**FEC** 

Only

# STATEMENT OF

PAGE 1 / 22

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Louisiana Health Service & Indemnity Company DBA Blue Cross & Blue Shield of Louisiana PAC 5525 Reitz Avenue ADDRESS (number and street) (Check if address is changed) **Baton Rouge** 70809 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address BCBSLA-PAC@BCBSLA.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00651265 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Camerlinck, Bryan, , Date 05 14 2024 Signature of Treasurer Camerlinck, Bryan, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

_	
FEC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the ca information below.)	andidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate President	State District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican, etc	.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	rganization is a:
Corporation X Corporation w/o Capital Stock Labor Organ	nization
Membership Organization Trade Association Cooperative	
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated full committee. (i.e., nonconnected committee)	nd or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or monocommittees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or monocommittees/organizations, none of which is an authorized committee of a federal candidate.	ore political
Committees Participating in Joint Fundraiser	
1 C	
C	

I	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
۷	Vrite or Type Committee Name		
	Louisiana Health Ser	vice & Indemnity Company DBA Blue Cross & Blu	ue Shield of Louisiana PAC
6.	-	ganization, Affiliated Committee, Joint Fundraising Represent	tative, or Leadership PAC Sponsor
	BLUEPAC - BLUE C	ROSS BLUE SHIELD ASSOCIATION PAC	
		<u> </u>	
		1310 G STREET NW	
	Mailing Address		
		WASHINGTON	C 20005
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization Joint Fundraising Rep	resentative Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	fy by name, address (phone number optional) and position of the	person in possession of committee
	Rone, Rod	ney, , ,	
	Tui Name	<sub>1</sub> 5525 Reitz Avenue	
	Mailing Address		
		Baton Rouge	A   70808
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Title or Position ▼	OIT = SIA	IL A ZIF GODE A
	Custodian of Records		225 <sub>   </sub> 298 <sub>   </sub> 3192
		Telephone number	
_			
8.	any designated agent (e.g., a	d address (phone number optional) of the treasurer of the com- assistant treasurer).	imilitiee; and the name and address of
	Full Name Camerlinch	, Bryan, , ,	
	of Treasurer		
	Mailing Address	5525 Reitz Avenue	
			<u>                                     </u>
		Baton Rouge	_A
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Title or Position ▼	5.1.1 <u>-</u>	
	Treasurer		225   295   2537
	116454161	Telephone number	

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Short, Adam, , ,	
Mailing Address	6237 Double Tree Dr	
	Baton Rouge LA 70817	, 
Tills and Bootiles -	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position		205
Assistant Treasu	rer Telephone number 225 - [	295   -   2189
	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hol xes or maintains funds.	ds accounts, rents
Name of Bank, D	Depository, etc.	
	Whitney National Bank	
Mailing Address	445 North Boulevard	
	Baton Rouge LA 70802	
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

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

h). <b>Joint Fundraisi</b>	ng rantopant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	I Organization, Affiliated Committee, Joint Fundi		
BLUECROSS BLUE	SHIELD OF TENNESSEE INC POLITICAL A	ACTION COMMITTE	E (BCBSTN PAC)
	1 CAMERON HILL CIRCLE		
Mailing Address			
	CHATTANOOGA	TN	37402
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Joint Joint you by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mail to the content of the conte	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

