FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Blue Cross Blue Shield of South Carolina Federal Government Programs Interstate 20 at Alpine Road ADDRESS (number and street) (Check if address is changed) Columbia SC 29214-0001 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address outsourcing@aristotle.com is changed) Optional Second E-Mail Address victoria.halydier@bcbssc.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00406850 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 Phillips, Justin, , 05 19 2024 Signature of Treasurer Phillips, Justin, , , 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

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EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information by	pelow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. information below.)	(Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	State resident District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committ	
Name of Candidate	1 1 1 1 1 1 1 1 1 1 1
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 NOT a separ committee. (i.e., nonconnected committee)	rate 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 PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution account	nts (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 proce committees/organizations, at least one of which is an authorized committee of a federal of	·
(j) This committee collects contributions, pays fundraising expenses and disburses net proce committees/organizations, none of which is an authorized committee of a federal candidate.	· · · · · · · · · · · · · · · · · · ·
Committees Participating in Joint Fundraiser	
1. [, , , , , , , , , , , , , , , , ,] C	

FEC Form 1 (Revised 02/2009)	Page 3
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Write or	Type	Committee	Name	
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Blue	Cross	Blue	Shield of	of South	Carolina	Federal	Government	Programs

_	Name of Any Connected Or	was insting Affiliate	od Committee Joint Fr	andraiaina Bana		Landarahin DAC S	
6.	Name of Any Connected Or			indraising Repre	esentative, or i	Leadership PAC S	ponsor
	Blue Cross Blue Shie	eld of South Ca	rolina La la				
	1						
	Mailing Address	Interstate 20 at Alpi	ne Road				
		Columbia			SC	29219-0001	
			CITY A		STATE ▲	ZIP CODE	Ε ▲
	Relationship: X Connected	Organization Aff	iliated Organization	Joint Fundraising	Representative	Leadership	PAC Sponsor
_							
7.	Custodian of Records: Identi	fy by name, address	(phone number option	al) and position o	f the person in p	oossession of comn	nittee
	books and records.						
	Phillips, Jus	stin.					
	Full Name						
	Mailing Address	205 Pennsylvania A	ve SE				1
	Maining / Marioso						
		Washington			DC L	20003-1164	
			CITY ▲		STATE ▲	ZIP CODE	. ▲
	Title or Position ▼						
	Custodian of Records			Talambana mun		1-1 1-1	1
				Telephone num	iber		
<u></u>	Treasurer: List the name and	d address (phone n	ımber ontional) of the	treasurer of the	committee: and	the name and ac	dress of
0.	any designated agent (e.g., a		or the	treasurer or the	commuce, and	a the name and ac	101033 01
	Full Name Phillips, Jus	ctio					
	of Treasurer	suii, , , 					
	Mailing Address	205 Pennsylvania A	ve SE				
		1					1
		Washington			DC I	20003-1164	
						20003 1104	
			CITY ▲		STATE ▲	ZIP CODE	■
	Title or Position ▼						
	Treasurer		, , , , , ,	Telephone num	ıber		
I				,			

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	D'Alessio, James, , ,	
Mailing Address	209 Fetterbush Rd	
	Elgin SC	29045-9185
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position Designated Agen		803 - 264 - 2644
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits ses or maintains funds.	funds, holds accounts, rents
Name of Bank, D	epository, etc.	
	Truist	
Mailing Address	8910 Two Notch Rd	
	Columbia	29223
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ H98 'HC' 5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H= C B

Form/Schedule: F1A Transaction ID:

This amendment updates the Treasurer, Email address, affiliated committees and Depository.

Form/Schedule: Transaction ID:

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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
ame of Any Connector	Organization, Affiliated Committee, Joint F	iundraising Representativ	e or Leadership BAC Spon
Blue Cross Blue Shi			e, or reducising the open
Mailing Address	2 North Jackson Street Suite 2		
	Montgomery	AL	36104-3803
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	d Organization X Affiliated Committee y by name, address (phone number – optional	Joint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	cories: List all banks or other depositories in waintains funds.	STATE Telephone Number which the committee deposit	ZIP CODE A ts funds, holds accounts, rent

