

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Hosp, Ted, , ,
Type or Print Name of Treasurer $\qquad$


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 |
| :---: |
| 2019 |

(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) $\qquad$

211578.76
7. Total Disbursements (from Line 31) $\qquad$
$\square 28500.00$
$\square=94500.00$
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)............

|  | 36676.60 |
| :---: | :---: |
|  | 13.00 |
|  | $36689.60$ |
|  | $0.00$ |
|  | $0.00$ |


|  |  | 75177.51 |
| :---: | :---: | :---: |
|  | , | 905.32 |
|  | , | 76082.83 |
|  | , | 0.00 |
|  | , | 0.00 |

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


| , | $76082.83$ |
| :---: | :---: |
|  | 0.00 |
|  | 0.00 |


| $\square$ | 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 |
|  | , | 0.00 |

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .........
$\square=41689.60$
$\square 81082.83$
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ......... $\downarrow$


FEC Form 3X (Rev. 05/2016)

## II. Disbursements

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share $\qquad$ $\ldots$.
(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) $\qquad$
$\square 5000.00$
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))..

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31). $\qquad$


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Operating Expenditures
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)) $\qquad$
37. Offsets to Operating Expenditures (from Line 15, page 3) $\qquad$
38. Net Operating Expenditures (subtract Line 37 from Line 36) $\qquad$

COLUMN A
Total This Period

COLUMN B Calendar Year-to-Date



## 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 25 (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 2 North Jackson Street Suite 202 |  |  |
| :---: | :---: | :---: |
| City Montgomery | State <br> AL | $\begin{gathered} \hline \text { Zip Code } \\ 36104 \end{gathered}$ |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) Blue Cross Blue Shield of Alabama |  | on (for Individual) |
|  | Aggrega | -to-Date <br> 208.33 |

Date of Receipt


## Transaction ID : 1545091

Amount of Each Receipt this Period


Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Echols, Molly, B, ,

Mailing Address 2 North Jackson St

| City <br> Montgomery | State <br> AL | Zip Code <br> 36104 |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. |  |  |
| Name of Employer (for Individual) <br> BCBS of AL |  |  |
| Receipt For: <br> $\square$Primary $\quad \square$ <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : PR122928044856
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
C. Velezis, Michael, J., ,

Mailing Address 450 Riverchase Parkway East

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


| SUBTOTAL of Receipts This Page (optional)..................................................................... | $1667.09$ |
| :---: | :---: |
| 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 7 OF 25 (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. Jarrett, Angela, D, ,

Mailing Address 2 North Jackson Street Suite 202

| Mailing Address 2 North Jackson Street Suite 202 |
| :--- |
| City <br> Montgomery |
| FEC ID number of contributing <br> federal political committee. |
| AL |
| Name of Employer (for Individual) <br> BLUPAC |
| Receipt For: <br> $\square$ <br> Primary $\quad \square$ <br> Other (specify) $\boldsymbol{V}$ |

Date of Receipt


Transaction ID : PR130963544856
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. Weaver, Darrel, Craig,

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 Healthcare Networks Svcs |  |
| Receipt For: <br> $\square$ <br> $\square$ Primary $\quad \square$ General | Aggregate Year-to-Date $\mathbf{V}$ |  |
| $\square$ |  |  |

Date of Receipt


Transaction ID: PR132319644856
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. Keown, Kipp, D, ,

Mailing Address 450 Riverchase Parkway East

| City Birmingham | State AL | $\begin{gathered} \hline \text { Zip Code } \\ 35244 \end{gathered}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BLUPAC |  | ion (for Individual) eting |
| Receipt For: Primary General Other (specify) | Aggrega | r-to-Date $2499.96$ |


| SUBTOTAL of Receipts This Page (optional)............................................................... | $3749.94$ |
| :---: | :---: |
| 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 8 OF 25 (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 450 Riverchase Parkway East |  |  |
| :---: | :---: | :---: |
| City Birmingham | State AL | $\begin{array}{\|c\|} \hline \text { Zip Code } \\ 35244 \end{array}$ |
| FEC ID number of contributing federal political committee. |  |  |
| Name of Employer (for Individual) BCBS | Occupation (for Individual) Governmental Affairs Mgr |  |
|  | Aggrega | r-to-Date $650.00$ |

