

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="43286.33"/>	<input type="text" value="43286.33"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="58361.88"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2140.26"/>	<input type="text" value="21015.81"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="60502.14"/>	<input type="text" value="64302.14"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7000.00"/>	<input type="text" value="10800.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="53502.14"/>	<input type="text" value="53502.14"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1425.96	13929.34
(ii) Unitemized	714.30	7086.47
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2140.26	21015.81
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2140.26	21015.81
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	2140.26	21015.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2140.26	21015.81

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	7000.00	7000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	3800.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7000.00	10800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	10800.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2140.26	21015.81
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2140.26	21015.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Bourgeois, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19425 Creek Round Avenue
 City Baton Rouge State LA Zip Code 70817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.48

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.7137
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

B. Bourgeois, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19425 Creek Round Avenue
 City Baton Rouge State LA Zip Code 70817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 479.32

Date of Receipt
 12 / 15 / 2020
Transaction ID : SA11AI.7180
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

C. Bourgeois, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19425 Creek Round Avenue
 City Baton Rouge State LA Zip Code 70817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Enterprise Info Mgmt
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.16

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.7222
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	62.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Cross, Gregory, , ,			Date of Receipt
Mailing Address 10603 Pinebrook Avenue			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2020"/>
City Baton Rouge	State LA	Zip Code 70809	Transaction ID : SA11AI.7136
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="21.00"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) VP Sales	<input type="checkbox"/> Memo Item PR Ded
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="336.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cross, Gregory, , ,			Date of Receipt
Mailing Address 10603 Pinebrook Avenue			<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2020"/>
City Baton Rouge	State LA	Zip Code 70809	Transaction ID : SA11AI.7179
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="21.00"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) VP Sales	<input type="checkbox"/> Memo Item PR Ded
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="357.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cross, Gregory, , ,			Date of Receipt
Mailing Address 10603 Pinebrook Avenue			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2020"/>
City Baton Rouge	State LA	Zip Code 70809	Transaction ID : SA11AI.7221
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="21.00"/>
Name of Employer (for Individual) LHSIC		Occupation (for Individual) VP Sales	<input type="checkbox"/> Memo Item PR Ded
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="378.00"/>		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="63.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Faulk, Sheldon, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2020 Transaction ID : SA11AI.7138
Mailing Address 1618 St. Albans			Amount of Each Receipt this Period 41.67
City Baton Rouge	State LA	Zip Code 70810	<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) LHSIC		Occupation (for Individual) SVP Governmental Affairs	
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Faulk, Sheldon, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2020 Transaction ID : SA11AI.7181
Mailing Address 1618 St. Albans			Amount of Each Receipt this Period 41.67
City Baton Rouge	State LA	Zip Code 70810	<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) LHSIC		Occupation (for Individual) SVP Governmental Affairs	
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 958.41		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Faulk, Sheldon, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2020 Transaction ID : SA11AI.7223
Mailing Address 1618 St. Albans			Amount of Each Receipt this Period 41.67
City Baton Rouge	State LA	Zip Code 70810	<input type="checkbox"/> Memo Item <input type="checkbox"/> PR Ded
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) LHSIC		Occupation (for Individual) SVP Governmental Affairs	
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08		

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 29721 Tulip

City Walker	State LA	Zip Code 70785
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Dir - Interplan Operations
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Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.24

Date of Receipt
MM / DD / YYYY
11 / 30 / 2020

Transaction ID : SA11AI.7139

Amount of Each Receipt this Period
10.42

Memo Item
 PR Ded

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

Mailing Address 29721 Tulip

City Walker	State LA	Zip Code 70785
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Dir - Interplan Operations
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Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.66

Date of Receipt
MM / DD / YYYY
12 / 15 / 2020

Transaction ID : SA11AI.7182

Amount of Each Receipt this Period
10.42

Memo Item
 PR Ded

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

Mailing Address 29721 Tulip

City Walker	State LA	Zip Code 70785
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Dir - Interplan Operations
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Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.08

Date of Receipt
MM / DD / YYYY
12 / 31 / 2020

Transaction ID : SA11AI.7224

Amount of Each Receipt this Period
10.42

Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	31.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Hochheiser, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 E. Greens Drive
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CVP - Medical Economics
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.7165
 Amount of Each Receipt this Period 50.00
 Memo Item
 PR Ded

B. Hochheiser, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 E. Greens Drive
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CVP - Medical Economics
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.7208
 Amount of Each Receipt this Period 50.00
 Memo Item
 PR Ded

C. Hochheiser, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 E. Greens Drive
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) CVP - Medical Economics
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.7249
 Amount of Each Receipt this Period 50.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Keller, Brian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1068 Cyril Ave.

