Only

08/15/2019 08:57

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Premera Blue Cross Political Action Committee/Premera PAC 7001 220th Street SW ADDRESS (number and street) MS 355 (Check if address is changed) Mountlake Terrace 98043 WA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS trgadson@comerica.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00409227 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Strannigan, Gary, , , Type or Print Name of Treasurer Strannigan, Gary, , , [Electronically Filed] 80 15 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form	1 (Revised 02/2009)	Page 2
TYPE OF COI		
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Comn	nittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political Act	ion Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundra	aising Representative:	
_	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	wo or more political
ш,	committees/organizations, at least one of which is an authorized committee of a federal candidate.	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Comm	ittees Participating in Joint Fundraiser	
1.	FEC ID number	
2. <u> </u>	FEC ID number	
3.		
4.		

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FEC Form 1 (Revised 0	2/2009)	Page 3
Write or Type Committee Name		
Premera Blue C	cross Political Action Committee/Premera Page 1970	4C
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Premera Blue Cross		
Mailing Address	7001 220th Street SW	
	MS 355	
	Mountainlake Terrace WA 98043	
	CITY STATE ZIF	CODE
Relationship: 🗶 Connected	Organization Affiliated Committee Joint Fundraising Representative Leade	rship PAC Sponsor
_		
Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in posses	ssion of committee
Bank, Com Full Name	ierica, , ,	
Mailing Address	PAC Services, MC #2250	
	PO Box 75000	
	Detroit MI 48275-2250	
Title or Position	CITY STATE ZIF	CODE
Book Keeper	Telephone number	1 7271
Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	and address of
Full Name Strannigan,	Gary, , ,	1
of Treasurer	7001 220th St SW, MS 355	
Mailing Address		
	Mountlake Terrace WA 198043	
		CODE
Title or Position Treasurer		

Telephone number

FEC Form	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	Soto, Heather, , ,		
Mailing Address	7001 220th Street SW		
	MS355		
	Mountainlake Terrace CITY	WA STATE	98043 ZIP CODE
Title or Position	Teleph	none number	
Banks or Other safety deposit bo Name of Bank, D	Depositories: List all banks or other depositories in which the tes or maintains funds. epository, etc. Comerica Bank	committee deposits fur	nds, holds accounts, rents
	PAC Service, MC 2250		
Mailing Address	P O Box 75000		
	Detroit	MI	48275
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			

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Form/Schedule: F1A Transaction ID:

Amending to remove Co-Treasurer

Form/Schedule: Transaction ID:

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

h). Joint Fundraisi i		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
The Political Action	on Cmte of BCBS Arizona Healthy Go	overnment Cmte	
Mailing Address	PO Box 13466		
	Phoenix	AZ	85002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Florida Health Po	olitical Action Committee		
	₁ PO Box 6936		
Mailing Address			
	Jacksonville	L FL	32202
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Joinfy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi r		FEC ID number	С
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2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spon
Hawaii Medical S	ervices Assn Empl Cmte for Quality	/ Healthcare	
Mailing Adduses	818 Keeaumoku		
Mailing Address			
	Honolulu	HI	96814
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		int Fundraising Represent	ative Leadership PAC S
	d Organization	int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		int Fundraising Represent	Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or many Name of Bank, Depository, etc. Mailing Address	ries: List all bank aintains funds.	ss or other depositories in w	Telephone Numbe		holds accounts, rents
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TITLE OR POSITION			Telephone Numbe	r	
TITLE OR POSITION		-			
	▼	CITY A	STATE		ZIP CODE ▲
					-
Mailing Address					
Designated Agent: Identif	y by name, addre	ss (phone number – optiona	.i)	1 1 1 1 1	
Connecte	d Organization	Affiliated Committee	Joint Fundraising Rep	resentative	Leadership PAC Spo
Relationship:		CITY A	STA	TE ▲	ZIP CODE ▲
	Washington			OC	003
maining / tadiooo					
Mailing Address	330 9th Street	SE		1 1 1 1 1	
Name of Any Connected	_	filiated Committee, Joint F	undraising Represe	ntative, or Lea	adership PAC Sponso
4.			FEC ID num	nber C	
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3.			FEC ID nun		
3.			FEC ID num		

