

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Stone, Robin, , ,
Type or Print Name of Treasurer


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


FEC Form 3X (Rev. 05/2016)

## Write or Type Committee Name <br> Blue Cross Blue Shield of Alabama PAC



| COLUMN A | COLUMN B |
| :--- | :---: |
| This Period | Calendar Year-to-Date |

6. (a) Cash on Hand January 1,

| Y-Y |
| :---: |
| 2018 |

(b) Cash on Hand at

Beginning of Reporting Period............



(d) Subtotal (add Lines 6(b) and

6(c) for Column A and Lines
6(a) and 6(c) for Column B) $\qquad$

183808.13
7. Total Disbursements (from Line 31) $\qquad$ $\square \rightarrow 65000.00$
8. Cash on Hand at Close of Reporting Period
(subtract Line 7 from Line 6(d)) $\qquad$

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D) $\qquad$
0.00
10. Debts and Obligations Owed BY the Committee (Itemize all on
Schedule C and/or Schedule D) $\qquad$
0.00
$x$
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

## Write or Type Committee Name

Blue Cross Blue Shield of Alabama PAC

11. Contributions (other than loans) From:
(a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A)............

|  |  | 5480.91 |
| :---: | :---: | :---: |
|  |  | 1.00 |
|  |  |  |
|  |  | 5481.91 |
|  |  | 0.00 |


|  |  |  |
| :---: | :---: | :---: |
|  |  | 59510.42 |
|  |  | 4558.20 |
|  | , | 64068.62 |
|  | , | 0.00 |

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)
$\square \quad 5481.91$

|  | 64068.62 |  |
| :---: | :---: | :---: |
|  |  | 0.00 |
|  |  | 0.00 |
|  |  | 0.00 |
|  |  | 0 |

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees. $\qquad$
17. Other Federal Receipts
(Dividends, Interest, etc.) $\qquad$
18. Transfers from Non-Federal and Levin Funds
(a) Non-Federal Account
(from Schedule H3)...........................
(b) Levin Funds (from Schedule H5) .........
(c) Total Transfers (add 18(a) and 18(b))..

|  | 0.00 |  |
| :--- | :--- | :--- |
|  | , | 0.00 |
|  | 0 | 0.00 |

19. Total Receipts (add Lines $11(\mathrm{~d})$,
$12,13,14,15,16,17$, and $18(\mathrm{c})) \ldots \ldots .$.


FEC Form 3X (Rev. 05/2016)

## II. Disbursements

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share $\qquad$
$\qquad$
(ii) Non-Federal Share. $\qquad$
(b) Other Federal Operating Expenditures $\qquad$
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))
22. Transfers to Affiliated/Other Party Committees.
23. Contributions to Federal Candidates/Committees and Other Political Committees
24. Independent Expenditures (use Schedule E)
25. Coordinated Party Expenditures
(52 U.S.C. § 30116(d))
(use Schedule F). $\qquad$
26. Loan Repayments Made $\qquad$
27. Loans Made
28. Refunds of Contributions To:
(a) Individuals/Persons Other

Than Political Committees $\qquad$
(b) Political Party Committees $\qquad$
(c) Other Political Committees (such as PACs).
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) $\qquad$
$\qquad$
29. Other Disbursements (Including Non-Federal Donations) $\qquad$
0.00

COLUMN B Calendar Year-to-Date

0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))
(a) Allocated Federal Election Activity (from Schedule H6)
$\qquad$
(ii) "Levin" Share.
(b) Federal Election Activity Paid Entirely With Federal Funds $\qquad$
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))..


31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..
0.00
65000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31). $\qquad$
$\square$
65000.00

Page 5
FEC Form 3X (Rev. 05/2016)
III. Net Contributions/

COLUMN B Calendar Year-to-Date

| COLUMN A Total This Period |
| :---: |
| $5481.91$ |
| $0.00$ |
| $5481.91$ |
| $0,0.00$ |
| $0.00$ |
| $0.00$ |


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

## 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 21 (check only one)


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

NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Echols, Molly, B, ,

Mailing Address 2 North Jackson St

| Mailing Address 2 North Jackson St |  |  |
| :---: | :---: | :---: |
| City <br> Montgomery | State <br> AL | $\begin{array}{\|c\|} \hline \text { Zip Code } \\ 36104 \end{array}$ |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |  |
| Name of Employer (for Individual) BCBS of AL |  | ion (for Individual) Internal Audit |
|  | Aggrega | r-to-Date <br> 353.32 |

