May 20 (M5) Jun 20 (M6)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:	Apr 20	(M4)	Jul 20 (M7)	Oct 20 (M10)	Year Only) Jan 31 (YE)
Quarterly Report (Q1)	(c) 12-Day PRE-Election	Primary (12P	?)	General (12G)	Runoff (12R)
October 15	Report for the:	Convention (	12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election	on	D D / Y	YYYY	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (300	à)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	on /	D D / Y	YYYYY	in the State of
5. Covering Period 04	/ D D / Y Y Y Y 01 2020	through	M M /	D     D     /     Y     Y       30     202	20
I certify that I have examined this R	Report and to the best of m Camerlinck, Bryan, , ,	y knowledge and b	oelief it is true, o	correct and comple	te.
Signature of Treasurer	sk, Bryan, , ,	[Electronically	<i>v Filed]</i> Date		D / Y Y Y Y 2020
NOTE: Submission of false, erroneous	, or incomplete information r	nay subject the pers	son signing this F	Report to the penalti	es of 52 U.S.C. § 30109
Office Use Only					<b>FORM 3X</b> Rev. 05/2016

07/02/2020 08 : 47

x

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

R	eport Covering the Period: From:	4 / D D / Y Y Y Y 4 01 2020 T	o: 06 / 0 / Y Y Y Y 06 2020
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020		43286.33
	(b) Cash on Hand at Beginning of Reporting Period	45117.09	
	(c) Total Receipts (from Line 19)	2818.26	5649.02
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	47935.35	48935.35
7.	Total Disbursements (from Line 31)	0.00	1000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47935.35	47935.35
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

#### For further information contact:

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

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

#### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Report Covering the Period: From: 04	/ 01 / Y Y Y Y 01 2020 To	b: 06 / 0 / 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
<ul> <li>11. Contributions (other than loans) From:</li> <li>(a) Individuals/Persons Other</li> </ul>			
Than Political Committees (i) Itemized (use Schedule A)	1339.60	1690.28	
(ii) Unitemized (iii) TOTAL (add	1478.66	3958.74	
Lines 11(a)(i) and (ii)	2818.26	5649.02	
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00	
(c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines	0.00	0.00	
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2818.26	5649.02	
2. Transfers From Affiliated/Other Party Committees	0.00	0.00	
3. All Loans Received	0.00	0.00	
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures</li> </ol>	0.00	0.00	
<ul><li>(Refunds, Rebates, etc.)</li><li>(Carry Totals to Line 37, page 5)</li><li>6. Refunds of Contributions Made</li></ul>	0.00	0.00	
to Federal Candidates and Other Political Committees	0.00	0.00	
<ol> <li>Other Federal Receipts (Dividends, Interest, etc.)</li> <li>Transfers from Non-Federal and Levin Funds</li> <li>(a) New Federal Account</li> </ol>	0.00	0.00	
(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	
<ol> <li>Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))</li> </ol>	2818.26	5649.02	
20. Total Federal Receipts			

(subtract Line 18(c) from Line 19)......

2818.26

Page 3

5649.02

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share ..... (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures ..... (c) Total Operating Expenditures 0.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 1000.00 and Other Political Committees... 0.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 19 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees ..... 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (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 Total Federal Election Activity (add (C) 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)).. 0.00 1000.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 0.00 1000.00

#### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

#### III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans) (from Line 11(d), page 3)
~ (	
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36) .....

							2818.26
-	1	-7		1	-7	1	1 10
							0.00
-	1	-7	1	1	-7	1	
	1		1				2010.20
-	-	7		4	-	4	2818.26
	1			1		1	0.00
-	-	7	1	1	-7	1	
	1			1		1	0.00
-	-	7	-	-	-7	-	
							0.00

5649.02					
J043.02		-7	-	7	<u></u>
0.00					
0.00		-		- 1	
5649.02					
		- 7		-7	<u></u>
0.00					
		-7		7	<u></u>
0.00					
0.00		-7-		-7	
0.00	1				