Date of Receipt

| 12 | D 31 | $2019$ |
| :---: | :---: | :---: |

Transaction ID : PR150458944856
Amount of Each Receipt this Period


Memo Item

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

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

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) <br> BCBS of Alabama |  |  |
| Receipt For: <br> $\square$ <br> $\square$ <br> Primary $\quad \square$ General <br> Other (specify) $\boldsymbol{V}$ | Occupation (for Individual) <br> VP Network Contracting |  |

Date of Receipt


Transaction ID: PR152185144856
Amount of Each Receipt this Period

$$
1249.98
$$

Memo Item

P/R Deduction (\$208.33 Monthly)

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

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) <br> Blue Cross Blue Shield of Alabama | Occupation (for Individual) <br> VP/Treasurer |  |
| Receipt For: <br> Primary <br> Other (specify) |  |  |

Date of Receipt


Amount of Each Receipt this Period
1875.00

Memo Item

P/R Deduction (\$416.67 Monthly)

| SUBTOTAL of Receipts This Page (optional)................................................................ | $\text { , } 3449.98$ |
| :---: | :---: |
| 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 25 (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 1905 Balfour Dr |  |  |
| :---: | :---: | :---: |
| City Birmingham | State <br> AL | $\begin{array}{\|r\|} \hline \text { Zip Code } \\ 35216-2703 \end{array}$ |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |  |
| Name of Employer (for Individual) BCBS Alabama |  | (for Individual) omer Service |
|  | Aggreg |  |

Date of Receipt

| 12 | $31$ | Y $\quad$ Y $\quad$ Y 2019 |
| :---: | :---: | :---: |

Transaction ID : PR78822944856
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. | 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 : PR78823044856
Amount of Each Receipt this Period
$\square$, 1249.98

## 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. |  |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) Dept Mgr Cust Serv |  |
| Receipt For: Primary General Other (specify) | Aggrega | r-to-Date $547.58$ |


| SUBTOTAL of Receipts This Page (optional)..................................................................... | $2871.13$ |
| :---: | :---: |
| 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 25 (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 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 $401.96$ |

Date of Receipt

| 12 | 31 | Y $\quad$ Y $\quad$ Y 2019 |
| :---: | :---: | :---: |

Transaction ID : PR78825444856
Amount of Each Receipt this Period


Memo Item

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 | Zip Code <br> $35226-1078$ |
| :--- | :--- | :--- |
| 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> Health Management Dept Mgr |  |  |

Date of Receipt


Transaction ID : PR78825544856
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 <br> Birmingham | State <br> AL | Zip Code <br> $35213-3311$ |
| :--- | :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> BCBS Alabama | Occupation (for Individual) <br> Executive Vice President |  |
| Receipt For: <br> $\square$ Primary $\square$ General <br> Other (specify) | Aggregate Year-to-Date $\nabla$ |  |

Date of Receipt


Amount of Each Receipt this Period

$\square$ Memo Item

P/R Deduction (\$208.33 Monthly)

| SUBTOTAL of Receipts This Page (optional)................................................................. | $1710.96$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)...................................................... ${ }^{\text {. }}$ |  |

## 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 25 (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 Birmingham | State <br> 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 |  |
|  | Aggreg | r-to-Date $443.56$ |

Date of Receipt

| 12 | $31$ | Y 1 Y 2019 |
| :---: | :---: | :---: |

Transaction ID : PR78826044856
Amount of Each Receipt this Period
$\square 221.78$

Memo Item

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

Mailing Address 5783 Cypress Trce

| City | State | Zip Code |
| :---: | :---: | :---: |
| Birmingham | AL | 35244-5481 |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | tion (for Individual) Chief Actuary |
|  | Aggrega |  |

Date of Receipt


Transaction ID : PR78826344856
Amount of Each Receipt this Period
$\square 1249.98$

## 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 | r-to-Date $2499.96$ |


| SUBTOTAL of Receipts This Page (optional)................................................................. | $2721.74$ |
| :---: | :---: |
| 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 12 OF

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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 1392 Belmont Ln |  |  |
| :---: | :---: | :---: |
| City Helena | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35080-4004 \end{array}$ |
| FEC ID number of contributing federal political committee. |  |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) <br> VP Technology Support |  |
|  | Aggreg | r-to-Date $2499.96$ |