Date of Receipt


Transaction ID : PR122928038697
Amount of Each Receipt this Period


Memo Item

P/R Deduction (\$16.06 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Velezis, Michael, J., ,

Mailing Address 450 Riverchase Parkway East

| City <br> Birmingham | State AL | Zip Code $35244$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS AL | Occupation (for Individual) VP Legal Services |  |
|  | Aggrega |  |

Date of Receipt


Transaction ID: PR125562738697
Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$208.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Jarrett, Angela, D, ,

Mailing Address 2 North Jackson Street Suite 202

| City <br> Montgomery | State <br> AL | Zip Code <br> 36104 |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| BLUPAC | Occupation (for Individual) <br> Receipt For: <br> Primary Claims \& Benefit Admin <br> Other (specify) |  |

## Date of Receipt



Transaction ID : PR130963538697
Amount of Each Receipt this Period

$\square$ Memo Item

P/R Deduction (\$208.33 Monthly)

| SUBTOTAL of Receipts This Page (optional)............................................................... | $432.72$ |
| :---: | :---: |
| 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: PAGE 7 OF 21 (check only one)


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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Weaver, Darrel, Craig,,

Mailing Address 450 Riverchase Parkway East

| Mailing Address 450 Riverchase Parkway East |  |  |
| :---: | :---: | :---: |
| City <br> Birmingham | State <br> AL | $\begin{gathered} \text { Zip Code } \\ 35244 \end{gathered}$ |
| FEC ID number of contributing federal political committee. $\square$ |  |  |
| Name of Employer (for Individual) BLUPAC | Occupation (for Individual) VP Healthcare Networks Svcs |  |
|  | Aggrega | r-to-Date <br> 2083.30 |

Date of Receipt


Transaction ID : PR132319638697
Amount of Each Receipt this Period


Memo Item

P/R Deduction (\$208.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Keown, Kipp, D, ,

Mailing Address 450 Riverchase Parkway East

| City <br> Birmingham | State <br> AL | Zip Code <br> 35244 |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> BLUPAC | Occupation (for Individual) <br> VP Marketing |  |
| Receipt For:  <br> $\square$ Primary <br> $\square$ Other (specify) $\mathbf{V}$ | Aggregate Year-to-Date $\mathbf{V}$ |  |

Date of Receipt


Transaction ID: PR132319738697
Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$208.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Loftin, Clay, James, ,

Mailing Address 450 Riverchase Parkway East

| City Birmingham | State AL | Zip Code 35244 |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. |  |  |
| Name of Employer (for Individual) BCBS | Occupation (for Individual) Governmental Affairs Mgr |  |
|  | Aggreg | r-to-Date $325.00$ |

## Date of Receipt



Transaction ID : PR150458938697
Amount of Each Receipt this Period

$\square$ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)


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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 21 (check only one)


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nAME OF COMMItTEE (In Full)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Orr, Robert, R, ,

Mailing Address 1905 Balfour Dr

| Mailing Address 1905 Balfour Dr |  |
| :---: | :---: |
| City <br> Birmingham | State Zip Code <br> AL $35216-2703$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) VP Customer Service |
|  | Aggregate Year-to-Date |

Date of Receipt


Transaction ID : PR78822938697
Amount of Each Receipt this Period


Memo Item

P/R Deduction (\$208.33 Monthly)

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

Mailing Address 717 Savannah PI

| City <br> Birmingham | State <br> AL | Zip Code <br> $35226-3262$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. |  |  |
| Name of Employer (for Individual) <br> BCBS Alabama |  |  |
| Receipt For: <br> $\square$ <br> Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : PR78823038697
Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$208.33 Monthly)

## Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barth, John, Walter, ,

Mailing Address 212 Erwin Cir

| City Birmingham | State <br> AL | Zip Code 35216-1718 |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) Dept Mgr Cust Serv |  |
| Receipt For: Primary General Other (specify) | Aggrega | r-to-Date $298.54$ |


| SUBTOTAL of Receipts This Page (optional)............................................................... | $430.23$ |
| :---: | :---: |
| 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: PAGE 9 OF 21 (check only one)