COLUMN B

Calendar Year-to-Date

#### Page 5

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 OF 18		
ITEMIZED RECEIPTS			for each category of the	(check only one)		
			Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
	ny information copied from such Reports and Sta			erson for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to solicit contributions from such committee.		
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	mnity Co	mnany DRA Blue Cree	ss & Blue Shield of Louisiana PAC		
_	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name			
Α.	Bourgeois, Tina, , ,	Date of Receipt				
	Mailing Address 19425 Creek Round Avenue	05 31 2020				
	City	State	Zip Code	Transaction ID : SA11AI.6713		
	Baton Rouge	LA	70817	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		20.84		
	federal political committee.					
	Name of Employer (for Individual)		upation (for Individual)	Memo Item		
	LHSIC	Ente	erprise Info Mgmt	PR Ded		
	Receipt For: 2020	Aggregate	Year-to-Date ▼			
	Other (specify)		208.40			
-	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	Data of Descipt		
в.	Bourgeois, Tina, , , Mailing Address 19425 Creek Round Avenue	Date of Receipt				
	Treek Round Avenue	06 15 2020				
	City	State	Zip Code	Transaction ID : SA11AI.6743		
	Baton Rouge	LA	70817	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		20.84		
	federal political committee.					
	Name of Employer (for Individual) LHSIC		upation (for Individual)	Memo Item		
	Receipt For: 2020		erprise Info Mgmt	PR Ded		
	receipt For. 2020 ★ Primary General	Aggregate	Year-to-Date ▼			
	Other (specify)		229.24			
				-		
C	Full Name of Individual (Last, First, Middle Initia Bourgeois, Tina, , ,	al) or Full O	rganization Name	Date of Receipt		
J.	Mailing Address 19425 Creek Round Avenue					
				06 30 2020		
	City Baton Rouge	State LA	Zip Code 70817	Transaction ID : SA11AI.6773		
	FEC ID number of contributing			Amount of Each Receipt this Period		
	federal political committee.	С		20.84		
	Name of Employer (for Individual)	0.00	unation (for Individual)	Memo Item		
	Name of Employer (for Individual) LHSIC		upation (for Individual) rprise Info Mgmt	PR Ded		
	Receipt For: 2020	1	Year-to-Date V	-		
	Primary     General	55 - 5		1		
	Other (specify)		250.08	1		
s	UBTOTAL of Receipts This Page (optional)			62.52		
	,			-		

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

1.

FOR LINE NUMBER:

PAGE 7 OF

18

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
Any information copied from such Reports and or for commercial purposes, other than using t					
NAME OF COMMITTEE (In Full) Louisiana Health Service & Ind	demnity Co	ompany DBA Blue Cros	ss & Blue Shield of Louisiana PAC		
Full Name of Individual (Last, First, Middle I         A.       Faulk, Sheldon, , ,         Mailing Address 1618 St. Albans         City         Baton Rouge         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         LHSIC         Receipt For: 2020         X         Primary         General         Other (specify) ▼	State LA C Occ SVF	Zip Code 70810 upation (for Individual) P Governmental Affairs Year-to-Date ▼ 291.69	Date of Receipt 04 15 2020 Transaction ID : SA11AI.6624 Amount of Each Receipt this Period 41.67 Memo Item PR Ded		
B. Faulk, Sheldon, , , Mailing Address 1618 St. Albans					
City Baton Rouge FEC ID number of contributing federal political committee. Name of Employer (for Individual) LHSIC Receipt For: 2020 ▼ Primary General Other (specify) ▼	SVI	Zip Code 70810 upation (for Individual) P Governmental Affairs Year-to-Date ▼ 3333.36	Transaction ID : SA11AI.6654 Amount of Each Receipt this Period 41.67 Memo Item PR Ded		
C. Full Name of Individual (Last, First, Middle Faulk, Sheldon, , , Mailing Address 1618 St. Albans	State	Zip Code	Date of Receipt 05 / 15 / 2020 Transaction ID : SA11AI.6684		
Baton Rouge FEC ID number of contributing federal political committee. Name of Employer (for Individual) LHSIC Receipt For: 2020 Primary General Other (specify)	SVF	70810 upation (for Individual) 9 Governmental Affairs Year-to-Date ▼ 375.03	Amount of Each Receipt this Period 41.67 Memo Item PR Ded		
SUBTOTAL of Receipts This Page (optional).			125.01		