Date of Receipt

| 12 | 31 | Y $\quad$ Y $\quad$ Y 2019 |
| :---: | :---: | :---: |

## Transaction ID : PR78827144856

Amount of Each Receipt this Period


Memo Item

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 | Zip Code <br> $35244-1431$ |
| :--- | :--- | :--- |
| 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 : PR78827344856
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. |  |  |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) CIO |
| Receipt For: Primary General Other (specify) | Aggrega | r-to-Date $2499.96$ |

Date of Receipt


Amount of Each Receipt this Period

$\square$ Memo Item

P/R Deduction (\$208.33 Monthly)

| SUBTOTAL of Receipts This Page (optional)............................................................... | , , 2589.96 |
| :---: | :---: |
| 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 25 (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. 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

## Transaction ID : PR78827744856

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. 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. | 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 : PR78828444856
Amount of Each Receipt this Period
$\square$, 235.04

## 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 $\boldsymbol{\nabla}$ |  |  |


| SUBTOTAL of Receipts This Page (optional)................................................................. | $\text { , } \quad, \quad 1704.59$ |
| :---: | :---: |
| 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 25 (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 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. | $\mathrm{C}$ |  |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) ness Development |
|  | Aggrega |  |

Date of Receipt


Transaction ID : PR78829044856
Amount of Each Receipt this Period


Memo Item

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

Mailing Address 2508 wilowbrook cr

| City <br> Birmingham | State <br> AL | Zip Code <br> 35242 |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) <br> BCBS Alabama |  |  |
| Receipt For: <br> $\square$ <br> $\square$ <br> Primary <br> Other (specify) $\boldsymbol{V}$ | Occupation (for Individual) <br> Strategy Consult Technical Adv |  |

Date of Receipt


Transaction ID : PR78829444856
Amount of Each Receipt this Period
$\square$, 234.00

## Memo Item

P/R Deduction (\$18.00 Bi-Weekly)

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

Mailing Address 3484 Tamassee Ln

| City Birmingham | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35226-2671 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama |  | ion (for Individual) Claims Operations |
| Receipt For: Primary General Other (specify) | Aggreg | r-to-Date $390.00$ |

Date of Receipt


Amount of Each Receipt this Period
, 195.00
$\square$ Memo Item

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

| SUBTOTAL of Receipts This Page (optional)................................................................ $\downarrow$ | $1678.98$ |
| :---: | :---: |
| 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 15 OF 25 (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. Mackin, Carol, D,

Mailing Address 809 Royal Ter

| Mailing Address 809 Royal Ter |  |
| :---: | :---: |
| City <br> Birmingham | State Zip Code <br> AL $35242-7222$ |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) VP Corp Comm/Community Rel |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date $\square$ |

Date of Receipt

| M14 M | D 12 |  |
| :---: | :---: | :---: |
| 12 | 31 | 2019 |

Transaction ID : PR78830744856
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> $\square$Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : PR78831544856
Amount of Each Receipt this Period
$\square$, 243.88

## 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. | $\mathrm{C}$ |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) Mgr Sales Sup/Nat'l Accts |  |
|  | Aggrega | r-to-Date $650.00$ |

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)................................................................. | $1818.86$ |
| :---: | :---: |
| 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 25 (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. Mosko, Ashley, S, ,

Mailing Address 503 Olmsted St

| Mailing Address 503 Olmsted St |  |
| :---: | :---: |
| City <br> 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 <br> 2499.96 |

Date of Receipt

| $\begin{gathered} M 12 \end{gathered}$ | $\begin{gathered} D \quad D \\ 31 \end{gathered}$ | $\begin{aligned} & Y-Y \\ & 2019 \end{aligned}$ |
| :---: | :---: | :---: |

## Transaction ID : PR78831744856

Amount of Each Receipt this Period
$\square 1249.98$

Memo Item

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

Mailing Address 101 Creekwood Ln

| City <br> Helena | State <br> AL | Zip Code <br> $35080-3273$ |
| :--- | :--- | :--- |
| 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) $\boldsymbol{V}$ | Occupation (for Individual) <br> Director Info Security/CISO |  |

Date of Receipt


Transaction ID : PR78831944856
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. Patterson, Michael, L, ,

Mailing Address 1809 Lucinda Robey PI

| City Birmingham | State <br> AL | Zip Code 35211-3872 |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) SVP and Chief Legal Officer |  |
|  | Aggrega | r-to-Date $2499.96$ |