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

(h). <b>Joint Fundrais</b> i			
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
		<u> </u>	
Name of Any Connected	d Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spons
HORIZON HEALTH	CARE SERVICES, INCHORIZON BCBS	SNJ FEDERAL PAC INC	C.
	THREE PENN PLAZA EAST		
Mailing Address			
	PP-11G		
	NEWARK	NJ NJ	07105
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization X Affiliated Committee	Joint Fundraising Represent	tative Leadership PAC Spo
Pesignated Agent: Ident			tative Leadership PAC Spo
Designated Agent: Ident			tative Leadership PAC Spo
Pesignated Agent: Ident			tative Leadership PAC Spo
Pesignated Agent: Ident			tative Leadership PAC Spo
Pesignated Agent: Ident	ify by name, address (phone number – optional		Leadership PAC Spo
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional	al)	
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional distributions).	STATE A	
Pesignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit	ify by name, address (phone number – optional limits) or ies: List all banks or other depositories in w	STATE  Telephone Number	ZIP CODE A
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposition  afety deposit boxes or necessity.	ify by name, address (phone number – optional limits) or ies: List all banks or other depositories in w	STATE  Telephone Number	ZIP CODE A
Pesignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit	ories: List all banks or other depositories in what intains funds.	STATE   Telephone Number  which the committee deposit	ZIP CODE A
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposition  Identificate to the property of the property of the position	ories: List all banks or other depositories in what intains funds.	STATE  Telephone Number	ZIP CODE A  ts funds, holds accounts, rents
Pesignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit  afety deposit boxes or not be a position, etc.	ories: List all banks or other depositories in what intains funds.	STATE   Telephone Number  which the committee deposit	ZIP CODE A  ts funds, holds accounts, rents
Pesignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit  afety deposit boxes or not be a position, etc.	ories: List all banks or other depositories in what intains funds.	STATE   Telephone Number  which the committee deposit	ZIP CODE A  ts funds, holds accounts, rents

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

. 1						
1				FEC ID	number	С
2				FEC ID	number	С
3				FEC ID	number	С
4				FEC ID	number	C
	-	Organization, Affilia		Fundraising Repr	esentative	e, or Leadership PAC Spor
DLOL (						
Mailir	ng Address	232 S. CAPITOL				
		MC L10A				
		LANSING		, , , , <b>,</b> ,	MI	48933
Relat	tionship:		CITY A		STATE A	ZIP CODE ▲
esignated			Affiliated Committee  (phone number – option	Joint Fundraising	Representa	Leadership PAC S
esignated	d Agent: Identify				Representa	Leadership PAC S
Full Na	d Agent: Identify				Representa	Leadership PAC S
Full Na	d Agent: Identify				Representa	Leadership PAC S
Full Na	d Agent: Identify				Representa	Leadership PAC S
Full Na	d Agent: Identify	by name, address		al)	Representa	Leadership PAC S

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

5(g) or (h). <b>Joi</b>	nt Fundraising I	Participant:		
1.		FE	EC ID number	С
2.		FE	EC ID number	С
3.		FE	EC ID number	С
4.		FE	EC ID number	C
_	-	ganization, Affiliated Committee, Joint Fundraising		•
Mailing	Address	4800 DEERWOOD CAMPUS PARKWAY		
		DC3-4		
		JACKSONVILLE	FL	32246
Relation	nship:	CITY A	STATE ▲	ZIP CODE ▲
				_
8. Designated A	Agent: Identify b	y name, address (phone number – optional)		
8. <b>Designated </b>		y name, address (phone number – optional)		
_	e	y name, address (phone number – optional)		
Full Name	e	y name, address (phone number – optional)		
Full Name	e	y name, address (phone number – optional)		
Full Name	e	y name, address (phone number – optional)  CITY	STATE A	ZIP CODE A
Full Name	e	CITY A	STATE A	ZIP CODE A
Full Name  Mailing A  TITLE O  Banks or Ott safety deposit Name of Ban Depository, et	e ddress  DR POSITION   her Depositories to boxes or maint	CITY   Telepho  s: List all banks or other depositories in which the co	one Number	

