

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) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 / 01 / 2022 through 06 / 30 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Camerlinck, Bryan, , ,

Type or Print Name of Treasurer

Signature of Treasurer Camerlinck, Bryan, , , [Electronically Filed] Date 07 / 12 / 2022

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)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>	<input type="text" value="68595.40"/>	<input type="text" value="68595.40"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="72920.80"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5022.90"/>	<input type="text" value="10348.30"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="77943.70"/>	<input type="text" value="78943.70"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1000.00"/>	<input type="text" value="2000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="76943.70"/>	<input type="text" value="76943.70"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

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).....	3044.66	4729.32
(ii) Unitemized	1978.24	5618.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5022.90	10348.30
(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)	5022.90	10348.30
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)).....▶	5022.90	10348.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5022.90	10348.30

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.....	1000.00	2000.00
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)) ..	1000.00	2000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	2000.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	5022.90	10348.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5022.90	10348.30
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: PAGE 6 OF 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Bourgeois, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19425 Creek Round Avenue
 City Baton Rouge State LA Zip Code 70817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022
Transaction ID : SA11AI.8717
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

B. Bourgeois, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19425 Creek Round Avenue
 City Baton Rouge State LA Zip Code 70817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2022
Transaction ID : SA11AI.8759
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

C. Bourgeois, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19425 Creek Round Avenue
 City Baton Rouge State LA Zip Code 70817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2022
Transaction ID : SA11AI.8801
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....▶ 62.52
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 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
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. Cross, Gregory, , ,			Date of Receipt MM / DD / YYYY 05 / 31 / 2022
Mailing Address 10603 Pinebrook Avenue			Transaction ID : SA11AI.8716
City Baton Rouge	State LA	Zip Code 70809	Amount of Each Receipt this Period 21.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item PR Ded
Name of Employer (for Individual) LHSIC		Occupation (for Individual) VP Sales	
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cross, Gregory, , ,			Date of Receipt MM / DD / YYYY 06 / 15 / 2022
Mailing Address 10603 Pinebrook Avenue			Transaction ID : SA11AI.8758
City Baton Rouge	State LA	Zip Code 70809	Amount of Each Receipt this Period 21.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item PR Ded
Name of Employer (for Individual) LHSIC		Occupation (for Individual) VP Sales	
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cross, Gregory, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2022
Mailing Address 10603 Pinebrook Avenue			Transaction ID : SA11AI.8800
City Baton Rouge	State LA	Zip Code 70809	Amount of Each Receipt this Period 21.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item PR Ded
Name of Employer (for Individual) LHSIC		Occupation (for Individual) VP Sales	
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 252.00		

SUBTOTAL of Receipts This Page (optional).....	63.00
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 8 OF 28
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2022
Transaction ID : SA11AI.8590
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

B. 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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2022
Transaction ID : SA11AI.8633
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

C. 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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2022
Transaction ID : SA11AI.8676
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

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 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022
Transaction ID : SA11AI.8718
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

B. 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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2022
Transaction ID : SA11AI.8760
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

C. 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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2022
Transaction ID : SA11AI.8802
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

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 10 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ford, Milam, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 226 West Woodstone Court

City Baton Rouge	State LA	Zip Code 70808
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Commercial Pharmacy
--	--

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2022

Transaction ID : SA11AI.8720

Amount of Each Receipt this Period
20.84

Memo Item
 PR Ded

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

Mailing Address 226 West Woodstone Court

City Baton Rouge	State LA	Zip Code 70808
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Commercial Pharmacy
--	--

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2022

Transaction ID : SA11AI.8762

Amount of Each Receipt this Period
20.84

Memo Item
 PR Ded

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

Mailing Address 226 West Woodstone Court

City Baton Rouge	State LA	Zip Code 70808
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Commercial Pharmacy
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Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2022

Transaction ID : SA11AI.8804

Amount of Each Receipt this Period
20.84

Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....▶	62.52
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 28
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
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. Guilbeau, Jason, , ,			Date of Receipt
Mailing Address 26322 West Meadow Drive			<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2022"/>
City Jackson	State LA	Zip Code 70748	Transaction ID : SA11AI.8752
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.84"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) IT ENTERPRISE INFRASTRUCTURE	<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="208.40"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Guilbeau, Jason, , ,			Date of Receipt
Mailing Address 26322 West Meadow Drive			<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2022"/>
City Jackson	State LA	Zip Code 70748	Transaction ID : SA11AI.8794
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.84"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) IT ENTERPRISE INFRASTRUCTURE	<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="229.24"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Guilbeau, Jason, , ,			Date of Receipt
Mailing Address 26322 West Meadow Drive			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2022"/>
City Jackson	State LA	Zip Code 70748	Transaction ID : SA11AI.8834
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.84"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) IT ENTERPRISE INFRASTRUCTURE	<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <input type="text" value="250.08"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="62.52"/>
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 12 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Harvey, Korey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 82877