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

h). Joint Fundraisi	ng i artioipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
Wellmark, Incorp	orated PAC, Well PAC		
	636 Grand Avenue		
Mailing Address			
	Station 13		
	Des Moines	IA	50309
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi	Affiliated Committee Join Join fy by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e or Leadership PAC Spon
	lue Shield of Kansas Employee PAC	• .	s, or loadstomp the open
Mailing Address	1133 Topeka Blvd		
	Topeka	KS KS	66629
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	EFundraising Representa	Leadership PAC S
		Fundraising Represent	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representation	Leadership PAC S
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esignated Agent: Identif	y by name, address (phone number – optional)	STATE	Leadership PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name _ _	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number City ▲ STATE ▲ ZIP CODE ▲ Telephone Number City ▲ STATE ▲ ZIP CODE ▲ Telephone Number City ▲ STATE ▲ ZIP CODE ▲ Telephone Number Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Title OR Positions: List all banks or other depositories in which the committee deposits funds, holds accounts, rensistley deposit boxes or maintains funds. Name of Bank, Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rensistley deposit boxes or maintains funds.	r(h). Joint Fundraisir	ng Participant:		
3.	1.		FEC ID number	С
A. FEC ID number C Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Spon BLUEPAC, Capital Blue Cross Mailing Address PO Box 60710 Elmenton Avenue Harrisburg PA 17106 Relationship: CITY	2		FEC ID number	C
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spon BLUEPAC, Capital Blue Cross Mailing Address PO Box 60710 Elmerton Avenue Harrisburg Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spon Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number – — — — — — — — — — — — — — — — — — —	3.		FEC ID number	C
BLUEPAC, Capital Blue Cross Mailing Address PO Box 60710 Elmerton Avenue Harrisburg PA 17106 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Si Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	4.		FEC ID number	C
Mailing Address PO Box 60710 Elmerton Avenue Harrisburg Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization X Affiliated Committee Joint Fundraising Representative Leadership PAC Si Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponso
Harrisburg Harrisburg Harrisburg PA 17106 ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number PA 17106 ZIP CODE ▲ Telephone Number	BLUEPAC, Capita	al Blue Cross		
Harrisburg Harrisburg Harrisburg PA 17106 ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number PA 17106 ZIP CODE ▲ Telephone Number				
Relationship: CITY A STATE A ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spantal Name Mailing Address CITY A STATE A ZIP CODE A TITLE OR POSITION CITY A STATE A ZIP CODE A Telephone Number Telephone Number Telephone Number Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rensafety deposit boxes or maintains funds. Name of Bank, Depository, etc.	Mailing Address	PO Box 60710 Elmerton Avenue		
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spanization Leadership PAC Spanization Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, reneafety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spantage Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — — — — — — — — — — — — — — — — — — —		Harrisburg	PA	17106
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Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ Telephone Number Telephone Number Telephone Number Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, reneafety deposit boxes or maintains funds. Name of Bank, Depository, etc.		y by name, address (phone number – optional)	
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number				
Telephone Number	Mailing Address			
Telephone Number				
Telephone Number				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rensafety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
Mailing Address	TITLE OR POSITION	CITY A	1	ZIP CODE A
	Banks or Other Depositorsafety deposit boxes or management	ories: List all banks or other depositories in wh	Telephone Number	
	Banks or Other Depositors safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in wh	Telephone Number	
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FEC Form 1S (Revised 02/2017)

g) or (h). Joint Fundraisi i	ng Participant:		
 1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
4.			
Name of Any Connected	l Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Sponsor
Highmark Health	PAC of Highmark Blue Cross Blue S	Shield	
Mailing Address	1800 Center Street		
	Camp Hill	PA	17011
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC Sponso
Full Name			
Mailing Address			
	1		
			1
TITLE OR POSITION	CITY ▲	STATE ▲	ZIP CODE ▲
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Banks or Other Depositor safety deposit boxes or m	ories: List all banks or other depositories in which aintains funds.	n the committee deposit	s funds, holds accounts, rents
Name of Bank, Depository, etc.			
Mailing Address			
		111111	
	CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
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3 .	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	or Leadership PAC Sponsor
<i>J</i> .		Cross Blue Shield Assn PAC	ising riepresentative	, or Ecadership I Ao oponsor
	Mailing Address	1310 G Street NW		
		Washington	DC	20005
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint I	Fundraising Representa	tive Leadership PAC Sponsor
3.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A		
3.	Full Name	CITY A	STATE A	
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3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A Tele ries: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
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FEC Form 1S (Revised 02/2017) for Lines 5(g)