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

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	d Organization, Affiliated Committee, Joint I	Fundraising Representati	ve, or Leadership PAC Sponso
BLUE CROSS AND	BLUE SHIELD OF KANSAS CITY FEDE	RAL PAC	
	1 2301 MAIN STREET		
Mailing Address			
	W.W. 1.0 0.0774		
	KANSAS CITY	MO MO	64108
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Full Name			
Full Name			
	CITY A	STATE A	ZIP CODE A
Mailing Address  TITLE OR POSITION	CITY A	STATE A Telephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION	N <b>V</b>		ZIP CODE A
Mailing Address  TITLE OR POSITION	ories: List all banks or other depositories in v	Telephone Number	
Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or many statements and statements are statements.	ories: List all banks or other depositories in v	Telephone Number	
Mailing Address  TITLE OR POSITION	ories: List all banks or other depositories in variations funds.	Telephone Number	sits funds, holds accounts, rents
Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or m  Name of Bank,	ories: List all banks or other depositories in variations funds.	Telephone Number	sits funds, holds accounts, rents
Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in variantains funds.	Telephone Number	sits funds, holds accounts, rents
Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in variantains funds.	Telephone Number	sits funds, holds accounts, rents

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

_	filiated Committee, Joint	FEC ID number  FEC ID number  FEC ID number  FEC ID number	C C
_	filiated Committee, Joint	FEC ID number	C
_	filiated Committee, Joint		
_	filiated Committee, Joint	FEC ID number	С
_	filiated Committee, Joint		
_	filiated Committee, Joint		
ERNMENT COMMITTE		Fundraising Representativ	e, or Leadership PAC Spons
	EE-THE POLITICAL ACTI	ON COMMITTEE OF BLU	JE CROSS & BLUE SHIELD
ss P.O. BOX 1346	36 		
PHOENIX		AZ	85002
	CITY A	STATE ▲	ZIP CODE ▲
	<u> </u>		
		1 1 . 1	1
	CITY A	STATE A	ZIP CODE A
L	CITY A	STATE  Telephone Number	ZIP CODE A
	PHOENIX  nnected Organization	PHOENIX  CITY ▲  nnected Organization × Affiliated Committee	PHOENIX  CITY  STATE

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

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fun		
Mailing Address	P.O. BOX 60710		
			1 1 1 1 1 1 1 1 1
	HARRISBURG		17106
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identif	fy by name, address (phone number - optional)		
esignated Agent: Identii	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY ▲  CITY ▲  pries: List all banks or other depositories in which	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the second state of Bank, depository, etc.	CITY ▲  CITY ▲  pries: List all banks or other depositories in which	Telephone Number	

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

Page	of	22	
1 aye	O.		

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	l Organization, Affiliated Committee, Joint Fun	draising Representativ	ve, or Leadership PAC Spons
-	BLUE SHIELD OF NEBRASKA PAC	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Mailing Address	1919 AKSARBEN DRIVE PO BOX 3248		
	OMAHA	NE	68180
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Joffy by name, address (phone number – optional)	int Fundraising Represen	tative Leadership PAC Sp
Connecte		int Fundraising Represen	tative Leadership PAC Sp
Connecte  Designated Agent: Identi		int Fundraising Represen	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name		int Fundraising Represen	Leadership PAC Sports
Connecte  Designated Agent: Identi  Full Name		int Fundraising Represen	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sports and Leadership PAC Spo
Connecte  Pesignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
Connected Pesignated Agent: Identification of Bank, Depository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Connected Pesignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Sanks or Other Deposite afety deposit boxes or make the same of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Connected Pesignated Agent: Identification of Bank, Depository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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

