FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Horizon Healthcare Services, Inc.-Horizon BCBSNJ Federal PAC Inc. Three Penn Plaza East ADDRESS (number and street) PP-11G (Check if address is changed) Newark 07105 NJ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address sarah_jones@horizonblue.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2017 C00639245 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 Jones, Sarah, E., 05 17 2024 Signature of Treasurer Jones, Sarah, E.,, Date 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

_	_
EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate info	formation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign of information below.)	committee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorize	ed committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization	on line 6.) Its connected organization is
X Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NO committee. (i.e., nonconnected committee)	OT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on	line 6.)
(g) This committee is an independent expenditure-only political committee (Super F	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	,
(h) This committee is a political committee with both contribution and non-contribut	tion accounts (Hybrid PAC)
□ <u> </u>	non accounts (Hybrid 1740).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, at least one of which is an authorized committee of a	•
(j) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, none of which is an authorized committee of a federal	•
Committees Participating in Joint Fundraiser	
1. L	С

FFC	Form	1	(Revised	02/2009)

Page 3

Write or Type Committee Name

Horizon Healthcare Services	, IncHorizon BCBSNJ Federal PAC Inc.

6.	-	ganization, Affiliated Committee, Joint MMITTEE-THE POLITICAL ACTION COMM	= -		
	Mailing Address	P.O. BOX 13466			
		PHOENIX		AZ 8500	02
		CITY ▲	SI	TATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization	Joint Fundraising Re	epresentative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number opti	onal) and position of th	ne person in poss	ession of committee
	Diaz, Ulises	5,,,			
	Tun Tunio	Three Penn Plaza East			
	Mailing Address	PP-11			
		Newark		NJ 0710	05
		CITY ▲	SI	TATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Custodian of Records		Telephone numbe	r	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of t ssistant treasurer).	he treasurer of the co	mmittee; and the	name and address of
	Full Name Jones, Sara of Treasurer	ah, E., ,			
	Mailing Address	Three Penn Plaza East			
		PP-11G			
		Newark		NJ 0710	05
	Title or Position ▼	CITY ▲	ST	TATE ▲	ZIP CODE ▲
			Telephone numbe	r	

FEC Form 1 (Revised	02/2009)		Page 4
Full Name of Designated Wilson, To	om, , ,		
Mailing Address	Three Penn Plaza East		
	PP-11P		
	Newark	NJ	07105
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position ▼ Assistant Treasurer			
Assistant freasurer		Telephone number	
safety deposit boxes or mai		which the committee deposits t	funds, holds accounts, rents
Name of Bank, Depository,	etc.		
TD Ban	k 	1	
Mailing Address	418-428 Market Street		
	Newark	NJ	07105
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

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Form/Schedule: F1A
Transaction ID:

In accordance with the guidance provided in FEC Advisory Opinion 2002-04, the name of this committee is Horizon Healthcare Services, Inc.-Horizon BCBSNJ Federal PAC Inc. The legal name of the connected organization of this Separate Segregated Fund is Horizon Healthcare Services, Inc. The widely known trade name of the connected organization is Horizon Blue Cross Blue Shield of New Jersey, known also by the abbreviation Horizon BCBSNJ. The main landing page of the connected organizations website (www.horizonblue.com) uses both the Horizon Blue Cross Blue Shield of New Jersey and Horizon BCBSNJ names. The name Horizon Healthcare Services, Inc. is never used on the main landing page of the website, but is instead found on the Legal Notice section of the website (www.horizonblue.com/legal-notice). The Horizon Blue Cross Blue Shield of New Jersey and Horizon BCBSNJ names are in widespread internal and external use by the connected organization. The Separate Segregated Fund intends to use the name Horizon BCBSNJ Federal PAC for such common uses such checks and letterhead, in accordance with 11 CFR 102.14(c) as interpreted by FEC Advisory Opinion 2002-04.

