Only

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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) Guidewell Mutual Holding Corporation Political Action Committee (Guidewell PAC) 4800 Deerwood Campus Parkway ADDRESS (number and street) DC3-4 (Check if address is changed) Jacksonville 32246 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS craig.provenzano@bcbsfl.com (Check if address is changed) Optional Second E-Mail Address suzanne.horne@bcbsfl.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00161141 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. Provenzano, Craig, , , Type or Print Name of Treasurer Provenzano, Craig,,, [Electronically Filed] 04 16 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 F	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE te Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	ommittee: (National, State	Democratic,
(d)		Republican, etc.) Party.
Political	Action Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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 Fur	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Co	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

	FEC Form 1 (Revised 0	2/2009)	Page 3
V	/rite or Type Committee Name		<u> </u>
(Guidewell Mutual F	lolding Corporation Political Action Con	nmittee (Guidewell PAC)
6.		rganization, Affiliated Committee, Joint Fundraising Represen	· ,
G	uidewell Mutual Hold	ng Corporation	
	Mailing Address	4800 Deerwood Campus Parkway	
		DC3-4	
		Jacksonville FI	_ 32246
		CITY ST	ATE ZIP CODE
	Deletionship, M. Commande	Organization Affiliated Committee Digital Fundaming Description	Landarahin DAC Cranasa
	Relationship: X Connected	Organization Affiliated Committee Joint Fundraising Repr	resentative Leadership PAC Sponsor
'.	Custodian of Records: Iden books and records.	ify by name, address (phone number optional) and position of	f the person in possession of committee
	Horne, Suz	anne, , ,	1
		4800 Deerwood Campus Parkway	
	Mailing Address	DC3-4	
		Jacksonville	L , ,32246 , ,
	Title or Position	CITY STAT	TE ZIP CODE
	President	Telephone number	904 - 905 - 8720
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the comsistant treasurer).	mittee; and the name and address of
	Full Name Provenzand of Treasurer	, Craig, , ,	
	Mailing Address	4800 Deerwood Campus Parkway	
		DC3-4	
		Jacksonville F	
	Title or Position	CITY STAT	
	Treasurer	Telephone number	904 905 0440

FEC For	m 1 (Revised 02/2009)	Page 4
Full Name of Designated	1	
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1.1
	Telephone number	
Banks or Other	r Depositories: List all banks or other depositories in which the committee deposits funds, holds	s accounts, rents
Banks or Other safety deposit b Name of Bank,	oxes or maintains funds.	s accounts, rents
safety deposit b	oxes or maintains funds.	s accounts, rents
safety deposit b	Depository, etc. Bank of America P.O. Box 25118	
safety deposit b Name of Bank,	Depository, etc. Bank of America P.O. Box 25118	s accounts, rents
safety deposit b Name of Bank,	Depository, etc. Bank of America P.O. Box 25118	
safety deposit b Name of Bank,	Depository, etc. Bank of America P.O. Box 25118	
safety deposit b Name of Bank,	Depository, etc. Bank of America P.O. Box 25118 Tampa FL 33622-5 CITY STATE	1118
safety deposit b Name of Bank, Mailing Address	Depository, etc. Bank of America	in the state of th
safety deposit b Name of Bank, Mailing Address	Depository, etc. Bank of America P.O. Box 25118 Tampa FL 33622-5 CITY STATE	in the state of th
safety deposit b Name of Bank, Mailing Address	Depository, etc. Bank of America	in the state of th
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America	in the state of th
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America	in the state of th

FEC Form 1S (Revised 02/2017)

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
•	Organization, Affiliated Committee, Joint Fund ND BLUE SHIELD OF NEBRASKA I	• .	e, or Leadership PAC Spons
Mailing Address	7261 MERCY ROAD		
	PO BOX 3248		
	OMAHA	NE	68180
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identif	y by name, address (phone number - optional)		
Full Name	ry by name, address (phone number – optional)		
	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 A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A City A pries: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the second process of the second	CITY A City A pries: List all banks or other depositories in which	Telephone Number	

