

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAILCENTER

2024 MAY 20 AM 11:28

Office Use Only

1. NAME OF
COMMITTEE (in full) (Check if name
is changed) Example: If typing, type
over the lines.

12FE4M5

Blue Cross and Blue Shield of Kansas City Federal Political Action Committee

ADDRESS (number and street) 2301 Main Street

(Check if address
is changed)

Kansas City

CITY ▲

MO

64108

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

ConiFries@BlueKC.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE 05 / 16 / 2024

3. FEC IDENTIFICATION NUMBER ►

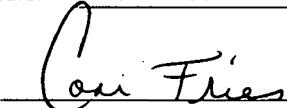
C 00301358

4. 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 Coni Fries

Signature of Treasurer



Date 05 / 16 / 2024

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 03/2022)

Write or Type Committee Name

Blue Cross and Blue Shield of Kansas City Federal Political Action Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Blue Cross and Blue Shield of Kansas City

Mailing Address 2301 Main Street

Kansas City MO 64108 -

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Coni Fries

Mailing Address 2301 Main Street

Kansas City MO 64108 -

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Vice President, Government Relations

Telephone number 816 - 395 - 2801

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Coni Fries

Mailing Address 2301 Main Street

Kansas City MO 64108 -

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Vice President, Government Relations

Telephone number 816 - 395 - 2801

Full Name of
Designated
Agent

Coni Fries

Mailing Address

2301 Main Street

Kansas City

MO

64108

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Vice President, Government Relations

Telephone number

816 - 395 - 2801

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Commerce Bank

Mailing Address

1000 Walnut

Kansas City

MO

64106

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1A

Transaction ID :

This is being amended to remove Independence Blue Cross PAC (C00450056) as an affiliated committee and to update the addresses of the committee and its officers

Form/Schedule:

Transaction ID:

2024-09-05 00:00:00-04:00

5(i) or (j). Joint Fundraising Participant:

1. _____
2. _____
3. _____
4. _____

FEC ID number	C_____

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Blue Cross Blue Shield Association PAC

Mailing Address

750 9th Street NW

Washington

DC

20001

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

_____ - _____ - _____

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,

Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(i) or (j). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number C _____
FEC ID number C _____
FEC ID number C _____
FEC ID number C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

BlueCross BlueShield of Tennessee Inc Political Action Committee (BCBSTN PAC)

Mailing Address

1 Cameron Hill Circle

Chattanooga

TN

37402

- _____

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

TITLE OR POSITION ▼

Telephone Number

_____ - _____ - _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.Name of Bank,
Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(i) or (j). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number	C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

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

Mailing Address

5525 Reitz Avenue

Baton Rouge

LA

70809

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

_____ - _____ - _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,
Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(i) or (j). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number _____
 FEC ID number _____
 FEC ID number _____
 FEC ID number _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Horizon Healthcare Services, Inc. _____
 Horizon [BCBSNJ] Federal Pac Inc. _____

Mailing Address _____

 _____ _____ _____ - _____
 Relationship: CITY ▲ STATE ▲ ZIP CODE ▲
 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____
 Mailing Address _____
 _____ _____ - _____
 TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 _____ Telephone Number - - _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,
 Depository, etc. _____
 Mailing Address _____
 _____ _____ - _____
 CITY ▲ STATE ▲ ZIP CODE ▲

5(i) or (j). **Joint Fundraising Participant:**

1. _____

2. _____

3. _____

4. _____

FEC ID number C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Blue Cross Blue Shield of Michigan Pac

Mailing Address

232 S. Capitol Ave. MC L10A

Lansing

MI

48933

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

_____ - _____ - _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,
Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(i) or (j). **Joint Fundraising Participant:**

1. [REDACTED]	FEC ID number	[REDACTED]
2. [REDACTED]	FEC ID number	[REDACTED]
3. [REDACTED]	FEC ID number	[REDACTED]
4. [REDACTED]	FEC ID number	[REDACTED]

FEC ID number

C

FEC ID number

C

FEC ID number

C

FEC ID number

C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Guidewell Mutual Holding Corporation Political Action Committee (Guidewell PAC)

[REDACTED]

Mailing Address

4800 Deerwood Campus Parkway DC 1-7

[REDACTED]

Jacksonville

FL

32246

[REDACTED]

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name	[REDACTED]
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Mailing Address	[REDACTED]
-----------------	------------

[REDACTED]

[REDACTED]

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

[REDACTED]	Telephone Number	[REDACTED]	-	[REDACTED]	-	[REDACTED]
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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.Name of Bank,
Depository, etc.

[REDACTED]

Mailing Address

[REDACTED]

[REDACTED]

CITY ▲

STATE ▲

ZIP CODE ▲

5(i) or (j). Joint Fundraising Participant:

1. _____
2. _____
3. _____
4. _____

FEC ID number	C _____

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Blue Cross and Blue Shield of Kansas, Inc. Employee Pac

Mailing Address 1133 SW Topeka Blvd CC: 855-B3

Topeka

KS

66629

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

_____ - _____ - _____

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,

Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(i) or (j). **Joint Fundraising Participant:**

1. [REDACTED]	FEC ID number	[REDACTED]
2. [REDACTED]	FEC ID number	[REDACTED]
3. [REDACTED]	FEC ID number	[REDACTED]
4. [REDACTED]	FEC ID number	[REDACTED]

FEC ID number
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C
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C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Healthy Government Committee - The Political Action Committee of Blue Cross and Blue Shield of Arizona, Inc.