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

NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 703 Morris Blvd |  |  |
| :---: | :---: | :---: |
| City Birmingham | State <br> AL | $\begin{aligned} & \hline \text { Zip Code } \\ & 35209-6223 \end{aligned}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) <br> Application Dev Manager |  |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date $\boldsymbol{V}$ | -to-Date $340.12$ |

Date of Receipt

| ${ }^{\text {M }} 11$ | D 26 | $2018$ |
| :---: | :---: | :---: |

Transaction ID : PR78825438697
Amount of Each Receipt this Period


Memo Item

P/R Deduction (\$15.46 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Bonner, Laura, H,

Mailing Address 226 Cambo Ter

| City <br> Birmingham | State <br> AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35226-1078 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) gr Enrollment Services |
| $\begin{aligned} & \text { Receipt For: } \\ & \square \text { Primary } \quad \square \text { General } \\ & \square \text { Other (specify) } \end{aligned}$ | Aggrega | 440:00 |

Date of Receipt


Transaction ID : PR78825538697
Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Briggs, Dick, Dowling, ,

Mailing Address 4327 Kennesaw Dr

| City Birmingham | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35213-3311 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) <br> e Vice President |
|  | Aggrega |  |

Date of Receipt


Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$208.33 Monthly)

| SUBTOTAL of Receipts This Page (optional)................................................................ $\downarrow$ | $243.79$ |
| :---: | :---: |
| 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: PAGE 10 OF 21 (check only one)


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

## nAME OF COMMItTEE (In Full)

Blue Cross Blue Shield of Alabama PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Bruner, William, G, ,

Mailing Address 812 Hickory Trace Cir

| Mailing Address 812 Hickory Trace Cir |  |  |
| :---: | :---: | :---: |
| City <br> Birmingham | State AL | $\begin{aligned} & \hline \text { Zip Code } \\ & 35244-4545 \end{aligned}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) District Manager |  |
| Receipt For: Primary General Other (specify) | Aggreg | -to-Date $375.32$ |

Date of Receipt

| ${ }^{\text {M }} 11$ | 26 |  |
| :---: | :---: | :---: |

Transaction ID : PR78826038697
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Carden, Noel, W, ,

Mailing Address 5783 Cypress Trce

| City <br> Birmingham | State <br> AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35244-5481 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) VP and Chief Actuary |  |
| $\begin{aligned} & \text { Receipt For: } \\ & \square \text { Primary } \quad \square \text { General } \\ & \square \text { Other (specify) } \boldsymbol{\nabla} \end{aligned}$ | Aggregate Year-to-Date $\mathbf{V}$ | r-to-Date 2083.30 |

Date of Receipt


Transaction ID : PR78826338697
Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$208.33 Monthly)

## Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Council, Rebekah, Elgin, ,

Mailing Address 919 38th St S

| City Birmingham | State AL | Zip Code <br> $35222-3602$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) Chief Marketing Officer |
|  | Aggreg |  |


| SUBTOTAL of Receipts This Page (optional)............................................................... | $433.72$ |
| :---: | :---: |
| 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: PAGE 11 OF 21 (check only one)


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

NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. DeCroes, Charles, B, ,

Mailing Address 1392 Belmont Ln

| City <br> Helena | State <br> AL | Zip Code <br> $35080-4004$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) | Occupation (for Individual) <br> VP Technology Support |  |
| BCBS Alabama <br> Receipt For: <br> $\square$ Crimary $\square$ General <br> Other (specify) $\boldsymbol{V}$ | Aggregate Year-to-Date $\boldsymbol{V}$ |  |

Date of Receipt


Transaction ID : PR78827138697
Amount of Each Receipt this Period


Memo Item

P/R Deduction (\$208.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Dinsmore, William, A, ,

Mailing Address 1921 Forest Knoll Dr

| City <br> Birmingham | State <br> AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35244-1431 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) r Database Admin |
| $\begin{aligned} & \text { Receipt For: } \\ & \square \text { Primary } \quad \square \text { General } \\ & \square \text { Other (specify) } \end{aligned}$ | Aggrega | r-to-Date 330:00 |

Date of Receipt


Transaction ID : PR78827338697
Amount of Each Receipt this Period

Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Dunsmore, Joseph, Edward, ,

Mailing Address 4474 Heritage Park Dr

| City Birmingham | State <br> AL | Zip Code 35226-4171 |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) Deputy CIO |  |
|  | Aggreg | $2083.30$ |


| SUBTOTAL of Receipts This Page (optional)................................................................. | $431.66$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | 5 - |