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FOR LINE NUMBER:

PAGE 8 OF

18

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(cneck only one) <b>X</b> 11a 11b 11c 12 13 14 15 16 17
				/ person for the purpose of soliciting contributions the to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Louisiana Health Service & Inde	mnity Co	ompany DBA Blue C	ross & Blue Shield of Louisiana PAC
A.	Full Name of Individual (Last, First, Middle Initi         Faulk, Sheldon, , ,         Mailing Address 1618 St. Albans         City         Baton Rouge         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         LHSIC         Receipt For: 2020         ✓         Other (specify) ▼	State LA C Occu SVF	Zip Code         70810         upation (for Individual)         P Governmental Affairs         Year-to-Date ▼	Date of Receipt 05 / 31 / 2020 Transaction ID : SA11AI.6714 Amount of Each Receipt this Period 41.67 Memo Item PR Ded
Β.	Full Name of Individual (Last, First, Middle Initi         Faulk, Sheldon, , ,         Mailing Address 1618 St. Albans         City         Baton Rouge         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         LHSIC         Receipt For: 2020         ✔         Primary       General         Other (specify) ▼	State LA C Occo SVF	Zip Code 70810 Zup All Code 70810 P Governmental Affairs Year-to-Date V 458.37	Date of Receipt
с.	Full Name of Individual (Last, First, Middle Initi         Faulk, Sheldon, , ,         Mailing Address 1618 St. Albans         City         Baton Rouge         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         LHSIC         Receipt For: 2020         X         Primary         General         Other (specify)	State LA C Occu SVP	Drganization Name Zip Code 70810 upation (for Individual) P Governmental Affairs Year-to-Date ▼ 500.04	Date of Receipt 06 30 2020 Transaction ID : SA11AI.6774 Amount of Each Receipt this Period 41.67 Memo Item PR Ded
	UBTOTAL of Receipts This Page (optional)			

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 OF 18		
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)           X         11a         11b         11c         12           13         14         15         16         17		
Any information copied from such Reports and or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)					
/	-		s & Blue Shield of Louisiana PAC		
A. Hochheiser, David, , , Mailing Address 218 E. Greens Drive	Initial) or Full C	organization Name	Date of Receipt		
City	State	Zip Code	04 15 2020 Transaction ID : SA11AI.6644		
Baton Rouge	LA	70810	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
Name of Employer (for Individual) LHSIC		upation (for Individual) P - Medical Economics	PR Ded		
Receipt For: 2020	Aggregate	Year-to-Date ▼ 350.00			
Full Name of Individual (Last, First, Middle B. Hochheiser, David, , ,	Initial) or Full C	Organization Name	Date of Receipt		
Mailing Address 218 E. Greens Drive			04 / D D / Y Y Y Y 2020		
City Baton Rouge	State LA	Zip Code 70810	Transaction ID : SA11AI.6674		
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
Name of Employer (for Individual) LHSIC		upation (for Individual) P - Medical Economics	PR Ded		
Receipt For: 2020	Aggregate	Year-to-Date V			
★   Primary   General     Other (specify)   ▼		400.00			
Full Name of Individual (Last, First, Middle C. Hochheiser, David, , ,	Initial) or Full C	organization Name	Date of Receipt		
Mailing Address 218 E. Greens Drive			05 / D D / Y Y Y Y Y 2020		
City Baton Rouge	State LA	Zip Code 70810	Transaction ID : SA11AI.6704 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		50.00		
Name of Employer (for Individual) LHSIC					
Receipt For: 2020 Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00			
SUBTOTAL of Receipts This Page (optional).		•••••	150.00		
TOTAL This Period (last page this line number	er only)				

FOR LINE NUMBER:

PAGE 10 OF

18

ITEMIZED RECEIPTS			f	for each category of the Detailed Summary Page	l `_	neck only one) ✗ 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and Sta for commercial purposes, other than using the r					for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Louisiana Health Service & Inder	mnity Co	m	pany DBA Blue Cros	s 8	Blue Shield of Louisiana PAC
Α.	Full Name of Individual (Last, First, Middle Initia Hochheiser, David, , , Mailing Address 218 E. Greens Drive		rgar			Date of Receipt
	City Baton Rouge	State LA		Zip Code 70810		Transaction ID : SA11AI.6734 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С				
	Name of Employer (for Individual)		•	tion (for Individual)		Memo Item
	LHSIC Receipt For: 2020			Iedical Economics		PR Ded
	★     Primary     General       Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 500.00		
B.	Full Name of Individual (Last, First, Middle Initia Hochheiser, David, , ,	al) or Full Or	rgai	nization Name		Date of Receipt
	Mailing Address 218 E. Greens Drive					06 / 15 / Y Y Y Y 2020
	City Baton Rouge	State LA		Zip Code 70810		Transaction ID : SA11AI.6764
	FEC ID number of contributing federal political committee.	C				Amount of Each Receipt this Period 50.00
	Name of Employer (for Individual) LHSIC	Occupation (for Individual) CVP - Medical Economics				PR Ded
	Receipt For: 2020 ✓ Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00				
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Hochheiser, David, , ,	al) or Full Or	rgai	nization Name		Date of Receipt
	Mailing Address 218 E. Greens Drive					M M / D D / Y Y Y Y 06 30 2020
	City Baton Rouge	State LA		Zip Code 70810		Transaction ID : SA11AI.6794 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.					
				tion (for Individual) Iedical Economics		PR Ded
	Receipt For:       2020         Y       Primary       General         Other (specify)       Other (specify)	Aggregate Year-to-Date ▼ 600.00				
s	UBTOTAL of Receipts This Page (optional)			•		150.00
т	OTAL This Period (last page this line number or	nly)				

SCHEDULE A (FEC Form 3X	)	Lleo concrete cohedule(a)	FOR LINE NUMBER: PAGE 11 OF 18	
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)           X         11a         11b         11c         12           13         14         15         16         17	
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and a	ddress of any political committee		
			ss & Blue Shield of Louisiana PAC	
Full Name of Individual (Last, First, Middle Initial) or Full         A.       Keller, Brian, , ,         Mailing Address 1068 Cyril Ave.		rganization Name	Date of Receipt	
City	State	Zip Code	04 15 2020 Transaction ID : SA11AI.6628	
Baton Rouge FEC ID number of contributing federal political committee.	C	70806	Amount of Each Receipt this Period 41.67	
Name of Employer (for Individual)	Occ	upation (for Individual) 2 & Chief Marketing Officer	Memo Item	
Receipt For: 2020		Year-to-Date ▼ 291.69		
B. Keller, Brian, , , Mailing Address 1068 Cyril Ave.				
City	State	Zip Code	04 30 2020 Transaction ID : SA11AI.6658	
Baton Rouge FEC ID number of contributing federal political committee.	C	70806	Amount of Each Receipt this Period 41.67	
Name of Employer (for Individual) LHSIC		upation (for Individual) P & Chief Marketing Officer	Memo Item PR Ded	
Receipt For: 2020 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.36		
<b>c.</b> Keller, Brian, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name . Keller, Brian, , ,			
Mailing Address 1068 Cyril Ave.			05 / 15 / 2020 Transaction ID : SA11AI.6688	
Baton Rouge FEC ID number of contributing	LA	70806	Amount of Each Receipt this Period	
federal political committee.	C	upation (for Individual)	41.67 Memo Item	
LHSIC         Receipt For:       2020         X       Primary         Other       (specify)	SVF	2 & Chief Marketing Officer Year-to-Date ▼ 375.03	PR Ded	
SUBTOTAL of Receipts This Page (optional)		•	125.01	
TOTAL This Period (last page this line numb	er only)			