	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	d Organization, Affiliated Committee, Joint	Fundraising Representati	ve, or Leadership PAC Spons
CAREFIRST BLUE	CROSS BLUESHIELD ASSOCIATES FE	DERAL PAC	
Mailing Address	10455 MILL RUN CIRCLE		
	OWINGS MILLS	MD	21117
Relationship:	CITY A	STATE A	▲ ZIP CODE ▲
	ed Organization X Affiliated Committee	Joint Fundraising Represer	ntative Leadership PAC Spo
	fy by name, address (phone number – option	al)	
Full Name	fy by name, address (phone number – option	al)	
	fy by name, address (phone number – option	al)	
Full Name	fy by name, address (phone number – option	al)	
Full Name			
Full Name	CITY	al)  STATE	ZIP CODE A
Full Name	CITY		ZIP CODE A
Full Name L L L L L L L L L L L L L L L L L L L	CITY	al)	
ailing Address	CITY A	STATE A Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Canks or Other Deposit	CITY ▲  ories: List all banks or other depositories in v	STATE A Telephone Number	
Full Name Mailing Address  TITLE OR POSITION	CITY ▲  ories: List all banks or other depositories in v	STATE A Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposition of the deposit boxes or necessity.	CITY ▲  ories: List all banks or other depositories in variantains funds.	STATE A  Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite the properties of the position of the p	CITY ▲  city A  ories: List all banks or other depositories in variations funds.	STATE A  Telephone Number	sits funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit afety deposit boxes or not be boxed by the second state of Bank, Depository, etc.	CITY ▲  city A  ories: List all banks or other depositories in variations funds.	STATE A  Telephone Number	sits funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit afety deposit boxes or not be boxed by the second state of Bank, Depository, etc.	CITY ▲  city A  ories: List all banks or other depositories in variations funds.	STATE A  Telephone Number	sits funds, holds accounts, rents

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

	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	d Organization, Affiliated Committee, Joint I	Fundraising Representati	ve, or Leadership PAC Sponso
BLUE CROSS AND	BLUE SHIELD OF KANSAS CITY FEDE	RAL PAC	
	1 2301 MAIN STREET		
Mailing Address			
	KANSAS CITY	MO MO	64108
Relationship:	CITY ▲	STATE A	XIP CODE ▲
Full Name			
Mailing Address			
Mailing Address			
Mailing Address			
Mailing Address  TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
TITLE OR POSITION	CITY A	STATE A Telephone Number	ZIP CODE A
TITLE OR POSITION	N ▼		ZIP CODE A
TITLE OR POSITION	ories: List all banks or other depositories in v	Telephone Number	
TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or m	ories: List all banks or other depositories in v	Telephone Number	
TITLE OR POSITION	ories: List all banks or other depositories in variations funds.	Telephone Number	sits funds, holds accounts, rents
TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or management of Bank,	ories: List all banks or other depositories in variations funds.	Telephone Number	sits funds, holds accounts, rents
TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in variations funds.	Telephone Number	sits funds, holds accounts, rents
TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in variations funds.	Telephone Number	sits funds, holds accounts, rents

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

-	red Organization, Affiliated	1 Committee, Joint	FEC ID FEC ID	number number number number	C C C
3. 4. A. Name of Any Connec	_	1 Committee, Joint	FEC ID	number	С
4. Name of Any Connec	_	1 Committee, Joint	FEC ID	number	
Name of Any Connec	_	d Committee, Joint			C
_	_	d Committee, Joint	Fundraising Rep	rocentativo	
-	_	d Committee, Joint	Fundraising Rep	rocontotivo	
HIGHMARK PAC	OF HIGHMARK INC.			resemanve	, or Leadership PAC Spons
					<u> </u>
Mailing Address	1800 CENTER STRE	ET			
Mailing Address					
	CAMP HILL			ı PA ı	17089
Relationship:		CITY A			ZIP CODE A
Helationship.		CITY		STATE A	ZIP CODE A
Full Name					
Mailing Address					
TITLE OR POSITI	ON ▼	CITY A	5	STATE A	ZIP CODE ▲
			Telephone Nu	ımber 🛄	