n). Joint Fundraising			
1.		FEC ID number	C
2.		FEC ID number	C
3		FEC ID number	C
4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint Fund		e, or Leadership PAC Spor
Carefirst Associate	es Federal Political Action Committe	ee 	
Mailing Address	10455 Mill Run Circle		
	Owen Mills	MD MD	21117
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC S
	Organization Affiliated Committee Join by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identify		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name			Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mai	by name, address (phone number – optional) CITY CITY Ties: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or main ame of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY Ties: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mai	by name, address (phone number – optional) CITY CITY Ties: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or main ame of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY Ties: List all banks or other depositories in which	STATE A	ZIP CODE A

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

n). Joint Fundraisi n	g raiticipant.				
1.			F	FEC ID number	С
2			F	FEC ID number	C
3.			F	EC ID number	С
4.			F	FEC ID number	С
				ng Representativ	e, or Leadership PAC Spor
Health Care Corp	oration Political	Action Commi	ttee		
Mailing Address	330 East Randolpl	h St			
	Chicago				60601
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
		Affiliated Committee		draising Represent	ative Leadership PAC S
esignated Agent: Identify				draising Represent	ative Leadership PAC S
esignated Agent: Identify				draising Represent	ative Leadership PAC S
esignated Agent: Identify				draising Represent	ative Leadership PAC S
esignated Agent: Identify		(phone number — opt			ative Leadership PAC S
esignated Agent: Identify	by name, address ((phone number — opt	tional)		
esignated Agent: Identify Full Name	by name, address ((phone number — opt	tional)		
Full Name Mailing Address TITLE OR POSITION	v by name, address of the state	(phone number – opt	tional)	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	v by name, address of the state	(phone number – opt	tional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	v by name, address of the state	(phone number – opt	tional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or material depository, etc.	v by name, address of the state	(phone number – opt	tional)	STATE A	ZIP CODE A

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

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Federal CAREPA	AC - The Blue Cross Blue Shield of MA	A PAC	
Mailing Address	401 Park Drive		
Walling / lddreec			
	Boston	MA	02115
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC Sp
	fy by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

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

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	I Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Mailing Address	602 West Ionia		
	Lansing		48933
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	f. b		
	fy by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	CITY ▲ Ories: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	CITY ▲ Ories: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, pepository, etc.	CITY ▲ Ories: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, pepository, etc.	CITY ▲ Ories: List all banks or other depositories in which	Telephone Number	

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraisin	n Particinant		
J (9)	1. L L L L L L L L L		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundrai		, or Leadership PAC Sponsor
	Mailing Address	2301 Main		
		Kansas City	MO MO	64108
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint F	- undraising Representa	tive Leadership PAC Sponsor
3.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	CITY	STATE A	ZIP CODE A
3.	Full Name	CITY A		
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors safety deposit boxes or mail	CITY Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisir	g Participant:				
1.				FEC ID number	C
2.				FEC ID number	С
3.				FEC ID number	С
4.				FEC ID number	С
			oint Fundrais	sing Representativ	ve, or Leadership PAC Spor
Blue Cross and B	lue Shield of N	IE PAC			
	₁ 7261 Mercy Roa	d			
Mailing Address					
	Omaha			NE NE	68180
Relationship:		CITY A		STATE A	ZIP CODE A
Connecte	d Organization	Affiliated Committee	Joint Fr	indraising Represen	tative Leadership PAC S
Connecte	d Organization	Affiliated Committee	Joint Fu	undraising Represen	tative Leadership PAC S
		'		undraising Represen	tative Leadership PAC S
		'		undraising Represen	tative Leadership PAC S
esignated Agent: Identif		'		undraising Represen	tative Leadership PAC S
esignated Agent: Identif		'		undraising Represen	tative Leadership PAC S
esignated Agent: Identif	y by name, address	s (phone number – o			tative Leadership PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address	s (phone number – o	ptional)		
esignated Agent: Identif	y by name, address	s (phone number – o	ptional)		
esignated Agent: Identif Full Name	y by name, address	city A	ptional)	STATE A	
Full Name Mailing Address TITLE OR POSITION	y by name, address	city A	ptional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or ma	y by name, address	city A	ptional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or ma	y by name, address	city A	ptional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposit boxes or maintenance of Bank, epository, etc	y by name, address	city A	ptional)	STATE A	ZIP CODE A