Mailing Address P.O. Box 13466

Phoenix

AZ

85002

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

[REDACTED]

Mailing Address

[REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

[REDACTED]	-	[REDACTED]	-	[REDACTED]
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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,
Depository, etc.

[REDACTED]

Mailing Address

[REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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CITY ▲

STATE ▲

ZIP CODE ▲

5(i) or (j). **Joint Fundraising Participant:**

1. _____
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3. _____
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FEC ID number	C_____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Capital BluePac, The Political Action Committee of Capital BlueCross

Mailing Address P.O. Box 60710 C/O Linda Melusky

Harrisburg PA 17106 _____ - _____

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number _____ - _____ - _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,
Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(i) or (j). **Joint Fundraising Participant:**

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FEC ID number C _____
FEC ID number C _____
FEC ID number C _____
FEC ID number C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Blue Cross and Blue Shield of Nebraska Pac _____

Mailing Address

1919 Aksarben Drive, P.O. Box 3248 _____

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number _____ - _____ - _____

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Name of Bank, _____
Depository, etc. _____

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

5(i) or (j). **Joint Fundraising Participant:**

1. _____
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3. _____
4. _____

FEC ID number	C_____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Carefirst BlueCross Blue Shield Associates Federal Pac

Mailing Address

10455 Mill Run Circle

Owings Mill

MD

21117

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

_____ - _____ - _____

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Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(i) or (j). **Joint Fundraising Participant:**

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FEC ID number _____
 FEC ID number _____
 FEC ID number _____
 FEC ID number _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Highmark Pac of Highmark, Inc. _____

Mailing Address

1800 Center Street,

Camp Hill PA 17089 -

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

_____ - _____ - _____

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Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(i) or (j). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number	C_____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Blue Cross and Blue Shield of North Carolina Employee Political Action Committee

Mailing Address

P.O. Box 2291

Durham

NC

27702

-_____

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number _____ - _____ - _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,

Depository, etc. _____

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(i) or (j). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number	C_____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Blue Shield of California Pac (Shield Pac) _____

Mailing Address

601 12th Street

Oakland

CA

94607

-

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

_____ - _____ - _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.Name of Bank,
Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(i) or (j). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number	C_____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Wellmark, Inc. Pac (WellPac) _____

Mailing Address 1331 Grand Avenue, Sta 5W570

Des Moines IA 50309 -

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

_____ CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲
_____ Telephone Number _____ - _____ - _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, _____
Depository, etc. _____

Mailing Address _____

_____ CITY ▲ STATE ▲ ZIP CODE ▲

5(i) or (j). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number	C_____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Blue Cross Blue Shield of South Carolina Federal Government Programs

Mailing Address Interstate 20 at Alpine Rd. _____

Columbia SC 29219 - _____

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number _____ - _____ - _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. _____

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

5(i) or (j). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number	C_____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Premera Blue Cross Political Action Committee / Premera Pac

Mailing Address

7001 220th Street, SW, MS 355

Mountlake Terrace

WA

98043

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number _____

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Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(i) or (j). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number	C_____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Blue Cross Blue Shield of Alabama Pac

Mailing Address 2 North Jackson Street, Suite 202

See Attached.

Montgomery AL 36104 - _____

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number _____ - _____ - _____

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Name of Bank, Depository, etc. _____

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

RECEIVED
FEC MAILCENTER
2024 MAY 20 AM 11:28

Kansas City
P.O. Box 419169
Kansas City, MO 64141-6169

Federal Election Commission
1050 First Street, NE
Washington, D.C. 20002

ORIGIN: 101-MHCA (816) 395-3179
SHIP DATE: 17 MAY 24
ACTWT: 0.30 LB
CAB: 0480246/CAFE3755
BILL SENDER

Part # 156207 US KRONVZ EXP 09/24
ORIGIN: 101-MHCA (816) 395-3179
SHIP DATE: 17 MAY 24
ACTWT: 0.30 LB
CAB: 0480246/CAFE3755
BILL SENDER

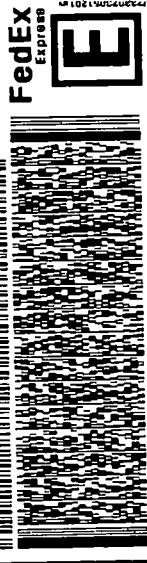
TO FEDERAL ELECTION COMMISSION

1050 FIRST STREET, NE

WASHINGTON DC 20002

(016) 385-2801

DEPT: 12600



TUE - 21 MAY 5:00P
** 2DAY **

200002
DC-US
IAD



im recyc

RECEIVED
FEDERAL ELECTION COMMISSION
2024 MAY 20 AM 11:31



Veloci

Align bottom of peel-and-stick airbill or pouch here.

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt	
<input type="checkbox"/> USPS First Class Mail	Date of Receipt	
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)	
<input type="checkbox"/> USPS Priority Mail	Postmarked	
<input type="checkbox"/> USPS Priority Mail Express	Postmarked	
<input type="checkbox"/> Postmark Illegible		
<input type="checkbox"/> No Postmark		
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FEDEX</i>	Shipping Date <i>5/17/24</i>	Date of Receipt <i>5/20/24</i>
	Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received via FAX	Date of Receipt	
<input type="checkbox"/> Received via Email	Date of Receipt	
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt	
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked	
<i>WD</i> PREPARER (4/2023)	<i>5/20/24</i> DATE PREPARED	