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

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h). Joint Fundraisi	.g		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fund e Political Action Committee of Capital Blue	-	e, or Leadership PAC Spon
Mailing Address	PO Box 60710		
	Harrisburg	PA	17106-0710
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee Joi	nt Fundraising Represent	ative Leadership PAC S
		nt Fundraising Represent	ative Leadership PAC S
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	ng 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 F	undraising Representativ	e, or Leadership PAC Spon
Highmark PAC of H	ghmark Inc.		
Mailing Address	1800 Center Street		
	Camp Hill	PA	17011-1702
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization X Affiliated Committee fy by name, address (phone number – optional	Joint Fundraising Represent	
			ative Leadership PAC Sp
esignated Agent: Ident			
esignated Agent: Ident			
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esignated Agent: Ident	fy by name, address (phone number – optional		ZIP CODE A
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h). Joint Fundrais	ng Participant:		
1.		FEC ID number	С
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3.		FEC ID number	С
4.		FEC ID number	C
		_ 	
ame of Any Connected, Wellmark, Inc. PAC	d Organization, Affiliated Committee, Joint F	Fundraising Representation	ve, or Leadership PAC Spon
Mailing Address	1331 Grand Avenue		
	Des Moines		50309-2901
Relationship:	CITY ▲	STATE 4	ZIP CODE ▲
	ed Organization X Affiliated Committee	Joint Fundraising Represen	tative Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Ident			Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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				FEC II) number	C
2. 🔲				FEC II) number	С
3. 🗔				FEC II	number	С
4. 🔲				FEC II	number	С
			ffiliated Committee, Joint on Political Action Comm			re, or Leadership PAC Spon
Mail	ling Address	PO Box 6936				
		Jacksonville			FL L	32236-6936
			CITY A		STATE A	ZIP CODE ▲
			X Affiliated Committee ess (phone number – option	Joint Fundraising	g Represent	tative Leadership PAC Sp
Designate Full N	Connecte ed Agent: Identif		X Affiliated Committee		g Represent	Leadership PAC Sp
Designate Full N	Connecte		X Affiliated Committee		g Represent	Leadership PAC Sp
Designate Full N	Connecte ed Agent: Identif		X Affiliated Committee		g Represent	Leadership PAC Sp
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Designate Full N Mailin	Connecte ed Agent: Identif	y by name, addre	X Affiliated Committee ess (phone number – option	nal)	STATE A	

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h). Joint Fundraisi	ig Farticipant.		
1.		FEC ID numbe	C
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lame of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representat	ive, or Leadership PAC Spon
Premera Blue Cross	PAC		
Mailing Address	7001 220th Street SW		
	Mountlake Terrace	WA WA	98043-
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
Connecte	d Organization X Affiliated Committee	Joint Fundraising Represe	ntative Leadership PAC Sp
	d Organization X Affiliated Committee by by name, address (phone number – optional		ntative Leadership PAC Sp
			ntative Leadership PAC Sp
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(h). Joint Fundraisi	• .		
1.		FEC ID number	С
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lame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Blue Cross Blue Shi	eld of Michigan PAC		
Mailing Address	232 S. Capital Ave.		
	Lansing	MI	48933-1536
Relationship:	CITY A	STATE A	ZIP CODE ▲
	fy by name, address (phone number – optional	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
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	ng Participant:		
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lame of Any Connected	l Organization, Affiliated Committee, Joint Fo	undraising Representativ	e, or Leadership PAC Spons
CareFirst BlueCross	BlueShield Associates Federal PAC		
Mailing Address	10455 Mill Run Circle		
	Owings Mills	MD	21117-4208
Relationship:	CITY A	STATE A	ZIP CODE ▲
	ed Organization X Affiliated Committee fy by name, address (phone number – optiona	Joint Fundraising Represent	auto La Zadosonip (710 op
esignated Agent: Identi			
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ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Blue Cross and Blue	Shield of Kansas City Federal PAC		
	₁ 2301 Main		
Mailing Address			
	Kansas City	MO	64108-
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
		Fundraising Representa	Leadership PAC S
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h). Joint Fundrais i	3		
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2.		FEC ID number	C
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4.		FEC ID number	C
ame of Any Connector	d Organization, Affiliated Committee, Joint Fur	adraicina Panracentativ	o or Londorphin BAC Spon
-	rnia PAC (Shield PAC)	idiaising nepresentativ	e, or Leadership FAC Spon
Mailing Address	601 12th Street		
	Oakland	CA	94607-3613
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Joffy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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2.		FEC ID number	С
		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connecte	d Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spons
-	e Shield of North Carolina Employee Politic		
Mailing Address	Box 2291		
	Durham	NC NC	27702-2291
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Ident	ify by name, address (phone number – optiona	nl)	
esignated Agent: Ident	ify by name, address (phone number – optiona	N)	
esignated Agent: Ident	ify by name, address (phone number – optiona	N)	
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esignated Agent: Ident			7/D CODE A
esignated Agent: Ident	CITY A	STATE A	ZIP CODE A

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

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	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected	l Organization, Affiliated Committee, Joint F	undraising Representati	ve, or Leadership PAC Spons
Healthy Government	t Committee-The Political Action Commit	ee of Blue Cross & Blu	e Shield of Arizona, Inc
Mailing Address	PO Box 13466		
	Phoenix	AZ	85002-3466
Relationship:	CITY ▲	STATE 4	ZIP CODE ▲
	fy by name, address (phone number - option	11)	
Full Name			
Full Name			
		11)	
	CITY A	STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION	CITY A		ZIP CODE A
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ame of Bank,	CITY ▲ pries: List all banks or other depositories in waintains funds.	STATE A Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the deposit boxes or make the depository, etc.	CITY ▲ pries: List all banks or other depositories in waintains funds.	STATE A Telephone Number	its funds, holds accounts, rent

