

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2024 through [MM] / [DD] / [YYYY] 03 / 31 / 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 Camerlinck, Bryan, , ,

Signature of Treasurer Camerlinck, Bryan, , , Date [MM] / [DD] / [YYYY] 04 / 03 / 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

Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana 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		93705.65
(b) Cash on Hand at Beginning of Reporting Period.....	93705.65	
(c) Total Receipts (from Line 19)	5148.36	5148.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	98854.01	98854.01
7. Total Disbursements (from Line 31).....	3000.00	3000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	95854.01	95854.01
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

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

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

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).....	1984.66	1984.66
(ii) Unitemized	3163.70	3163.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5148.36	5148.36
(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)	5148.36	5148.36
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)).....▶	5148.36	5148.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5148.36	5148.36

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	3000.00
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)) ..	3000.00	3000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	3000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5148.36	5148.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5148.36	5148.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Enright, Sherri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7949 Settlers Circle
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) HR - SVP
 Receipt For: 2024
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2024
Transaction ID : SA11AI.10435
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction

B. Enright, Sherri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7949 Settlers Circle
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) HR - SVP
 Receipt For: 2024
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2024
Transaction ID : SA11AI.10473
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction

C. Enright, Sherri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7949 Settlers Circle
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) HR - SVP
 Receipt For: 2024
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2024
Transaction ID : SA11AI.10511
 Amount of Each Receipt this Period 0.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL 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 13
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Enright, Sherri, , ,			Date of Receipt
Mailing Address 7949 Settlers Circle			<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2024"/>
City Baton Rouge	State LA	Zip Code 70810	Transaction ID : SA11AI.10512
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) HR - SVP	<input type="checkbox"/> Memo Item Payroll Deduction
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Enright, Sherri, , ,			Date of Receipt
Mailing Address 7949 Settlers Circle			<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2024"/>
City Baton Rouge	State LA	Zip Code 70810	Transaction ID : SA11AI.10550
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) HR - SVP	<input type="checkbox"/> Memo Item Payroll Deduction
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Faulk, Sheldon, , ,			Date of Receipt
Mailing Address 1618 St. Albans			<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2024"/>
City Baton Rouge	State LA	Zip Code 70810	Transaction ID : SA11AI.10478
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="41.67"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) SVP Governmental Affairs	<input type="checkbox"/> Memo Item Payroll Deduction
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="208.35"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="241.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Faulk, Sheldon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1618 St. Albans
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP Governmental Affairs
 Receipt For: 2024
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 31 / 2024
Transaction ID : SA11Al.10517
 Amount of Each Receipt this Period 41.67
 Memo Item
 Payroll Deduction

B. Keller, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1068 Cyril Ave.
 City Baton Rouge State LA Zip Code 70806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer
 Receipt For: 2024
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 03 / 15 / 2024
Transaction ID : SA11Al.10482
 Amount of Each Receipt this Period 41.67
 Memo Item
 Payroll Deduction

C. Keller, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1068 Cyril Ave.
 City Baton Rouge State LA Zip Code 70806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP & Chief Marketing Officer
 Receipt For: 2024
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 31 / 2024
Transaction ID : SA11Al.10521
 Amount of Each Receipt this Period 41.67
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL 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 13
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Langlois, Darrell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42037 Bang Ficklin Road
 City Prairieville State LA Zip Code 70769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy
 Receipt For: 2024
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2024
Transaction ID : SA11AI.10484
 Amount of Each Receipt this Period 42.00
 Memo Item
 Payroll Deduction

B. Langlois, Darrell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42037 Bang Ficklin Road
 City Prairieville State LA Zip Code 70769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy
 Receipt For: 2024
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA11AI.10523
 Amount of Each Receipt this Period 42.00
 Memo Item
 Payroll Deduction