City Baton Rouge	State LA	Zip Code 70884
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Legal General
--	--

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.40

Date of Receipt
05 / 31 / 2022
Transaction ID : SA11AI.8753

Amount of Each Receipt this Period
20.84

Memo Item
 PR Ded

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

Mailing Address PO Box 82877

City Baton Rouge	State LA	Zip Code 70884
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Legal General
--	--

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.24

Date of Receipt
06 / 15 / 2022
Transaction ID : SA11AI.8795

Amount of Each Receipt this Period
20.84

Memo Item
 PR Ded

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

Mailing Address PO Box 82877

City Baton Rouge	State LA	Zip Code 70884
---------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Legal General
--	--

Receipt For: 2022
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.08

Date of Receipt
06 / 30 / 2022
Transaction ID : SA11AI.8835

Amount of Each Receipt this Period
20.84

Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	62.52
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 13 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. 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: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2022

Transaction ID : SA11AI.8595

Amount of Each Receipt this Period
41.67

Memo Item
PR Ded

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: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2022

Transaction ID : SA11AI.8638

Amount of Each Receipt this Period
41.67

Memo Item
PR Ded

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: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2022

Transaction ID : SA11AI.8681

Amount of Each Receipt this Period
41.67

Memo Item
PR Ded

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 14 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. 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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022
Transaction ID : SA11AI.8723
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2022
Transaction ID : SA11AI.8765
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2022
Transaction ID : SA11AI.8807
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

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 15 OF 28
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
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. Kozik, Sue, , ,			Date of Receipt MM / DD / YYYY 04 / 15 / 2022
Mailing Address 5334 Everwood Run			Transaction ID : SA11AI.8625
City Sarasota	State FL	Zip Code 34235	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
Name of Employer (for Individual) LHSIC		Occupation (for Individual) EXEC- INFO TECHNOLOGY	
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Langlois, Darrell, , ,			Date of Receipt MM / DD / YYYY 04 / 15 / 2022
Mailing Address 42037 Bang Ficklin Road			Transaction ID : SA11AI.8597
City Prairieville	State LA	Zip Code 70769	Amount of Each Receipt this Period 42.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Business Dev & Strategy	
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Langlois, Darrell, , ,			Date of Receipt MM / DD / YYYY 04 / 30 / 2022
Mailing Address 42037 Bang Ficklin Road			Transaction ID : SA11AI.8640
City Prairieville	State LA	Zip Code 70769	Amount of Each Receipt this Period 42.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
Name of Employer (for Individual) LHSIC		Occupation (for Individual) Business Dev & Strategy	
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 336.00		

SUBTOTAL of Receipts This Page (optional).....▶	134.00
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 16 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2022
Transaction ID : SA11AI.8683
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022
Transaction ID : SA11AI.8725
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

C. 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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2022
Transaction ID : SA11AI.8767
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

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 17 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 06 / 30 / 2022
Transaction ID : SA11AI.8809
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

B. Mayo, Tamara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3235 Grand Way Avenue
 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) VP - Provider Reimb & Audit
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt
 05 / 31 / 2022
Transaction ID : SA11AI.8749
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

C. Mayo, Tamara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3235 Grand Way Avenue
 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) VP - Provider Reimb & Audit
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 06 / 15 / 2022
Transaction ID : SA11AI.8791
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	83.68
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 18 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mayo, Tamara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3235 Grand Way Avenue
 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) VP - Provider Reimb & Audit
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2022
Transaction ID : SA11AI.8831
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

B. Michelli, Geoff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10457 Barry Dr.
 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) Security Architecture
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2022
Transaction ID : SA11AI.8783
 Amount of Each Receipt this Period 20.00
 Memo Item
 PR Ded

C. Michelli, Geoff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10457 Barry Dr.
 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) Security Architecture
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2022
Transaction ID : SA11AI.8824
 Amount of Each Receipt this Period 20.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	60.84
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 19 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mix, Becca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3027 Grand Route St. John St.
 City New Orleans State LA Zip Code 70119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Legal - Operations
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 05 / 15 / 2022
Transaction ID : SA11AI.8712
 Amount of Each Receipt this Period 25.00
 Memo Item
 PR Ded

B. Mix, Becca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3027 Grand Route St. John St.
 City New Orleans State LA Zip Code 70119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Legal - Operations
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 05 / 31 / 2022
Transaction ID : SA11AI.8754
 Amount of Each Receipt this Period 25.00
 Memo Item
 PR Ded

C. Mix, Becca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3027 Grand Route St. John St.
 City New Orleans State LA Zip Code 70119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Legal - Operations
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 06 / 15 / 2022
Transaction ID : SA11AI.8796
 Amount of Each Receipt this Period 25.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	75.00
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 20 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC

A. Mix, Becca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3027 Grand Route St. John St.
 City New Orleans State LA Zip Code 70119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Legal - Operations
 Receipt For: 2022
 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
 06 / 30 / 2022
Transaction ID : SA11AI.8836
 Amount of Each Receipt this Period 25.00
 Memo Item
 PR Ded