SCHEDULE A (FEC Form 3X	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 OF 18
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)           X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and a	ddress of any political committee	
			ss & Blue Shield of Louisiana PAC
<ul> <li>Full Name of Individual (Last, First, Middle Initial) or Full</li> <li>Keller, Brian, , ,</li> <li>Mailing Address 1068 Cyril Ave.</li> </ul>		organization Name	Date of Receipt
City Baton Rouge	State LA	Zip Code 70806	05 31 2020 Transaction ID : SA11AI.6718
FEC ID number of contributing federal political committee.	C	70600	Amount of Each Receipt this Period 41.67
Name of Employer (for Individual) LHSIC		upation (for Individual) P & Chief Marketing Officer	Memo Item PR Ded
Receipt For: 2020	Aggregate	Year-to-Date ▼ 416.70	
B. Keller, Brian, , , Mailing Address 1068 Cyril Ave.	Initial) or Full C	organization Name	Date of Receipt
	Chata	Zie Oede	06 / 15 / 2020
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : SA11AI.6748           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer (for Individual) LHSIC		upation (for Individual) P & Chief Marketing Officer	PR Ded
Receipt For: 2020	Aggregate	Year-to-Date ▼ 458.37	
Full Name of Individual (Last, First, Middle <b>C.</b> Keller, Brian, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 1068 Cyril Ave.			
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : SA11AI.6778           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer (for Individual) LHSIC Receipt For: 2020	SVF	upation (for Individual) <sup>9</sup> & Chief Marketing Officer	PR Ded
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.04	
SUBTOTAL of Receipts This Page (optional)		••••••	125.01
TOTAL This Period (last page this line numb	er only)		

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Louisiana Health Service & Inde	emnity Company DBA Blue Cro	ss & Blue Shield of Louisiana PAC
Full Name of Individual (Last, First, Middle Ini         A.       Langlois, Darrell, , ,         Mailing Address 42037 Bang Ficklin Road         City         Prairieville         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         LHSIC         Receipt For: 2020         ✔         Primary         General         Other (specify) ▼	itial) or Full Organization Name          State       Zip Code         LA       70769         C       Occupation (for Individual)         Business Dev & Strategy         Aggregate Year-to-Date ▼         294.00	Date of Receipt
Full Name of Individual (Last, First, Middle Ini         B. Langlois, Darrell, , ,         Mailing Address 42037 Bang Ficklin Road         City         Prairieville         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         LHSIC         Receipt For: 2020         X         Primary         General         Other (specify) ▼	itial) or Full Organization Name          State       Zip Code         LA       70769         C       Occupation (for Individual)         Business Dev & Strategy         Aggregate Year-to-Date ▼         336.00	Date of Receipt 04 ' 30 ' 2020 Transaction ID : SA11AL.6660 Amount of Each Receipt this Period 42.00 Memo Item PR Ded
Full Name of Individual (Last, First, Middle Ini         C.       Langlois, Darrell, , ,         Mailing Address 42037 Bang Ficklin Road         City         Prairieville         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         LHSIC         Receipt For: 2020         X         Primary         General         Other (specify)	itial) or Full Organization Name          State       Zip Code         LA       70769         C       Occupation (for Individual)         Business Dev & Strategy         Aggregate Year-to-Date ▼         378.00	Date of Receipt 05 / 15 / 2020 Transaction ID : SA11AI.6690 Amount of Each Receipt this Period 42.00 Memo Item PR Ded
SUBTOTAL of Receipts This Page (optional)		126.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)       Image: 11 a model       12 model       13 model       15 model       16 model       17 model
Any information copied from such Reports and Sta or for commercial purposes, other than using the		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Louisiana Health Service & Inder	mnity Company DBA Blue Cros	s & Blue Shield of Louisiana PAC
Full Name of Individual (Last, First, Middle Initia         A.       Langlois, Darrell, , , ,         Mailing Address 42037 Bang Ficklin Road         City         Prairieville         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         LHSIC         Receipt For: 2020         ▼ Primary         General         Other (specify) ▼	al) or Full Organization Name          State       Zip Code         LA       70769         C       Occupation (for Individual)         Business Dev & Strategy         Aggregate Year-to-Date ▼	Date of Receipt 05 / 31 / 2020 Transaction ID : SA11AI.6720 Amount of Each Receipt this Period 42.00 Memo Item PR Ded
Full Name of Individual (Last, First, Middle Initial         B.       Langlois, Darrell, , ,         Mailing Address 42037 Bang Ficklin Road         City         Prairieville         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         LHSIC         Receipt For: 2020         ✔         Primary         General         Other (specify) ♥	al) or Full Organization Name          State       Zip Code         LA       70769         C       Occupation (for Individual)         Business Dev & Strategy         Aggregate Year-to-Date ▼	Date of Receipt
Full Name of Individual (Last, First, Middle Initia         C. Langlois, Darrell, , ,         Mailing Address 42037 Bang Ficklin Road         City         Prairieville         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         LHSIC         Receipt For: 2020         X         Primary         General         Other (specify)	al) or Full Organization Name          State       Zip Code         LA       70769         C       Occupation (for Individual)         Business Dev & Strategy         Aggregate Year-to-Date ▼	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		126.00