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

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
_	Organization, Affiliated Committee, Joint Fund		
Mailing Address	P.O. BOX 2291		
	DURHAM	NC NC	27702
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Represent	ative Leadership PAC Spo
Connecte	d Organization X Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC Spo
Connecte  Connecte  Designated Agent: Identif	d Organization X Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC Spo
Connecte  Designated Agent: Identif	d Organization X Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC Spo
Connecte  Designated Agent: Identif	d Organization X Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC Spo
Connecte  Designated Agent: Identif	d Organization X Affiliated Committee Join  y by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identification  Full Name  Mailing Address	d Organization X Affiliated Committee Join  y by name, address (phone number – optional)  CITY		
Connecte  Designated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	d Organization X Affiliated Committee Join  y by name, address (phone number – optional)  CITY   CITY    pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connecte  Designated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite Safety deposit boxes or make the composition of Bank, Depository, etc.	d Organization X Affiliated Committee Join  y by name, address (phone number – optional)  CITY   CITY    pries: List all banks or other depositories in which	STATE A	ZIP CODE A

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

(h). <b>Joint Fundraisi</b>	ng Participant:			
1.		FEC ID nu	ımber C	
2.		FEC ID nu	ımber C	
3.		FEC ID no	ımber C	
4.		FEC ID nu	ımber C	
	d Organization, Affiliated Committee, Joint CALIFORNIA PAC (SHIELD PAC)	Fundraising Repres	entative, o	r Leadership PAC Spon
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Mailing Address	601 12TH STREET		1 1 1	
	OAKLAND		CA <sub>I</sub>	94607
Relationship:	CITY ▲	97	 ATE ▲	ZIP CODE A
	ed Organization X Affiliated Committee	Joint Fundraising Re		
Full Name				
Mailing Address				
Mailing Address				
Mailing Address				
Mailing Address  TITLE OR POSITION	CITY A	STA	TE A	ZIP CODE A
	CITY A	STA Telephone Numb		ZIP CODE A
	CITY A			ZIP CODE A
TITLE OR POSITION	ories: List all banks or other depositories in	Telephone Numb	per	
TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management.	ories: List all banks or other depositories in	Telephone Numb	per	
TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	ories: List all banks or other depositories in	Telephone Numb	per	
TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	ories: List all banks or other depositories in	Telephone Numb	per	
TITLE OR POSITION  Sanks or Other Deposite afety deposit boxes or management of Bank, depository, etc.	ories: List all banks or other depositories in	Telephone Numb	per	
anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	ories: List all banks or other depositories in	Telephone Numb	per	

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

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
_	d Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spons
WELLMARK, INC. F	PAC (WELLPAC)		
Mailing Address	1331 GRAND AVENUE		
	STA. 5W570		
	DES MOINES	, IA ,	50309
		OTATE A	ZIP CODE ▲
Relationship:	CITY A	SIAIE	
esignated Agent: Identi	CITY   ed Organization   Affiliated Committee   Journal   fy by name, address (phone number – optional)	STATE ▲ pint Fundraising Representa	
esignated Agent: Identi	ed Organization X Affiliated Committee Jo		
Connecte esignated Agent: Identi	ed Organization X Affiliated Committee Jo		
esignated Agent: Identi	ed Organization X Affiliated Committee Jo		
esignated Agent: Identi  Full Name  Mailing Address	ed Organization X Affiliated Committee Jo		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	ed Organization X Affiliated Committee Jo	oint Fundraising Representation	ative Leadership PAC Sp

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

(h). Joint Fundrais	ing Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint For SHIELD OF SOUTH CAROLINA FEDER		
Mailing Address	INTERSTATE 20 AT ALPINE ROAD		
	COLUMBIA	sc	29214
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Full Name			
Mailing Address			
TITLE OR POSITIO	N ▼ CITY ▲	STATE ▲	ZIP CODE A
1	N ▼ CITY ▲	STATE ▲ Telephone Number	ZIP CODE A
Banks or Other Deposit	N ▼	Telephone Number	
	N ▼	Telephone Number	
Banks or Other Deposit	tories: List all banks or other depositories in what maintains funds.	Telephone Number	s funds, holds accounts, rents
Banks or Other Deposit safety deposit boxes or r	tories: List all banks or other depositories in what maintains funds.	Telephone Number	s funds, holds accounts, rents
Banks or Other Deposit safety deposit boxes or relationship with the same of Bank, Depository, etc.	tories: List all banks or other depositories in what maintains funds.	Telephone Number	s funds, holds accounts, rents
Banks or Other Deposit safety deposit boxes or relationship with the same of Bank, Depository, etc.	tories: List all banks or other depositories in what maintains funds.	Telephone Number	s funds, holds accounts, rents