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 21 (check only one)


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

NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Edwards, Brian, D, ,

Mailing Address 107 Eagle Cove Dr

| City <br> Pelham | State <br> AL | Zip Code <br> $35124-2223$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) | Occupation (for Individual) <br> BCBS Alabama | Aggregate Year-to-Date $\boldsymbol{\nabla}$ |
| Receipt For: |  |  |
| $\square$ Primary $\quad \square$ General |  |  |
| $\square$ Other (specify) $\boldsymbol{\nabla}$ |  |  |

Date of Receipt

P/R Deduction (\$208.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Hamlin, Elizabeth, A,

Mailing Address PO Box 361343

| City <br> Birmingham | State <br> AL | Zip Code <br> $35236-1343$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. |  |  |
| Name of Employer (for Individual) <br> BCBS Alabama |  |  |
| Receipt For: <br> $\square$ <br> Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : PR78828438697
Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$18.08 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Harrison, Harold, Wayne, ,

Mailing Address 1104 Walnut Cir

| City <br> Alabaster | State <br> AL | Zip Code <br> $35007-9300$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) | Occupation (for Individual) <br> Dept Mgr Health Care Networks |  |
| RCBS Alabama  <br> Receipt For:  <br> Primary <br> Other (specify) Aggregate Year-to-Date $\boldsymbol{\nabla}$ |  |  |

Date of Receipt


Amount of Each Receipt this Period

$\square$ Memo Item

P/R Deduction (\$16.89 Bi-Weekly)

| SUBTOTAL of Receipts This Page (optional)................................................................. | $243.30$ |
| :---: | :---: |
| 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: PAGE 13 OF 21 (check only one)


Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.
nAME OF COMMItTEE (In Full)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 304 fox valley highlands cr |  |  |
| :---: | :---: | :---: |
| City Maylene | State AL | $\begin{array}{\|c\|} \hline \text { Zip Code } \\ 35114 \end{array}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) VP Business Development |  |
|  | Aggreg | r-to-Date $2083.30$ |

Date of Receipt

| 11 | 26 | $2018$ |
| :---: | :---: | :---: |

Transaction ID : PR78829038697
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Ingrum, Jeffrey, A, ,

Mailing Address 4008 Charring Cross Ln

| City <br> Birmingham | State <br> AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35226-2092 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) SVP Health Care Networks |  |
|  | Aggregate Year-to-Date $\mathbf{V}$ | r-to-Date <br> 2083:30 |

Date of Receipt


Transaction ID : PR78829238697
Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$208.33 Monthly)

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

Mailing Address 2508 wilowbrook cr

| City Birmingham | State AL | $\begin{array}{\|c\|} \hline \text { Zip Code } \\ 35242 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) Consult Technical Adv |
|  | Aggrega | r-to-Date <br> 396.00 |


| SUBTOTAL of Receipts This Page (optional)................................................................ | $434.66$ |
| :---: | :---: |
| 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: PAGE 14 OF 21 (check only one)


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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Kenney, Brian, T, ,

Mailing Address 3874 Village Center Dr

| Mailing Address 3874 Village Center Dr |
| :--- |
| City <br> Birmingham |
| FEC ID number of contributing <br> federal political committee. |
| Name of Employer (for Individual) <br> AL |
| BCBS Alabama |
| Receipt For: <br> $\square$ <br> Primary $\quad \square$ <br> Other (specify) $\boldsymbol{\nabla}$ |

Date of Receipt


Transaction ID : PR78829738697
Amount of Each Receipt this Period


Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

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

Mailing Address 3484 Tamassee Ln

| City <br> Birmingham | State <br> AL | Zip Code <br> $35226-2671$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> BCBS Alabama |  |  |
| Receipt For:  <br> $\square$  <br> Primary <br> Other (specify) $\boldsymbol{\nabla}$ Occupation (for Individual) <br> Manager Claims Operations |  |  |

Date of Receipt


Transaction ID : PR78830638697
Amount of Each Receipt this Period

Memo Item

P/R Deduction (\$15.00 Bi-Weekly)


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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 21 (check only one)


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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Moor, John, Matthew, ,