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 OF 18	
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)         X       11a         11b       11c         12         13       14         15       16         17	
Any information copied from such Reports and or for commercial purposes, other than using th				
NAME OF COMMITTEE (In Full) Louisiana Health Service & Inc	lemnity Co	ompany DBA Blue Cro	ss & Blue Shield of Louisiana PAC	
Full Name of Individual (Last, First, Middle Ii Mayo, Tamara, , ,	nitial) or Full C	organization Name	Date of Receipt	
Mailing Address 3235 Grand Way Avenue	05 31 Y Y Y Y Y 2020			
City Baton Rouge	State LA	Zip Code 70810	Transaction ID : SA11AI.6736 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		20.84	
Name of Employer (for Individual)		upation (for Individual)	Memo Item	
LHSIC Receipt For: 2020	VP - Provider Reimb & Audit		PR Ded	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40		1	
Full Name of Individual (Last, First, Middle II B. Mayo, Tamara, , ,	nitial) or Full C	organization Name	Data of Dessist	
Mailing Address 3235 Grand Way Avenue			Date of Receipt	
City	State	Zip Code	06 15 2020	
Baton Rouge	LA	70810	Transaction ID : SA11AI.6766 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		20.84	
Name of Employer (for Individual) LHSIC		upation (for Individual) - Provider Reimb & Audit	PR Ded	
Receipt For: 2020	Aggregate	Year-to-Date ▼ 229.24	]	
Full Name of Individual (Last, First, Middle In C. Mayo, Tamara, , ,	nitial) or Full C	organization Name	Date of Receipt	
Mailing Address 3235 Grand Way Avenue	ailing Address 3235 Grand Way Avenue			
City Baton Rouge	State LA	Zip Code 70810	Transaction ID : SA11AI.6796 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	20.84			
Name of Employer (for Individual) LHSIC		upation (for Individual) Provider Reimb & Audit	PR Ded	
Receipt For: 2020 Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.08	]	
SUBTOTAL of Receipts This Page (optional)			62.52	

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) <b>X</b> 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Louisiana Health Service & Ind	demnity Co	ompany DBA Blue Cro	ss & Blue Shield of Louisiana PAC
Full Name of Individual (Last, First, Middle I         Richert, Thomas, , ,         Mailing Address 4701 Transcontinental Drive         City         Metairie         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         LHSIC         Receipt For: 2020         X         Primary         General         Other (specify) ▼	State LA C Occ Bus	Zip Code 70006 upation (for Individual) iness to Consumer Year-to-Date ▼ 225.00	Date of Receipt
Full Name of Individual (Last, First, Middle I         B. Richert, Thomas, , ,         Mailing Address 4701 Transcontinental Drive         City         Metairie         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         LHSIC         Receipt For: 2020         Y         Primary         General         Other (specify) ▼	State LA C Occ Bus	Zip Code 70006 2006 2006 2006 2006 2006 2006 200	Date of Receipt
Full Name of Individual (Last, First, Middle I         C.       Richert, Thomas, , ,         Mailing Address 4701 Transcontinental Drive         City         Metairie         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         LHSIC         Receipt For: 2020         X         Primary         General         Other (specify)	State LA C Occ Bus	Drganization Name         Zip Code         70006         upation (for Individual)         iness to Consumer         Year-to-Date ▼         275.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			75.00