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

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(h). Joint Fundrais	ng rarticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
-	d Organization, Affiliated Committee, Joint F	undraising Representati	ve, or Leadership PAC Spons
Bluepac - Blue Cros	s Blue Shield Association Pac		
Mailing Address	750 9th Street, NW		
	Washington	DC	20001-4524
Relationship:	CITY A	STATE 4	ZIP CODE ▲
Connect	ed Organization X Affiliated Committee fy by name, address (phone number – optional	Joint Fundraising Represer	ntative Leadership PAC Spo
Connect			Leadership PAC Spo
Connect Designated Agent: Ident			Leadership PAC Spo
Connect Designated Agent: Ident Full Name			Leadership PAC Spo
Connect Designated Agent: Ident Full Name			Leadership PAC Spo
Connect Designated Agent: Ident Full Name	fy by name, address (phone number – optiona		Leadership PAC Spo
Connect Designated Agent: Ident Full Name Mailing Address	fy by name, address (phone number – optiona	i)	
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional content of the conten	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or not be safety deposit boxes or not be safety depository, etc.	fy by name, address (phone number – optional content of the conten	STATE A Telephone Number	ZIP CODE A

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h). Joint Fundraisi	3		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
		,	
-	I Organization, Affiliated Committee, Joint Fu Shield of Kansas, Inc. Employee PAC	ndraising Representativ	e, or Leadership PAC Spon
Mailing Address	1133 Topeka Blvd		
	Topeka 	KS KS	66629-
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization X Affiliated Committee J fy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in what intains funds.	STATE A Telephone Number	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 pries: List all banks or other depositories in what intains funds.	STATE A Telephone Number	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 pries: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A

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

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h). Joint Fundraisi r		FEC ID number	C
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		T LO ID Humber	0
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
	Shield of Nebraska PAC		
1			
Mailing Address	1919Aksarben Drive		
	PO Box 3248		
	Omaha	, , NE	68180-0001
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
	d Organization X Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials and the second	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials and the second	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make ame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make ame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

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

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(h). Joint Fundraisi	ng Participant:		
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 Fu		
Mailing Address	1 CAMERON HILL CIRCLE		
	CHATTANOOGA	TN	37402-
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee	oint Fundraising Represent	ative Leadership PAC Spo
Connecte			ative Leadership PAC Spo
Connecte Connecte Connecte Connecte			ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name			ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name			ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	fy by name, address (phone number – optional		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional		
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional CITY A CITY A ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes o	fy by name, address (phone number – optional CITY A CITY A ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A

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1. 🔟				FEC ID	number	С	
2. 🔟				FEC ID	number	С	
3.				FEC ID	number	С	
4.				 FEC ID	number	C	
	_	_				e, or Leadership PAC S	-
LOUISI	IANA HEALTH S	SERVICE & INDE	MNITY COMPANY DE	BA BLUE CROS	S & BLUE	SHIELD OF LOUISIAN	NA P ⊥⊥
Maili	ng Address	5525 REITZ AVEI	NUE		1 1 1		1 1
		BATON ROUGE			LA	70809-	
	tionship:		CITY A		STATE A	ZIP CODE	<u> </u>
	Connected		Affiliated Committee	Joint Fundraising	Representa	ative Leadership PAC	C Sp
	Connected d Agent: Identify		Affiliated Committee (phone number – option		Representa	ative Leadership PAC	C Sp
esignate Full Na	Connected d Agent: Identify				Representa	ative Leadership PAC	C Sp
esignate Full Na	Connected d Agent: Identify				Representa	ative Leadership PAC	C Sp
esignate Full Na	Connected d Agent: Identify				Representa	Active Leadership PAC	C Sp
esignate Full Na Mailing	Connected d Agent: Identify	by name, address		nal)	Representa	Leadership PAC	

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1.						
_				FEC ID	number	С
3				FEC ID	number	C
				FEC ID	number	С
4.				 FEC ID	number	C
	-	Organization, Affiliated ARE SERVICES, INC				, or Leadership PAC Spons
Ma	uiling Address	THREE PENN PLAZA	EAST			
		PP-11G				
		NEWARK		1	NJ	07105-
Rel	lationship:		CITY A		STATE A	ZIP CODE ▲
Full N	Name					
Mailir	ng Address					
		(NTV A	-		
TITL	E OR POSITION	▼	CITY A	S	ATE A	ZIP CODE ▲