City Baton Rouge	State LA	Zip Code 70806
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LHSIC	Occupation (for Individual) SVP & Chief Marketing Officer
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Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
916.74

Date of Receipt
11 / 30 / 2020
Transaction ID : SA11AI.7144

Amount of Each Receipt this Period
41.67

Memo Item
 PR Ded

B. Keller, Brian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1068 Cyril Ave.

City Baton Rouge	State LA	Zip Code 70806
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LHSIC	Occupation (for Individual) SVP & Chief Marketing Officer
--	--

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
958.41

Date of Receipt
12 / 15 / 2020
Transaction ID : SA11AI.7187

Amount of Each Receipt this Period
41.67

Memo Item
 PR Ded

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

Mailing Address 1068 Cyril Ave.

City Baton Rouge	State LA	Zip Code 70806
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LHSIC	Occupation (for Individual) SVP & Chief Marketing Officer
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Receipt For: 2022
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.08

Date of Receipt
12 / 31 / 2020
Transaction ID : SA11AI.7228

Amount of Each Receipt this Period
41.67

Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Kendrick, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7443 N. Eisworth Avenue
 City Baton Rouge State LA Zip Code 70818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Dir - Natl & Special Accounts
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt 11 / 30 / 2020
Transaction ID : SA11AI.7145
 Amount of Each Receipt this Period 10.42
 Memo Item
 PR Ded

B. Kendrick, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7443 N. Eisworth Avenue
 City Baton Rouge State LA Zip Code 70818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Dir - Natl & Special Accounts
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.66

Date of Receipt 12 / 15 / 2020
Transaction ID : SA11AI.7188
 Amount of Each Receipt this Period 10.42
 Memo Item
 PR Ded

C. Kendrick, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7443 N. Eisworth Avenue
 City Baton Rouge State LA Zip Code 70818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Dir - Natl & Special Accounts
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt 12 / 31 / 2020
Transaction ID : SA11AI.7229
 Amount of Each Receipt this Period 10.42
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	31.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kozik, Sue, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19434 Cape Hart Ct.

City Baton Rouge	State LA	Zip Code 70809
---------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) EXEC- INFO TECHNOLOGY
--	--

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 11 / 30 / 2020
Transaction ID : SA11AI.7171

Amount of Each Receipt this Period
 50.00

Memo Item
 PR Ded

B. Kozik, Sue, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19434 Cape Hart Ct.

City Baton Rouge	State LA	Zip Code 70809
---------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) EXEC- INFO TECHNOLOGY
--	--

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 12 / 15 / 2020
Transaction ID : SA11AI.7214

Amount of Each Receipt this Period
 50.00

Memo Item
 PR Ded

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

Mailing Address 19434 Cape Hart Ct.

City Baton Rouge	State LA	Zip Code 70809
---------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) EXEC- INFO TECHNOLOGY
--	--

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 12 / 31 / 2020
Transaction ID : SA11AI.7255

Amount of Each Receipt this Period
 50.00

Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Laird, Gina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11019 Fernbrook
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP - Benefits Administration
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 11 / 30 / 2020
Transaction ID : SA11AI.7142
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

B. Laird, Gina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11019 Fernbrook
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) SVP - Benefits Administration
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 12 / 15 / 2020
Transaction ID : SA11AI.7185
 Amount of Each Receipt this Period 41.67
 Memo Item
 PR Ded

C. Langlois, Darrell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42037 Bang Ficklin Road
 City Prairieville State LA Zip Code 70769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy
 Receipt For: 2022
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 30 / 2020
Transaction ID : SA11AI.7146
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....▶	125.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Langlois, Darrell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42037 Bang Ficklin Road
 City Prairieville State LA Zip Code 70769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 966.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.7189
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

B. Langlois, Darrell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42037 Bang Ficklin Road
 City Prairieville State LA Zip Code 70769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business Dev & Strategy
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.7230
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

C. Lavergne, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1315 S. Columbine St.
 City Baton Rouge State LA Zip Code 70808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Legal General
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.7147
 Amount of Each Receipt this Period 15.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	99.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lavergne, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1315 S. Columbine St.

City Baton Rouge	State LA	Zip Code 70808
---------------------	-------------	-------------------

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

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

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2020

Transaction ID : SA11AI.7190

Amount of Each Receipt this Period
15.00

Memo Item
PR Ded

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

Mailing Address 1315 S. Columbine St.

City Baton Rouge	State LA	Zip Code 70808
---------------------	-------------	-------------------

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

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

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2020

Transaction ID : SA11AI.7231

Amount of Each Receipt this Period
15.00

Memo Item
PR Ded

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

Mailing Address 3235 Grand Way Avenue

City Baton Rouge	State LA	Zip Code 70810
---------------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) VP - Provider Reimb & Audit
--	--

Receipt For: 2022
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
458.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2020

Transaction ID : SA11AI.7167

Amount of Each Receipt this Period
20.84

Memo Item
PR Ded

SUBTOTAL of Receipts This Page (optional).....	50.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Mayo, Tamara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3235 Grand Way Avenue
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP - Provider Reimb & Audit
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 479.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.7210
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

B. Mayo, Tamara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3235 Grand Way Avenue
 City Baton Rouge State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) VP - Provider Reimb & Audit
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.7251
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