Form/Schedule: Transaction ID:

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

h). Joint Fundraisir	•		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
BLUE CROSS BLUE	SHIELD OF ALABAMA PAC		
Mailing Address	2 NORTH JACKSON STREET		
	SUITE 202		1 1 1 1 1 1 1 1 1
	MONTGOMERY	AL	36104
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Represent	Leadership PAC S
Connecte	d Organization X Affiliated Committee Join y by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Sp
Connecte esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
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Connecte esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	y by name, address (phone number – optional)	nt Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or market	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, epository, etc.	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected BLUE SHIELD OF C	I Organization, Affiliated Committee, Joint Func ALIFORNIA	Iraising Representative	e, or Leadership PAC Spons
Mailing Address	50 BEALE STREET		
	17-C356		
	SAN FRANCISCO	CA	94105
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Join fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Spi
		nt Fundraising Representa	Leadership PAC Spo
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Spo
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.	ng Participant:		
STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ C FEC ID number C FE		FEC ID number	С
A. FEC ID number C Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sp FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL Mailing Address P.O. BOX 6936 4800 DEERWOOD CAMPUS PARKWY, DC3-4 JACKSONVILLE Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization ★ Affiliated Committee Joint Fundraising Representative Leadership PAC Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲		FEC ID number	C
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sp FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL Mailing Address P.O. BOX 6936 4800 DEERWOOD CAMPUS PARKWY, DC3-4 JACKSONVILLE FL 32246 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲		FEC ID number	C
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL Mailing Address P.O. BOX 6936 4800 DEERWOOD CAMPUS PARKWY, DC3-4 JACKSONVILLE FL 32246 Connected Organization X Affiliated Committee Joint Fundraising Representative Leadership PAC Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY A STATE A ZIP CODE A		FEC ID number	C
FLORIDA HEALTH POLITICAL ACTION COMMITTEE (THE PAC OF BLUE CROSS & BLUE SHIELD OF FL Mailing Address P.O. BOX 6936 4800 DEERWOOD CAMPUS PARKWY, DC3-4 JACKSONVILLE FL 32246 Connected Organization X Affiliated Committee Joint Fundraising Representative Leadership PAC Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY A STATE A ZIP CODE A			
Mailing Address P.O. BOX 6936 4800 DEERWOOD CAMPUS PARKWY, DC3-4 JACKSONVILLE Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization X Affiliated Committee Joint Fundraising Representative Leadership PAC Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲	Organization, Affiliated Committee, Joint	Fundraising Representati	ve, or Leadership PAC Spons
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Affiliated Committee Joint Fundraising Representative Leadership PAC Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲	P.O. BOX 6936		
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲	4800 DEERWOOD CAMPUS PARKWY, DO	3-4	
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safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address	ories: List all banks or other depositories in valuations funds.	Telephone Number	sits funds, holds accounts, rents
Name of Bank, Depository, etc.	pries: List all banks or other depositories in valuations funds.	Telephone Number	sits funds, holds accounts, rents
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1		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4		FEC ID number	С
lame of Any Connecte	d Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
WELLMARK, INC. F	-		
Mailing Address	1331 GRAND AVENUE		
	STA. 5W570		
	DES MOINES	IA	50309
		STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee ify by name, address (phone number – optional)	oint Fundraising Representa	ative Leadership PAC Sp
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3.				FEC ID	number	С
4.				FEC ID	number	С
Name of	Any Connected (Organization, Affilia	ted Committee, Joint	Fundraising Rep	resentative	e, or Leadership PAC Spor
BLUE	CROSS AND B	LUE SHIELD OF	KANSAS, INC. EMP	LOYEE PAC		
Mai	ling Address	1133 SW TOPEKA	A BLVD.			
		CC:855 - B3				
		TOPEKA			KS	66629
Rela	ationship:		CITY A		STATE ▲	ZIP CODE ▲
esignate			uffiliated Committee	Joint Fundraising	Representa	ative Leadership PAC S
Designate Full N	ed Agent: Identify				Representa	Leadersnip PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	OWINGS MILL				
in.				MD	21117
ip:		CITY A		STATE A	ZIP CODE ▲
nt: Identify by	name, address (p	phone number – c	ptional)		
966					
L					
L					
POSITION ▼		CITY A		STATE A	ZIP CODE ▲
			Telepho	one Number	
F	ress	ressPOSITION ▼	ress CITY A	POSITION ▼ CITY ▲ Telepho	ress CITY A STATE A