Mailing Address 18 Montcrest Dr

| Mailing Address 18 Montcrest Dr |  |
| :---: | :---: |
| City <br> Birmingham | State Zip Code <br> AL $35213-3022$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) VP UTIC |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date |

Date of Receipt


Transaction ID : PR78831338697
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Morris, Joe, S, ,

Mailing Address 908 Lakeview Estates Dr

| City <br> Bessemer | State <br> AL | Zip Code <br> $35023-5810$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. |  |  |
| Name of Employer (for Individual) <br> BCBS Alabama |  |  |
| Receipt For: <br> $\square$ <br> Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : PR78831538697
Amount of Each Receipt this Period


## Memo Item

## P/R Deduction (\$18.76 Bi-Weekly)

## Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Morrissette, John, M, ,

Mailing Address 1515 Amherst Cir

| City Birmingham | State <br> AL | Zip Code 35216-1009 |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) Mgr Sales Sup/Nat'l Accts |  |
| Receipt For: Primary General Other (specify) | Aggreg | r-to-Date $550.00$ |

Date of Receipt


Amount of Each Receipt this Period

$\square$ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

| SUBTOTAL of Receipts This Page (optional)................................................................. | $252.09$ |
| :---: | :---: |
| 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: PAGE 16 OF 21 (check only one)


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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Mosko, Ashley, S, ,

Mailing Address 503 Olmsted St

| Mailing Address 503 Olmsted St |  |
| :---: | :---: |
| City Birmingham | State Zip Code <br> AL $35242-1825$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) VP Health Management |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date |

Date of Receipt


Transaction ID : PR78831738697
Amount of Each Receipt this Period


Memo Item

P/R Deduction (\$208.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Parton, Christopher, A, ,

Mailing Address 101 Creekwood Ln

| City | State | Zip Code |
| :---: | :---: | :---: |
| Helena | AL | 35080-3273 |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | tion (for Individual) Info Security/CISO |
| Receipt For: $\square$ Primary $\square$ General $\square$ Other (specify) $\boldsymbol{\nabla}$ | Aggrega |  |

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Patterson, Michael, L, ,

Mailing Address 1809 Lucinda Robey PI

| City <br> Birmingham | State <br> AL | Zip Code 35211-3872 |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. |  |  |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) Chief Legal Officer |
|  | Aggrega | r-to-Date <br> 2083.30 |


| SUBTOTAL of Receipts This Page (optional)................................................................. | $436.66$ |
| :---: | :---: |
| 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: PAGE 17 OF 21 (check only one)


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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Platt, David, E, ,

Mailing Address 3700 Montevallo Rd S

| Mailing Address 3700 Montevallo Rd S |  |
| :---: | :---: |
| City <br> Birmingham | State Zip Code <br> AL $35213-4208$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) VP Large Group Sales |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date $\square$ |

Date of Receipt


Transaction ID : PR78832138697
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Saxon, Vickie, L, ,

Mailing Address 4127 Heatherhedge Ln

| City <br> Birmingham | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35226-2095 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | tion (for Individual) nterprise Resources |
| $\begin{aligned} & \text { Receipt For: } \\ & \square \text { Primary } \quad \square \text { General } \\ & \square \text { Other (specify) } \boldsymbol{\nabla} \end{aligned}$ | Aggrega | r-to-Date 2083.30 |

Date of Receipt


Transaction ID : PR78832738697
Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$208.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Sellers, Spencer, H, ,

Mailing Address 5568 Surrey Ln

| City <br> Birmingham |
| :--- |
| FEC ID number of contributing <br> federal political committee. |
| AL |
| Name of Employer (for Individual) <br> BCBS Alabama |
| Receipt For: <br> $\square$ Primary $\quad \square$ General <br> Other (specify) |


| SUBTOTAL of Receipts This Page (optional)............................................................... | $426.66$ |
| :---: | :---: |
| 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: PAGE 18 OF 21 (check only one)


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## nAME OF COMMItTEE (In Full)

Blue Cross Blue Shield of Alabama PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Smith, Mary, C, ,

Mailing Address 5440 Magnolia Trce

| Mailing Address 5440 Magnolia Trce |  |
| :---: | :---: |
| City Birmingham | State Zip Code <br> AL $35244-4533$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) VP Treasury Operations |
|  | Aggregate Year-to-Date |

Date of Receipt


Transaction ID : PR78833238697
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Steed, Clay, T, ,