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

1.		FEC ID number FEC ID number	C
2		FEC ID number	C
4.		FEC ID number	С
4.			
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Blue Cross and E	Blue Shield of NC Employees PAC		
	5901 Chapel Hill Road		
Mailing Address			
	Box2291		
	Durham	NC NC	27702
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee Joint Joint by by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identing Full Name	fy by name, address (phone number – optional) CITY		
esignated Agent: Identing Full Name Mailing Address	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identing Full Name Mailing Address	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

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

h). Joint Fundraisi r			l FEC. I	D number	C
1.				D number	
2.					C
3.			FEC I	D number	С
4.			FEC I	D number	C
ame of Any Connected	Organization, Affili	iated Committee, Joint	Fundraising Re	presentativ	e, or Leadership PAC Spon
Blue Shield of Ca	lifornia PAC				
Mailing Address	50 Beals Street				
	San Francisco			CA	94105
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
П.			T		
		Affiliated Committee	Joint Fundraisir	ng Represent	ative Leadership PAC S
esignated Agent: Identif				ng Represent	ative Leadership PAC S
esignated Agent: Identif				ng Represent	Leadership PAC S
esignated Agent: Identif				ng Represent	Leadership PAC S
esignated Agent: Identif				ng Represent	Leadership PAC S
esignated Agent: Identif	y by name, address		nal)	ng Represent	Leadership PAC S
esignated Agent: Identif	y by name, address	(phone number – optio	nal)	Represent	
esignated Agent: Identif Full Name Mailing Address	y by name, address	(phone number – optio	nal)	STATE A	
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address	(phone number – optio	nal) Telephone I	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or mail	y by name, address	(phone number – optio	nal) Telephone I	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address	(phone number – optio	nal) Telephone I	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions.	y by name, address	(phone number – optio	nal) Telephone I	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, address	(phone number – optio	nal) Telephone I	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi			
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fur	ndraising Representativ	ve, or Leadership PAC Spon
Mailing Address	2 North Jackson Street Ste 2		
	Montgomery	, , , , AL	36104
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		oint Fundraising Represen	tative Leadership PAC Sp
	d Organization Affiliated Committee Joy by name, address (phone number – optional)		tative Leadership PAC Sp
esignated Agent: Identif			tative Leadership PAC Sp
esignated Agent: Identif			tative Leadership PAC Sp
esignated Agent: Identif			tative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		tative Leadership PAC Sp
esignated Agent: Identii Full Name Mailing Address	y by name, address (phone number – optional)		
esignated Agent: Identification of Bank, identification in the property of the	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A
esignated Agent: Identification of Early deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name _ _ Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A
esignated Agent: Identification of Early deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A

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

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
IBC PAC Indepen	idence Blue Cross PAC		
	1901 Market Street		
Mailing Address	1561 Market Greet		
	Philidelphia	L PA	19103
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depositors, etc.	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundrais i	ng ransipana		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund		e, or Leadership PAC Spon
Blue Cross and E	Blue Shield of SC Federal Programs	PAC L. l.	
	Interstate 20 at Alpine Road		
Mailing Address	interstate 20 at Aprile Road		
	Columbia	SC	29219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC S
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi	ify by name, address (phone number – optional)		
esignated Agent: Identi	ify by name, address (phone number – optional)	STATE	
esignated Agent: Identi Full Name Mailing Address	ify by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	ify by name, address (phone number – optional)	STATE A	
Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or markets.	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or mame of Bank,	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit fety deposit boxes or mame of Bank,	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A