Date of Receipt


Amount of Each Receipt this Period

$\square$ Memo Item

P/R Deduction (\$208.33 Monthly)

| SUBTOTAL of Receipts This Page (optional)................................................................ | $2759.96$ |
| :---: | :---: |
| 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 25 (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. Platt, David, E, ,

Mailing Address 3700 Montevallo Rd S

| Mailing Address 3700 Montevallo Rd S |  |
| :---: | :---: |
| City Birmingham | State Zip Code <br> AL $35213-4208$ |
| FEC ID number of contributing federal political committee. | $\mathrm{C}$ |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) VP Large Group Sales |
|  | Aggregate Year-to-Date <br> 2499.96 |

Date of Receipt

| $\begin{gathered} M \\ \hline \end{gathered}$ | $\begin{gathered} D \\ \\ \hline 1 \end{gathered}$ | Y Y r 2019 |
| :---: | :---: | :---: |
| $12$ | $31$ | 2019 |

Transaction ID : PR78832144856
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 <br> 2499.96 |

Date of Receipt


Transaction ID : PR78832744856
Amount of Each Receipt this Period
$\square \quad 1249.98$

## 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> AL Zip Code <br> $35242-3330$ <br> federal political committee.  |
| Name of Employer (for Individual) <br> BCBS Alabama |
| Receipt For: <br> $\square$ Primary $\square$ General <br> Other (specify) |

## Date of Receipt



Amount of Each Receipt this Period

$\square$ Memo Item

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

| SUBTOTAL of Receipts This Page (optional)................................................................. | $2629.96$ |
| :---: | :---: |
| 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 25 (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. | $\mathrm{C}$ |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) VP Treasury Operations |
|  | Aggregate Year-to-Date <br> 2499.96 |

Date of Receipt

| $\begin{gathered} M 12 \end{gathered}$ | $\begin{gathered} D \quad D \\ 31 \end{gathered}$ | $\begin{aligned} & Y-Y \\ & 2019 \end{aligned}$ |
| :---: | :---: | :---: |

Transaction ID : PR78833244856
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) <br> BCBS Alabama |  |  |
| Receipt For:  <br> $\square$  <br> Primary <br> Other (specify) $\boldsymbol{\nabla}$ Occupation (for Individual) <br> Mgr Large Group Sales/Acct Mgt |  |  |

Date of Receipt


Transaction ID : PR78833344856
Amount of Each Receipt this Period
$\square$, 182.91

## 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: Primary General Other (specify) | Aggrega |  |


| SUBTOTAL of Receipts This Page (optional)................................................................. | $1552.89$ |
| :---: | :---: |
| 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 19 OF 25 (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 | State AL | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35213-2024 \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) SVP \& Chief Financial Officer |  |
|  | Aggrega |  |

Date of Receipt

| $\begin{gathered} M 12 \end{gathered}$ | $\begin{gathered} D \quad D \\ 31 \end{gathered}$ | $\begin{aligned} & Y-Y \\ & 2019 \end{aligned}$ |
| :---: | :---: | :---: |

## Transaction ID : PR78834344856

Amount of Each Receipt this Period


Memo Item

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

Mailing Address 14 Signal Hill Rd

| City <br> Spanish Fort | State <br> AL | Zip Code <br> $36527-3138$ |
| :--- | :--- | :--- |
| 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) $\boldsymbol{V}$ | Occupation (for Individual) <br> District Manager |  |

Date of Receipt


Transaction ID : PR78834544856
Amount of Each Receipt this Period
$\square 277.03$

## 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 | $\begin{array}{\|l\|} \hline \text { Zip Code } \\ 35244-2439 \\ \hline \end{array}$ |
| :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C |  |
| Name of Employer (for Individual) BCBS Alabama | Occupation (for Individual) VP Business Services |  |
| Receipt For: Primary General Other (specify) | Aggreg | r-to-Date $2499.96$ |


| SUBTOTAL of Receipts This Page (optional)................................................................. | $2776.99$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)...................................................... |  |

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

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

FOR LINE NUMBER: PAGE 20 OF 25 (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 <br> Pelham | State <br> AL | Zip Code <br> $35124-1430$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) | Occupation (for Individual) <br> BCBS Alabama | Dept Mgr Corporate Strategy |