B. 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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2022
Transaction ID : SA11AI.8619
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2022
Transaction ID : SA11AI.8662
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	109.00
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 21 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2022
Transaction ID : SA11AI.8705
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

B. 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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2022
Transaction ID : SA11AI.8747
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2022
Transaction ID : SA11AI.8789
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

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 22 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
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: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2022

Transaction ID : SA11AI.8830

Amount of Each Receipt this Period
42.00

Memo Item
 PR Ded

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

Mailing Address 2247 Midway Road

City Slaughter	State LA	Zip Code 70777
-------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) SVP - Benefits Administration
--	--

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2022

Transaction ID : SA11AI.8728

Amount of Each Receipt this Period
20.84

Memo Item
 PR Ded

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

Mailing Address 2247 Midway Road

City Slaughter	State LA	Zip Code 70777
-------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) SVP - Benefits Administration
--	--

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2022

Transaction ID : SA11AI.8770

Amount of Each Receipt this Period
20.84

Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	83.68
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 23 OF 28
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Shepherd, Paula, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2247 Midway Road

City Slaughter	State LA	Zip Code 70777
-------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) SVP - Benefits Administration
--	--

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2022

Transaction ID : SA11AI.8812

Amount of Each Receipt this Period
20.84

Memo Item
 PR Ded

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

Mailing Address 106 Rimwood Avenue

City Lafayette	State LA	Zip Code 70501
-------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Lead Medical Director
--	--

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2022

Transaction ID : SA11AI.8750

Amount of Each Receipt this Period
20.84

Memo Item
 PR Ded

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

Mailing Address 106 Rimwood Avenue

City Lafayette	State LA	Zip Code 70501
-------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Lead Medical Director
--	--

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2022

Transaction ID : SA11AI.8792

Amount of Each Receipt this Period
20.84

Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	62.52
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 24 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Simon, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Rimwood Avenue
 City Lafayette State LA Zip Code 70501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Lead Medical Director
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2022
Transaction ID : SA11AI.8832
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

B. Udvarhelyi, I Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7623 Boyce 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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1458.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2022
Transaction ID : SA11AI.8618
 Amount of Each Receipt this Period 208.33
 Memo Item
 PR Ded

C. Udvarhelyi, I Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7623 Boyce 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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2022
Transaction ID : SA11AI.8661
 Amount of Each Receipt this Period 208.33
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	437.50
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 25 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Udvarhelyi, I Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7623 Boyce 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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1874.97

Date of Receipt 05 / 15 / 2022
Transaction ID : SA11AI.8704
 Amount of Each Receipt this Period 208.33
 Memo Item
 PR Ded

B. Udvarhelyi, I Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7623 Boyce 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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2083.30

Date of Receipt 05 / 31 / 2022
Transaction ID : SA11AI.8746
 Amount of Each Receipt this Period 208.33
 Memo Item
 PR Ded

C. Udvarhelyi, I Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7623 Boyce 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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2291.63

Date of Receipt 06 / 15 / 2022
Transaction ID : SA11AI.8788
 Amount of Each Receipt this Period 208.33
 Memo Item
 PR Ded

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 26 OF 28
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Udvarhelyi, I Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7623 Boyce 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: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 30 / 2022
Transaction ID : SA11AI.8829
 Amount of Each Receipt this Period 208.33
 Memo Item
 PR Ded

B. Wakefield, Cindy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 998 Stanford Ave.
 City Baton Rouge State LA Zip Code 70808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP - Corp Comm & Marketing
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 15 / 2022
Transaction ID : SA11AI.8709
 Amount of Each Receipt this Period 25.00
 Memo Item
 PR Ded

C. Wakefield, Cindy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 998 Stanford Ave.
 City Baton Rouge State LA Zip Code 70808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP - Corp Comm & Marketing
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2022
Transaction ID : SA11AI.8751
 Amount of Each Receipt this Period 25.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	258.33
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 27 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Wakefield, Cindy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 998 Stanford Ave.
 City Baton Rouge State LA Zip Code 70808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP - Corp Comm & Marketing
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2022
Transaction ID : SA11AI.8793
 Amount of Each Receipt this Period 25.00
 Memo Item
 PR Ded

B. Wakefield, Cindy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 998 Stanford Ave.
 City Baton Rouge State LA Zip Code 70808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP - Corp Comm & Marketing
 Receipt For: 2022
 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
 06 / 30 / 2022
Transaction ID : SA11AI.8833
 Amount of Each Receipt this Period 25.00
 Memo Item
 PR Ded

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 M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	3044.66

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

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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. JULIA LETLOW FOR CONGRESS

Mailing Address 905 JULIA ST

City
RAYVILLE

State
LA

Zip Code
71269

Purpose of Disbursement
Cash contribution

Candidate Name

JULIA LETLOW FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C C00766428

Transaction ID : SB23.8839

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

1000.00

1000.00