FEC Schedule A (Form 3X) Rev. 06/2016

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only one)           X         11a         11b         11c         12           13         14         15         16         17		
	y information copied from such Reports and St for commercial purposes, other than using the					
	NAME OF COMMITTEE (In Full) Louisiana Health Service & Inde	mnity Co	mpany DBA Blue Cros	ss & Blue Shield of Louisiana PAC		
Full Name of Individual (Last, First, Middle Initial) or Full A. Richert, Thomas, , , Mailing Address 4701 Transcontinental Drive			rganization Name	Date of Receipt 06 30 2020		
	City Metairie	State LA	Zip Code 70006	Transaction ID : SA11AI.6795		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer (for Individual)	Occi	pation (for Individual)	Memo Item		
	LHSIC	Busi	ness to Consumer	PR Ded		
	Receipt For: 2020	Aggregate	Year-to-Date ▼ 300.00			
_	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name	Date of Receipt		
в.	Simon, Lawrence, , , Mailing Address 106 Rimwood Avenue					
	City	State Zip Code		Transaction ID : SA11AI.6738		
	Lafayette	LA	70501	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		20.84		
	Name of Employer (for Individual) LHSIC		upation (for Individual) d Medical Director	PR Ded		
	Receipt For: 2020 ✓ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.40			
с.	Full Name of Individual (Last, First, Middle Initi Simon, Lawrence, , ,	al) or Full O	rganization Name	Date of Receipt		
	Mailing Address 106 Rimwood Avenue	06 / D D / Y Y Y Y 2020				
	City Lafavette	State LA	Zip Code 70501	Transaction ID : SA11AI.6768		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer (for Individual) LHSIC		ipation (for Individual) I Medical Director	PR Ded		
	Receipt For: 2020 Primary General Other (specify)	Aggregate	Year-to-Date ▼ 229.24			
s	UBTOTAL of Receipts This Page (optional)		•	66.68		
т	OTAL This Period (last page this line number of	only)	••••••			

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ITEMIZED RECEIPTS	3	for each category of the Detailed Summary Page	K     11a     11b     11c     12       13     14     15     16     17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Louisiana Health S	,	ompany DBA Blue Cros	ss & Blue Shield of Louisiana PAC
Full Name of Individual (Las         Simon, Lawrence, , ,         Mailing Address 106 Rimwo         City         Lafayette         FEC ID number of contributi         federal political committee.         Name of Employer (for Indiv         LHSIC         Receipt For: 2020         X         Primary         Gene         Other (specify) ▼	ng C Lea Aggregate	Zip Code 70501 upation (for Individual) d Medical Director Year-to-Date ▼ 250.08	Date of Receipt
B. Full Name of Individual (Las Mailing Address City	t, First, Middle Initial) or Full C	Prganization Name	Date of Receipt
FEC ID number of contributi federal political committee. Name of Employer (for Indix Receipt For: Primary Gene Other (specify) ▼	ridual) Occ Aggregate	upation (for Individual) Year-to-Date ▼	Amount of Each Receipt this Period
Full Name of Individual (Las Mailing Address City FEC ID number of contributi federal political committee.	t, First, Middle Initial) or Full C State	Zip Code	Date of Receipt
Name of Employer (for Indiv Receipt For: Primary Gene Other (specify)	Aggregate	upation (for Individual) Year-to-Date <b>V</b>	Memo Item
	Page (optional)		20.84
TOTAL This Period (last page	this line number only)	••••••	1339.60