C. Michelli, Geoff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10457 Barry Dr.
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Security Architecture
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.7160
 Amount of Each Receipt this Period 20.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	61.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Michelli, Geoff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10457 Barry Dr.
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Security Architecture
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.7203
 Amount of Each Receipt this Period 20.00
 Memo Item
 PR Ded

B. Michelli, Geoff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10457 Barry Dr.
 City Baton Rouge State LA Zip Code 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Security Architecture
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.7244
 Amount of Each Receipt this Period 20.00
 Memo Item
 PR Ded

C. Miller, Wesley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13124 Bluff Road
 City Geismar State LA Zip Code 70734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Medicare Advantage Compliance
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.7161
 Amount of Each Receipt this Period 10.00
 Memo Item
 PR Ded

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Miller, Wesley, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13124 Bluff Road

City Geismar	State LA	Zip Code 70734
-----------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Medicare Advantage Compliance
--	--

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
12 / 15 / 2020
Transaction ID : SA11AI.7204

Amount of Each Receipt this Period
10.00

Memo Item
 PR Ded

B. Miller, Wesley, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13124 Bluff Road

City Geismar	State LA	Zip Code 70734
-----------------	-------------	-------------------

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

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Medicare Advantage Compliance
--	--

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
12 / 31 / 2020
Transaction ID : SA11AI.7245

Amount of Each Receipt this Period
10.00

Memo Item
 PR Ded

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

Mailing Address 4701 Transcontinental Drive

City Metairie	State LA	Zip Code 70006
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LHSIC	Occupation (for Individual) Business to Consumer
--	---

Receipt For: 2022
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
635.00

Date of Receipt
11 / 30 / 2020
Transaction ID : SA11AI.7166

Amount of Each Receipt this Period
42.00

Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	62.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Richert, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4701 Transcontinental Drive
 City Metairie State LA Zip Code 70006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business to Consumer
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 677.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.7209
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

B. Richert, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4701 Transcontinental Drive
 City Metairie State LA Zip Code 70006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Business to Consumer
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 719.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.7250
 Amount of Each Receipt this Period 42.00
 Memo Item
 PR Ded

C. Rone, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Minter Drive
 City Mandeville State LA Zip Code 70471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Planning and Financial Systems
 Receipt For: 2022
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.7156
 Amount of Each Receipt this Period 10.42
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....	94.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Rone, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Minter Drive
 City Mandeville State LA Zip Code 70471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Planning and Financial Systems
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.7199
 Amount of Each Receipt this Period 10.42
 Memo Item
 PR Ded

B. Rone, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Minter Drive
 City Mandeville State LA Zip Code 70471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Planning and Financial Systems
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.7240
 Amount of Each Receipt this Period 10.42
 Memo Item
 PR Ded

C. Simon, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Rimwood Avenue
 City Lafayette State LA Zip Code 70501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Lead Medical Director
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.7169
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....▶	41.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Simon, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Rimwood Avenue
 City Lafayette State LA Zip Code 70501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Lead Medical Director
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 479.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.7212
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

B. Simon, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Rimwood Avenue
 City Lafayette State LA Zip Code 70501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) Lead Medical Director
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.7253
 Amount of Each Receipt this Period 20.84
 Memo Item
 PR Ded

C. Toranto, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5945 Cedar Creek Drive
 City Baton Rouge State LA Zip Code 70817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) M & B Automation Team
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.7159
 Amount of Each Receipt this Period 10.00
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....▶	51.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Toranto, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5945 Cedar Creek Drive
 City Baton Rouge State LA Zip Code 70817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) M & B Automation Team
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.7202
 Amount of Each Receipt this Period 10.00
 Memo Item
 PR Ded

B. Toranto, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5945 Cedar Creek Drive
 City Baton Rouge State LA Zip Code 70817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) M & B Automation Team
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.7243
 Amount of Each Receipt this Period 10.00
 Memo Item
 PR Ded

C. Whittemore, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62037 Blackwell Dr.
 City Lacombe State LA Zip Code 70445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) MA Marketing
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2020
Transaction ID : SA11AI.7168
 Amount of Each Receipt this Period 10.42
 Memo Item
 PR Ded

SUBTOTAL of Receipts This Page (optional).....▶	30.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Whittemore, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62037 Blackwell Dr.
 City Lacombe State LA Zip Code 70445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) MA Marketing
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2020
Transaction ID : SA11AI.7211
 Amount of Each Receipt this Period 10.42
 Memo Item
 PR Ded

B. Whittemore, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62037 Blackwell Dr.
 City Lacombe State LA Zip Code 70445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LHSIC Occupation (for Individual) MA Marketing
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2020
Transaction ID : SA11AI.7252
 Amount of Each Receipt this Period 10.42
 Memo Item
 PR Ded

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

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

SUBTOTAL of Receipts This Page (optional).....▶	20.84
TOTAL This Period (last page this line number only).....▶	1425.96

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1310 G STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement Contribution to BluePac

Candidate Name BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 04 / 2020

FEC Identification Number: C00194746
Transaction ID : SB22.7176

Amount of Each Disbursement this Period: 7000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	7000.00
TOTAL This Period (last page this line number only).....▶	7000.00