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

1.						
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2				FEC ID	number	С
3				FEC ID	number	C
4				FEC ID	number	С
	-	_	iliated Committee, Joint			e, or Leadership PAC Spor
Mai	iling Address	101 HUNTINGT	ON AVENUE			
		SUITE 300				
		BOSTON			MA	02199-7011
Pol	lationship:		CITY A		STATE 🛦	ZIP CODE ▲
			Affiliated Committee s (phone number – option	Joint Fundraising	Representa	ative Leadership PAC S
	ed Agent: Identify				Representa	ative Leadership PAC S
Pesignate Full N	ed Agent: Identify				Representa	Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

r(h). Joint Fundraisi	ng Participant:			
1.		FEC FEC	ID number	С
2		FEC FEC	ID number	С
3.		FEC FEC	ID number	C
4.		FEC	ID number	C
-	d Organization, Affiliated Committee, SHIELD OF MICHIGAN PAC	Joint Fundraising R	epresentativ	e, or Leadership PAC Spons
Mailing Address	232 S. CAPITOL			
	MC L10A			
Relationship:	LANSING CITY A		MI STATE ▲	48933 ZIP CODE ▲
Connect	ed Organization X Affiliated Committee	Joint Fundraisi	na Ponrosont	ative Leadership PAC Spo
Full Name				
Mailing Address				
Mailing Address				
Mailing Address				
	CITY A		STATE A	ZIP CODE A
TITLE OR POSITION	CITY A	Telephone		ZIP CODE A
TITLE OR POSITION	ories: List all banks or other depositorinaintains funds.		Number	s 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 depositorinaintains funds.	ies in which the comr	Number	s funds, holds accounts, rents

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

(h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	l Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Sponso
BLUE CROSS AND	BLUE SHIELD OF KANSAS CITY FEDERA	L PAC	
Mailing Address	2301 MAIN STREET		
	KANSAS CITY	MO MO	64108
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Join fy by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Spo
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Designated Agent: Identi		nt Fundraising Represent	Leadership PAC Spo
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Designated Agent: Identi Full Name	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds.	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A

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	ing Participant:		
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2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
_	d Organization, Affiliated Committee, Joint I	Fundraising Representation	ve, or Leadership PAC Spons
BLUE CROSS AND	BLUE SHIELD OF NEBRASKA PAC		
Mailing Address	1919 AKSARBEN DRIVE PO BOX 3248		
		<u> </u>	
	OMAHA	, , , , , , , , NE ,	68180-0001
Relationship:	CITY ▲	STATE 4	ZIP CODE ▲
Designated Agent: Ident	ify by name, address (phone number – option	al)	
Designated Agent: Ident	ify by name, address (phone number – option	al)	
	ify by name, address (phone number – option	al)	
Full Name	ify by name, address (phone number – option	al)	
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Full Name Mailing Address TITLE OR POSITION Banks or Other Deposition boxes or not be seen and the seen an	CITY A cories: List all banks or other depositories in vinaintains funds.	STATE A Telephone Number	its funds, holds accounts, rents