C. Richert, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 237 Ridgeway Drive
 City Metairie State LA Zip Code 70001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business to Consumer
 Receipt For: 2024
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2024
Transaction ID : SA11AI.10502
 Amount of Each Receipt this Period 42.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	126.00
TOTAL 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 13
<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Richert, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 237 Ridgeway Drive
 City Metairie State LA Zip Code 70001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business to Consumer
 Receipt For: 2024
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 31 / 2024
Transaction ID : SA11AI.10541
 Amount of Each Receipt this Period 42.00
 Memo Item
 Payroll Deduction

B. Udvarhelyi, I Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8020 Cypress Lake Drive
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CEO Administration
 Receipt For: 2024
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.33

Date of Receipt 01 / 15 / 2024
Transaction ID : SA11AI.10349
 Amount of Each Receipt this Period 208.33
 Memo Item
 Payroll Deduction

C. Udvarhelyi, I Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8020 Cypress Lake Drive
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CEO Administration
 Receipt For: 2024
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt 01 / 31 / 2024
Transaction ID : SA11AI.10387
 Amount of Each Receipt this Period 208.33
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	458.66
TOTAL 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 13
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Udvarhelyi, I Steven, , ,			Date of Receipt MM / DD / YYYY 02 / 15 / 2024 Transaction ID : SA11AI.10425
Mailing Address 8020 Cypress Lake Drive			Amount of Each Receipt this Period 208.33
City Baton Rouge	State LA	Zip Code 70809	<input type="checkbox"/> Memo Item Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 624.99	
Name of Employer (for Individual) LHSIC		Occupation (for Individual) CEO Administration	
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Udvarhelyi, I Steven, , ,			Date of Receipt MM / DD / YYYY 02 / 29 / 2024 Transaction ID : SA11AI.10463
Mailing Address 8020 Cypress Lake Drive			Amount of Each Receipt this Period 208.33
City Baton Rouge	State LA	Zip Code 70809	<input type="checkbox"/> Memo Item Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 833.32	
Name of Employer (for Individual) LHSIC		Occupation (for Individual) CEO Administration	
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Udvarhelyi, I Steven, , ,			Date of Receipt MM / DD / YYYY 03 / 15 / 2024 Transaction ID : SA11AI.10501
Mailing Address 8020 Cypress Lake Drive			Amount of Each Receipt this Period 208.33
City Baton Rouge	State LA	Zip Code 70809	<input type="checkbox"/> Memo Item Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1041.65	
Name of Employer (for Individual) LHSIC		Occupation (for Individual) CEO Administration	
Receipt For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....▶	624.99
TOTAL 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 13
<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Udvarhelyi, I Steven, , ,

Mailing Address 8020 Cypress Lake Drive

City Baton Rouge	State LA	Zip Code 70809
---------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) CEO Administration
--	---

Receipt For: 2024
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1249.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	31	/	2024

Transaction ID : SA11AI.10540

Amount of Each Receipt this Period
208.33

Memo Item
Payroll Deduction

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

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

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	208.33
TOTAL This Period (last page this line number only).....▶	1984.66

**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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. GARRET GRAVES VICTORY FUND

Mailing Address PO BOX 64845

City
BATON ROUGE

State
LA

Zip Code
70896

Purpose of Disbursement

Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: LA District: 06

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	2	4

FEC Identification Number

C00635565

Transaction ID : SB23.10552

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. JULIA LETLOW FOR CONGRESS

Mailing Address 905 JULIA ST

City
RAYVILLE

State
LA

Zip Code
71269

Purpose of Disbursement

Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2024
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	2	4

FEC Identification Number

C00766428

Transaction ID : SB23.10551

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Team Ronny

Mailing Address PO BOX 51522

City
AMARILLO

State
TX

Zip Code
79159

Purpose of Disbursement

contribution

Candidate Name

Team Ronny

Office Sought: House
 Senate
 President

State: TX District: 13

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C00754044

Transaction ID : SB23.10554

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item

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

3	0	0	0	0	0
---	---	---	---	---	---

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

3	0	0	0	0	0
---	---	---	---	---	---