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

	g Participant:					
1.			FE	EC ID number	С	
2.			FE	EC ID number	С	
3.			FE	EC ID number	С	
4.			FE	EC ID number	С	
ame of Any Connected	Organization, Affi	iliated Committee, Joir	nt Fundraisinç	ı Representativ	/e, or Lead	ership PAC Spon
HAWAII MEDICA	L SERVICE A	ASSOCIATION EN	MPLOYEE	POLITICA	L ACTIO	N COMMITTI
	818 KEEAUMO	KU STREET				
Mailing Address						
	HONOLULU			HI	9681	⁴
Relationship:		CITY ▲		STATE A	<u>.</u>	ZIP CODE ▲
Connected	d Organization	Affiliated Committee	Joint Fund	aising Represen	tative	Leadership PAC Sp
esignated Agent: Identify	y by name, addres	s (phone number – opti	ional)			
esignated Agent: Identify	y by name, addres	s (phone number – opti	ional)			
	y by name, addres	s (phone number – opti	ional)			
Full Name	y by name, addres	s (phone number – opti	ional)			
Full Name			ional)			
Full Name				STATE A		ZIP CODE A
Full Name						
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	ries: List all banks	CITY A	Telepho	STATE ▲ ne Number		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or maintain the control of the control	ries: List all banks	CITY A	Telepho	STATE ▲ ne Number		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	ries: List all banks	CITY A	Telepho	STATE ▲ ne Number		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material deposition are of Bank,	ries: List all banks	CITY A	Telepho	STATE ▲ ne Number		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mail ame of Bank, epository, etc.	ries: List all banks	CITY A	Telepho	STATE ▲ ne Number		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mail ame of Bank, epository, etc.	ries: List all banks	CITY A	Telepho	STATE ▲ ne Number		ZIP CODE A

FEC Form 1S (Revised 02/2017)

or (h), 6, 8 and/or 9 Page $\frac{7}{22}$ of $\frac{22}{2}$

	ng Participant:				
1.			FEC ID	number	С
2.			FEC ID	number	С
3.			FEC ID	number	C
4.			FEC ID	number	C
			undraising Repre	esentative	, or Leadership PAC Spon
	BLUE CROS	SS PAC (IBC PAC)			
Mailing Address	1901 MARKET	STREET			
	PHILADELPHIA	\		PA	19103
Relationship:		CITY A		STATE A	ZIP CODE ▲
Connecte	ed Organization	Affiliated Committee	Joint Fundraising I	Representa	tive Leadership PAC Sp
Full Name					
Full Name	1				
Mailing Address					
Mailing Address		CITY A		TATE A	ZIP CODE A
				ATE A	
Mailing Address TITLE OR POSITION	J ▼	CITY A	ST Telephone Nur	ATE A	
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Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	J ▼	CITY A	ST Telephone Nur	ATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

	g Participant:			
1.		FEC II	0 number	С
2.		FEC II	O number	С
3.		FEC II	0 number	С
4.		FEC II) number	С
	Organization, Affiliated Committee, Joi	nt Fundraising Re	oresentativ	e, or Leadership PAC Spor
HIGHMARK PAC	OF HIGHMARK INC.			
Mailing Address	1800 Center Street			
	Camp Hill		PA	17089
Relationship:	CITY A		STATE ▲	ZIP CODE ▲
Connected	d Organization	Joint Fundraisin	g Represent	ative Leadership PAC S
Full Name	y by name, address (phone number – op	,		
Mailing Address				
Mailing Address				
Mailing Address				
Mailing Address TITLE OR POSITION	CITY A		STATE A	ZIP CODE A
	CITY A		STATE A	
TITLE OR POSITION	CITY ▲ ries: List all banks or other depositories	Telephone N	STATE A	ZIP CODE A
TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	CITY ▲ ries: List all banks or other depositories	Telephone N	STATE A	ZIP CODE A
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anks or Other Depositorafety deposit boxes or material depositions are of Bank, epository, etc.	CITY ▲ ries: List all banks or other depositories	Telephone N	STATE A	ZIP CODE A

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

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
BLUE CROSS A	ND BLUE SHIELD OF KANSAS CITY	FEDERAL PAC	
1			
Mailing Address	2301 MAIN STREET		
	KANSAS CITY	MO	64108
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
	ed Organization Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
		Fundraising Representa	Leadership PAC S
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esignated Agent: Identi		Fundraising Representa	Leadership PAC S
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esignated Agent: Identi	fy by name, address (phone number – optional) CITY	STATE A	
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FEC Form 1S (Revised 02/2017)