Mailing Address 334 Lennox Sq

| City <br> Fairhope | State <br> AL | Zip Code <br> $36532-7519$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) |  |  |
| BCBS Alabama |  |  | | Receipt For: |
| :--- |
| $\square$Primary $\quad \square$ General <br> Other (specify) $\boldsymbol{V}$ |

Date of Receipt


Transaction ID : PR78833338697
Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$14.07 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Stone, Joseph, Robin, ,

Mailing Address 3755 Everest Dr

| City Montgomery | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 36106-3336 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) ernmental Affairs |
| ```Receipt For:``` <br> ```Primary ``` <br> ```General ``` <br> ```Other (specify) ``` | Aggreg | r-to-Date <br> 1200.00 |

Date of Receipt


Amount of Each Receipt this Period

$\square$ Memo Item

P/R Deduction (\$120.00 Monthly)


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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 21 (check only one)


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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Vice, Cynthia, M, ,

Mailing Address 936 Beech Ln

| City Birmingham | $\begin{array}{\|l} \hline \text { State } \\ \text { AL } \end{array}$ | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35213-2024 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) SVP \& Chief Financial Officer |  |
|  | Aggrega | r-to-Date <br> 2083.30 |

Date of Receipt


Transaction ID : PR78834338697
Amount of Each Receipt this Period


Memo Item

P/R Deduction (\$208.33 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Walden, Joseph, Clay,

Mailing Address 14 Signal Hill Rd

| City | State | Zip Code |
| :---: | :---: | :---: |
| Spanish Fort | AL | 36527-3138 |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | tion (for Individual) Manager |
|  | Aggrega | $468,82$ |

Date of Receipt


Transaction ID : PR78834538697
Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$21.31 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Ward, Brandon, S, ,

Mailing Address 109 Coshatt Trl

| City Birmingham | State AL | Zip Code <br> $35244-2439$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) VP Business Services |  |
|  | Aggreg |  |


| SUBTOTAL of Receipts This Page (optional)............................................................... | $437.97$ |
| :---: | :---: |
| 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: PAGE 20 OF 21 (check only one)


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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Warren, Susan, M, ,

Mailing Address 2021 Chandapine Cir

| City Pelham | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35124-1430 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) <br> gr Corporate Strategy |
|  | Aggreg |  |

Date of Receipt

| ${ }^{\text {M }} 11$ | D 26 | Y- $Y$ r 2018 |
| :---: | :---: | :---: |

Transaction ID : PR78834738697
Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Watkins, James, M,

Mailing Address 1935 Red Oak Ln NE

| City <br> Arab | State <br> AL | Zip Code <br> $35016-5360$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> BCBS Alabama |  |  |
| Receipt For: <br> $\square$ <br> Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : PR78834838697
Amount of Each Receipt this Period


## Memo Item

P/R Deduction (\$19.05 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Williams, John, T, ,

## Mailing Address 8625 Anna PI

| City <br> Montgomery | State <br> AL | Zip Code <br> $36116-6693$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) | Occupation (for Individual) <br> Dir District \& Consumer Sales |  |
| BCBS Alabama  <br> Receipt For:  <br> Primary <br> Other (specify) Aggregate Year-to-Date $\boldsymbol{V}$ |  |  |

Date of Receipt


Amount of Each Receipt this Period

$\square$ Memo Item

P/R Deduction (\$13.76 Bi-Weekly)

| SUBTOTAL of Receipts This Page (optional)................................................................. | $51.73$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | 5 |

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 21 (check only one)


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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of Alabama PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

| Mailing Address 130 Hampton Drive |  |  |
| :---: | :---: | :---: |
| City Pelham | State <br> AL | $\begin{gathered} \text { Zip Code } \\ 352 \Delta 4 \end{gathered}$ |
| FEC ID number of contributing federal political committee. |  |  |
| Name of Employer (for Individual) BCBS AL | Occupation (for Individual) <br> SVP Business Operations |  |
|  | Aggreg | r-to-Date $2083.30$ |

Date of Receipt


Transaction ID : PR94042838697
Amount of Each Receipt this Period


Memo Item


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

## Mailing Address



Date of Receipt


## Amount of Each Receipt this Period



| SUBTOTAL of Receipts This Page (optional)................................................................. | $208.33$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only).................................................... | $5 \quad 5480.91$ |