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

g Participant:			
	FEC	ID number	С
	FEC	ID number	С
	FEC	ID number	C
	FEC	ID number	С
_	_	-	
SLUE SHIELD OF NORTH CF	ROLINA EMPLOYEE	POLITICAL	ACTION COMMITTEE
P.O. BOX 2291			
DURHAM		NC	27702
CITY A		STATE A	ZIP CODE ▲
CITY A		STATE A	ZIP CODE A
CITY A	Telephone		ZIP CODE A
CITY A cites: List all banks or other depo- aintains funds.		Number	s funds, holds accounts, rents
ries: List all banks or other depo	sitories in which the com	Number	s funds, holds accounts, rents
E	P.O. BOX 2291 DURHAM CITY A d Organization	FECO FECO FECO FECO Organization, Affiliated Committee, Joint Fundraising I BLUE SHIELD OF NORTH CAROLINA EMPLOYEE P.O. BOX 2291 DURHAM CITY CITY	FEC ID number FEC ID number FEC ID number FEC ID number Organization, Affiliated Committee, Joint Fundraising Representative BLUE SHIELD OF NORTH CAROLINA EMPLOYEE POLITICAL P.O. BOX 2291 DURHAM CITY A STATE A d Organization X Affiliated Committee Joint Fundraising Representative STATE 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	С
3.		FEC ID number	С
4.		FEC ID number	C
		,	
Name of Any Connected	d Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponse
CAPITAL BLUEPAC	C, THE POLITICAL ACTION COMMITTEE	OF CAPITAL BLUECR	:OSS
Mailing Address	PO BOX 60710		1 1 1 1 1 1 1 1 1
	HARRISBURG	PA	17177-2531
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Designated Agent: Ident	ify by name, address (phone number – optional)	
Designated Agent: Ident	ify by name, address (phone number – optional		
	ify by name, address (phone number – optional		
Full Name	ify by name, address (phone number – optional		
Full Name	ify by name, address (phone number – optional		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION	CITY ▲ ories: List all banks or other depositories in wh	STATE A Telephone Number	
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	ng Participant:		
1.		FEC ID number	С
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lame of Any Connected	d Organization, Affiliated Committee, Joint Fu	ndraising Representative	e or Leadership PAC Spon
HIGHMARK PAC O			
Mailing Address	1800 CENTER STREET		
	CAMP HILL		17089
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignateu Agent. Identi	ify by name, address (phone number – optional)	
Full Name	ify by name, address (phone number – optional)	
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ame of Any Connected	d Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
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	INTERCTATE 20 AT ALPINE DOAD		
Mailing Address	INTERSTATE 20 AT ALPINE ROAD		
	COLUMBIA	SC	29214
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	fy by name, address (phone number – optional)	runuraising nepresenta	Leadership PAC 5
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
-	SHIELD OF TENNESSEE INC POLITICAL A		
Mailing Address	1 CAMERON HILL CIRCLE		
	CHATTANOOGA	TN	37402
Relationship:	CITY A	STATE A	ZIP CODE ▲
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	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
		Fundraising Representa	Leadership PAC S
	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1.		FEC ID number	С
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3.		FEC ID number	C
4.		FEC ID number	C
-	d Organization, Affiliated Committee, Joint Fu		e, or Leadership PAC Sponso
PREMERA BLUE C	ROSS POLITICAL ACTION COMMITTEE	PREMERA PAC	
Mailing Address	7001 220TH STREET SW		
-	MS 355		
	MOUNTLAKE TERRACE	ı ı WA ı	98043
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		loint Fundraising Represent	
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		
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Full Name	CITY	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or management of Bank, Depository, etc.	CITY ▲ CITY ▲ ories: List all banks or other depositories in whaintains funds.	STATE Telephone Number ich the committee deposit	s funds, holds accounts, rents

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

NJ 07105 STATE ▲ ZIP CODE ▲ Joint Fundraising Representative Leadership PAC Sp optional) STATE ▲ ZIP CODE ▲ Telephone Number — — — — —	h). Joint Fundraisi	ng Participant:		
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NJ 07105 STATE ▲ ZIP CODE ▲ Joint Fundraising Representative Leadership PAC Sp optional) STATE ▲ ZIP CODE ▲ Telephone Number	ame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
STATE A ZIP CODE A Joint Fundraising Representative Leadership PAC Sp optional) STATE A ZIP CODE A Telephone Number	Horizon Healthcare	Services, Inc. d/b/a Horizon Blue Cross Blue	Shield of New Jerse	у
STATE A ZIP CODE A Joint Fundraising Representative Leadership PAC Sp optional) STATE A ZIP CODE A Telephone Number	<u> </u>			
STATE ZIP CODE Leadership PAC Spoptional) STATE ZIP CODE Leadership PAC Spoptional STATE ZIP CODE STATE STATE ZIP CODE STATE STATE STATE Telephone Number STATE Telephone Number STATE Telephone Number STATE ST				
STATE A ZIP CODE A Joint Fundraising Representative Leadership PAC Sp optional) STATE A ZIP CODE A Telephone Number	Mailing Address	Three Penn Plaza East		
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Joint Fundraising Representative Leadership PAC Spoptional) STATE ZIP CODE Telephone Number Telephone Number ss in which the committee deposits funds, holds accounts, rent		Newark	NJ NJ	07105
optional) STATE ZIP CODE Telephone Number is in which the committee deposits funds, holds accounts, rent	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
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BEGET AG BEGE G	ROGO BEOE GINEED AGGGGIATION I AG		
Mailing Address	750 9th Street, NW		
	WASHINGTON	DC	20001
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC S
	d Organization X Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Represente	Leadership PAC S
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