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e. or Leadership PAC Spon
-	ID BLUE SHIELD OF KANSAS, INC.	• .	
1			
Mailing Address	1133 SW TOPEKA BLVD		
	CC:855 - B3		
	TOPEKA	KS	66629
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC S
	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Ative Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY Te Ties: List all banks or other depositories in which the	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional) CITY Te Ties: List all banks or other depositories in which the	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional) CITY Te Ties: List all banks or other depositories in which the	STATE A lephone Number	ZIP CODE A
Full Name	by name, address (phone number – optional) CITY Te Ties: List all banks or other depositories in which the	STATE A lephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	nining Popresentative	o av Landavahin DAC Span
	UE SHIELD OF MICHIGAN PAC	aising nepresentative	e, or Leadership FAC Spon
Mailing Address	232 S. CAPITOL		
	MC L10A		
	LANSING	MI I	48933
Relationship:	CITY A	STATE A	ZIP CODE ▲
	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
Connected esignated Agent: Identify	Affiliated Committee Joint by pame, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
Connected		Fundraising Representa	ative Leadership PAC S
Connected esignated Agent: Identify		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which the	STATE A lephone Number	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which the	STATE A lephone Number	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which the	STATE A lephone Number	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which the	STATE A lephone Number	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.	by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which the	STATE A lephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). Joint Fundraising	g Participant:	
	1.		FEC ID number C
	2.		FEC ID number C
	3.		FEC ID number
	4.		FEC ID number C
	7.		
6.			raising Representative, or Leadership PAC Sponsor
	BLUE SHIELD OF	· CALIFORNIA	
	Mailing Address	50 BEALE STREET17-C356	
		SAN FRANCISCO	CA 94105
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint	Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
		1	
	TITLE OR POSITION	CITY ▲	STATE ▲ ZIP CODE ▲
		1	elephone Number
9.	Banks or Other Depositor safety deposit boxes or ma		the committee deposits funds, holds accounts, rents
	Name of Bank, Depository, etc.		
		1	
	Mailing Address		
	Mailing Address		
	Mailing Address		

FEC Form 1S (Revised 02/2017)

E/~\				
$\gamma(11)$	or(h). Joint Fundraisin	α Particinant·		
J(9)	1. L		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4.		1 20 15 Hambor	0
6.		Organization, Affiliated Committee, Joint Fundra		
	Mailing Address	PO BOX 60710		
		HARRISBURG	PA	17177
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization X Affiliated Committee Joint I	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Full Name			
	Full Name			
		CITY A	STATE A	ZIP CODE A
	Mailing Address	CITY A		ZIP CODE A
9.	Mailing Address TITLE OR POSITION	CITY A Tele ries: List all banks or other depositories in which the	STATE A	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A Tele ries: List all banks or other depositories in which the	STATE A	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank,	CITY A Tele ries: List all banks or other depositories in which the	STATE A	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A Tele ries: List all banks or other depositories in which the	STATE A	
Э.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A Tele ries: List all banks or other depositories in which the	STATE 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	C
3.		FEC ID number	С
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fun Shield of Alabama	ndraising Representation	re, or Leadership PAC Sponsor
Mailing Address	2 North Jackson St. Suite 202		
	Montgomery	AL	36104
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Designated Agent: Identi	fy by name, address (phone number – optional)		
Mailing Address			
Mailing Address	CITY A	STATE A	ZIP CODE A
	CITY A		
Mailing Address TITLE OR POSITION	CITY ▲ ories: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE 🛦
Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or many part of Bank,	CITY ▲ ories: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE 🛦

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). Joint Fundraisin	g Participant:		
(0)	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	T			
6.		Organization, Affiliated Committee, Joint Fundra ECROSS BLUESHIELD ASSOCIATI	= -	
	Mailing Address	10455 MILL RUN CIRCLE		
		OWINGS MILL	MD MD	21117
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	1 Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	Mailing Address	1		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
			lephone Number	
9.	Banks or Other Depositor	ries: List all banks or other depositories in which t	the committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.			<u>, , , , , , , , , , , , , , , , , , , </u>
	Name of Bank, Depository, etc.		1 1 1 1 1 1 1	<u> </u>
	Name of Bank,	intains funds.		
	Name of Bank, Depository, etc.	intains funds.		
	Name of Bank, Depository, etc.	intains funds.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisi	<u> </u>	FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
-	I Organization, Affiliated Committee, Joint Funda		
Mailing Address	P.O. BOX 13466		
	DIJOENIIV	^7	95003
	PHOENIX	AZ	85002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Joint	t Fundraising Representa	ative Leadership PAC Si
Connecte	ed Organization X Affiliated Committee Joint	t Fundraising Representa	ative Leadership PAC S
	Affiliated Committee Joint by by name, address (phone number – optional)	t Fundraising Representa	tive Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mail to the content of the conte	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	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 Telepries: List all banks or other depositories in which	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 Telepries: List all banks or other depositories in which	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 provided the second control of the se	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Janks or Other Deposite afety deposit boxes or make the proposition of the propo	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines 5(

Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc. Mailing Address	ries: List all bank	CITY A ks or other depositories in wh	STATE A Telephone Number	ZIP CODE ZIP CODE ts funds, holds accounts, rents
Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all bank		STATE ▲ Telephone Number	
Banks or Other Deposito safety deposit boxes or ma	ries: List all bank		STATE ▲ Telephone Number	
Banks or Other Deposito	ries: List all bank		STATE ▲ Telephone Number	
TITLE OR POSITION	▼	CITY A	STATE ▲	ZIP CODE A
TITLE OR POSITION	▼	CITY A	STATE ▲	ZIP CODE ▲
TITLE OF POOLTS		CITY A		ZIP CODE ▲
			1 1 1	
Mailing Address				
Full Name				
Designated Agent: Identify	y by name, addre	ess (phone number – optional)	
Connecte	d Organization	X Affiliated Committee	Joint Fundraising Represent	tative Leadership PAC Spons
Relationship:		CITY A	STATE A	
	MOUNTLAKE	TERRACE	ı ı WA ı	, 98043
Mailing Address	7001 220TH S	STREET SWMS 355		
PREMERA BLUE	CROSS PO	PLITICAL ACTION CC	MMITTEE/PREME	ERA PAC
Name of Any Connected	Organization, A	ffiliated Committee, Joint Fo	indraising Representativ	e, or Leadership PAC Sponsor
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ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
WELLMARK, INC	C. PAC (WELLPAC)		
	1331 GRAND AVENUESTA. 5W570		
Mailing Address			
	DECMOINES		50300
5	DES MOINES	IA I	50309
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC S
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•	d Organization, Affiliated Committee, Joint Fundra D BLUE SHIELD OF NORTH CAROLINA EN	• .	
BLUE CRUSS AND	D BLUE SHIELD OF NORTH CAROLINA EN	VIPLOTEE POLITI	CAL ACTION COMMITT
Mailing Address	P.O. Box 2291		
Mailing Address			
	Durham	, NC	27702
Relationship:			ZIP CODE ▲
neiationship.	CITY ▲	STATE ▲	ZIP CODE A
	ed Organization X Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundrais i	ng Participant:		0
1.		FEC ID number	C
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3.		FEC ID number	С
4.		FEC ID number	С
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FED CAREFAC, THI	E BLUE CROSS AND BLUE SHIELD OF MAS	SACHUSETTS FULL	TICAL ACTION COMMIT
	ı 401 PARK DRIVE		
Mailing Address			
	LANDMARK CENTER		
	BOSTON	MA MA	02215
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization X Affiliated Committee Join	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident	Affiliated Committee Join Join Join Join Join Join Join Join	t Fundraising Represent	Leadership PAC S
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	Organization, Affiliated Committee, Joint Fundr		e, or Leadership PAC Spor
BLUEPAC - BLUE	CROSS BLUE SHIELD ASSOCIAT	TION PAC	
Mailing Address	1310 G STREET NW		
	WASHINGTON	DC	20005
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
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esignated Agent: Identify		Fundraising Representa	Leadership PAC S
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3.		FEC	ID number	C
4.		FEC	ID number	С
ame of Any Connected	Organization, Affiliated Committee, .	Joint Fundraising R	epresentativ	e, or Leadership PAC Spor
BLUE CROSS BLU	E SHIELD OF SOUTH CARC	LINA FEDERAL	GOVERN	IMENT PROGRAMS
l				
Mailing Address	INTERSTATE 20 AT ALPINE ROAD			
	COLUMBIA		SC	29214
Relationship:	CITY A		STATE ▲	ZIP CODE ▲
Connected	Organization	Joint Fundrais	ing Represent	ative Leadership PAC S
esignated Agent: Identify	by name, address (phone number -			Ecadolship 1 AO O
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