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

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	d Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
PREMERA BLUE C	ROSS POLITICAL ACTION COMMITTEE/PRI	EMERA PAC	
Marilia e Addus a	7001 220TH STREET SW		
Mailing Address	MS 355		
			00040
	MOUNTLAKE TERRACE	WA	98043
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identi	fy by name, address (phone number - optional)		
Full Name	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE <b>A</b>
Full Name	CITY A	1	ZIP CODE <b>A</b>
Full Name Mailing Address  TITLE OR POSITION	CITY ▲  CITY ▲  Te  ories: List all banks or other depositories in which the	ephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposits safety deposit boxes or many saf	CITY ▲  CITY ▲  Te  ories: List all banks or other depositories in which the	ephone Number	
Full Name Mailing Address  TITLE OR POSITION	CITY ▲  CITY ▲  Te  ories: List all banks or other depositories in which the	ephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposits safety deposit boxes or many part of Bank,	CITY ▲  CITY ▲  Te  ories: List all banks or other depositories in which the	ephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or many Name of Bank, Depository, etc.	CITY ▲  CITY ▲  Te  ories: List all banks or other depositories in which the	ephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or many Name of Bank, Depository, etc.	CITY ▲  CITY ▲  Te  ories: List all banks or other depositories in which the	ephone Number	

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

		FEC ID nu	mber C	)
		FEC ID nu		
			mber C	
		FEC ID nu	mber C	
		FEC ID nu	mber C	
_		Fundraising Represe	entative, o	or Leadership PAC Spons
2 NORTH JACKS	SON STREET		1 1 1	
SUITE 202				
MONTGOMERY	OUT!		AL	36104
	CITY A	ST	ATE 🔺	ZIP CODE ▲
dentity by name, address	(phone number – option	nal)		
dentify by name, address	(phone number – option	nal)		
dentify by name, address	(phone number – option	nal)		
dentify by name, address	(phone number – option	nal)		
dentify by name, address				
dentify by name, address  Line Line Line Line Line Line Line Line	(phone number – option			ZIP CODE A
	2 NORTH JACKS SUITE 202 MONTGOMERY nected Organization	LUE SHIELD OF ALABAMA PAC  2 NORTH JACKSON STREET  SUITE 202  MONTGOMERY  CITY	LUE SHIELD OF ALABAMA PAC  2 NORTH JACKSON STREET  SUITE 202  MONTGOMERY  CITY  ST.	2 NORTH JACKSON STREET  SUITE 202  MONTGOMERY  AL  STATE ▲

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

1				
2.		FEC ID	number	С
		FEC IC	number	C
3.		FEC ID	number	С
4.		FEC IC	number	C
lame of Any Connect	ed Organization, Affiliated Committee, J	oint Fundraising Rep	resentative	e, or Leadership PAC Spons
Louisiana Health S	Service & Indemnity Company	<u> </u>		
Mailing Address	5525 Reitz Avenue			
Mailing / taalooc				
	Baton Rouge		ı LA ı	70808
Relationship:	CITY A		STATE A	ZIP CODE A
riolationomp.	GITT		SIAIL	ZII CODE A
Full Name Mailing Address	1			
Mailing Address				
	1	1		
	CITY A		L	7IP CODE A
TITLE OR POSITION	DN ▼ CITY ▲	Telephone No	STATE A	ZIP CODE A