Date of Receipt

P/R Deduction (\$18.92 Bi-Weekly)

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) |  |  |
| BCBS Alabama |  | Occupation (for Individual) <br> District Manager |
| Receipt For: <br> $\square$ <br> Primary <br> Other (specify) $\boldsymbol{V}$ |  |  |

Date of Receipt


Transaction ID : PR78834844856
Amount of Each Receipt this Period
$\square 247.65$

## 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) <br> BCBS Alabama |  |  |
| Receipt For: <br> Primary <br> Other (specify) | Occupation (for Individual) <br> VP District and Consumer Sales |  |


| SUBTOTAL of Receipts This Page (optional)................................................................ | $1743.59$ |
| :---: | :---: |
| 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 21 OF 25 (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 $2499.96$ |

Date of Receipt


## Transaction ID : PR94042844856

Amount of Each Receipt this Period


Memo Item

P/R Deduction (\$208.33 Monthly)
B.

Mailing Address

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

Date of Receipt


Amount of Each Receipt this Period


Date of Receipt
c.

## Mailing Address

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



## Amount of Each Receipt this Period



| SUBTOTAL of Receipts This Page (optional)................................................................ |  | 1249.98 |
| :--- | :--- | :--- | :--- | :--- |
| 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 22 OF 25 (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 PO Box 3670 |  |  |
| :---: | :---: | :---: |
| City Montgomery | State AL | $\begin{array}{\|c\|} \hline \text { Zip Code } \\ 36109 \end{array}$ |
| FEC ID number of contributing federal political committee. | C | $9451$ |
| Name of Employer (for Individual) |  | (for Individual) |
| Receipt For: 2018 $\square$ Primary $\quad \boldsymbol{x}$ General $\square$ Other (specify) $\boldsymbol{\nabla}$ | Aggrega | r-to-Date <br> 5000.00 |

Date of Receipt


Transaction ID : 12227580
Amount of Each Receipt this Period


Memo Item

Strange for Senate General Account


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

## Mailing Address

| City | State | Zip Code |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer (for Individual) | Occupation (for Individual) |  |
| Receipt For: <br> Primary $\quad \square$ General <br> Other (specify) |  |  |

Date of Receipt


## Amount of Each Receipt this Period



| SUBTOTAL of Receipts This Page (optional)................................................................ | $5000.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)...................................................... ${ }^{\text {. }}$ | , 5000.00 |

## SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS



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 (Last, First, Middle Initial)
A. Robert Aderholt for Congress

C. Terri PAC - Together Everyone Realizes Real Impact


Date of Disbursement


FEC Identification Number
C C00525030
Transaction ID : 12175228
Amount of Each Disbursement this Period
$\square$
$\square$ Memo Item

| SUBTOTAL of Disbursements This Page (optional)........................................................ | 15000.00 |
| :---: | :---: |
| TOTAL This Period (last page this line number only) ............................................. |  |

## SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS



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 (Last, First, Middle Initial)

A. Jeff Coleman for Congress


Full Name (Last, First, Middle Initial)
C. American Security PAC

| Mailing Address 167 West Manor Lane |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| City State Zip Code <br> Alexandria AL 36250 <br> Purpose of Disbursement   <br> Direct Contribution   |  |  |  |  |
|  |  |  |  | 011 |
| Candidate Name |  |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br>  <br> Senate <br> $\square$ President |  |  |  |

## Date of Disbursement



| SUBTOTAL of Disbursements This Page (optional)................................................................ |
| :--- |
| TOTAL This Period (last page this line number only)............................................................. |


| का | 8500.00 |
| :---: | :---: |
|  | 23500.00 |

## SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

| Use separate schedule(s) | FOR LINE NUMBER: (check only one) |  |  |  | PAGE |  | 25 O | 25 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| for each category of the | $\square$ 21b | 22 | 23 |  | 26 | 27 |  |  |
|  | 28a | 28b | 28 c | $x$ | 29 |  |  |  |

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 (Last, First, Middle Initial)
C.

## Mailing Address

| City |
| :--- |
| Purpose of Disbursement |
| Candidate Name |
| Office Sought: |

## Date of Disbursement



FEC Identification Number
C
Amount of Each Disbursement this Period


Memo Item


|  | 5000.00 |
| :---: | :---: | :---: |
|  | 5000.00 |

