FEC FORM 1	STATEMENT ORGANIZAT		PAGE 1 / 26
1. NAME OF COMMITTEE (in full)		Example:If typing, type over the lines.	12FE4M5
Blue Cross Blue	Shield of Alabama		
	2 North Jackson Street		
ADDRESS (number and street)	Suite 202		
is changed)			
	Montgomery └ │ │ │ │ │ │ │ │ │ │ │ │ │ │ CITY ▲		AL     36104-3821       STATE ▲     ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	outsourcing@aristotle.com	<b>)</b> 	
	Optional Second E-Mail Addres	6	
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)		
2. DATE 12 / 0			
3. FEC IDENTIFICATION N	UMBER ► C C0045	7242	
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)	
I certify that I have examined t	his Statement and to the best of r	ny knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treasure	Hosp, Ted, , ,		
Signature of Treasurer	, Ted, , ,	[Electronically Filed]	Date 12 02 2021
NOTE: Submission of false, erron	eous, or incomplete information may ANY CHANGE IN INFORMATION		is Statement to the penalties of 2 U.S.C. §437g. THIN 10 DAYS.
Office Use Only		For further information cor Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	

Image# 202112099469826231

12/09/2021 11 : 41

-		
FEC	C Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE C	DF COMMITTEE	
Candio	date 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. (Comp information below.)	lete the candidate
Name of Candida		
Candida Party Af		State District
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat		
Party (	Committee:	
(d)		Democratic, Republican, etc.) Party
Politica	al Action Committee (PAC):	
(e)	X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	ected organization is a
	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 separate sec committee. (i.e., nonconnected committee)	pregated 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.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
C	Committees Participating in Joint Fundraiser	
1	1 FEC ID number C	
2	2 FEC ID number	
3	3 FEC ID number	
4	4.	

I

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

## Blue Cross Blue Shield of Alabama PAC

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

B	lue Cross and B	lue Shield of Kansas Cit	y Federal	PAC		
	Mailing Address	2301 Main				
		Kansas City			MO 64	108- 
		Cl	ΤY		STATE	ZIP CODE
	Relationship: Con	nnected Organization 🗴 Affiliated	Committee	Joint Fundraising	Representative	Leadership PAC Sponsor
7.	Custodian of Record books and records.	s: Identify by name, address (pho	ne number c	optional) and position	on of the person	in possession of committee
	Aris	stotle, International, Inc., , ,				
	Full Name					
	Mailing Address	205 Pennsylvania Ave SE				

Full Name	
Mailing Address	205 Pennsylvania Ave SE
	Washington         DC         20003-1164
Title or Position	CITY STATE ZIP CODE
Custodian of Records	8345

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	Hosp, Ted, , ,
Mailing Address	2 North Jackson Street
	Suite 202
	Montgomery         AL         36104-3821         –
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number     334     233     7157

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent			1		1																					
Mailing Address																										
		L																								
																								]-[		
							С	ITY	<b>/</b>								STA	ΤE				ZIF	Р С	OD	Ε	
Title or Position																										
												Tele	eph	one	e ni	umt	ber							] – [		

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.

	Comerica Bank		
Mailing Address	PO Box 75000		
	PAC Services MC 7544		
		MI 48275-7544	
	CITY	STATE ZIP	CODE
Name of Bank, De	pository, etc.		
L			
Mailing Address			
	CITY	STATE ZIP	CODE

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

Amending to update committee email address and custodian of records.

Form/Schedule: Transaction ID:

FFC	Form	<b>1</b> S	(Revised	02/2017)
1 20	1 01111	10	(11001300	02/2017

i

5(g) or (h). Joint Fundraising Par	rticipant:
------------------------------------	------------

1. [	FEC ID number	С
2.	FEC ID number	С
3.	FEC ID number	С
4.	FEC ID number	С

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

Mailing Address	2 North Jackson Street				
	Suite 202				
	Montgomery			AL 361	04-3821
Relationship:		CITY 🔺		STATE A	ZIP CODE
× Connected	Organization Affiliat	ed Committee	Joint Fundraising	Representative	Leadership PAC Sponsor

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

Full Name			
Mailing Address			
TITLE OR POSITION		STATE A	ZIP CODE
	т	elephone Number	

Name of Bank, Depository, etc.																							
Mailing Address	L																						
	L																						
																L					·L		
					C	ITY	∕▲					S	TAT	E.				ZIP	C	DC	E 🔺		1

FFC	Form	<b>1</b> S	(Revised	02/2017)
1 20	1 01111	10	(11001300	02/2017

5(g) or (h).	Joint	Fundraising	Participant:
--------------	-------	-------------	--------------

1	FEC ID number	С
2.	FEC ID number	С
3.	FEC ID number	С
4.	FEC ID number	С

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

Mailing Address	636 Grand Avenue				
	Station 13				
	Des Moines				309-
Relationship:		CITY 🔺		STATE A	ZIP CODE
Connected	Organization 🗴 Affili	ated Committee	Joint Fundraising	g Representative	Leadership PAC Sponsor

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

Full Name			
Mailing Address			
TITLE OR POSITION		STATE A	ZIP CODE
	т	elephone Number	

Name of Bank, Depository, etc.																										
Mailing Address	L																									
	L										1															
					С	ITY								ST	AT	E			2	ZIP	С	DD	E 🔺			

EC Form 1S (Revised 02/2	Optional Supplemental Inf2017)for Lines 5(g) or (h), 6, 8		Page of	f <u>26</u>
or(h). Joint Fundraising	g Participant:			
1.		FEC ID number	С	
2.		FEC ID number	С	
3.		FEC ID number	С	
4.		FEC ID number	С	
		PAC		
Mailing Address	Interstate 20 at Alpine Road			
Mailing Address	Interstate 20 at Alpine Road			
Mailing Address	Interstate 20 at Alpine Road			
Mailing Address				
Relationship:	Columbia			
Relationship:	Columbia			
Relationship:	ClTY A			

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

Т 1 1

TITLE OR POSITION V

CITY

Name of Bank, Depository, etc.																							
Mailing Address																							
	L																						
	L																			·L			
					С	Π	(					S	TAT	Έ			ZIP	C	OD	E 🔺	۱.		

1

ZIP CODE

|\_|

ī. 1

\_ |

STATE A

Telephone Number

TITLE OR POSITION V

Image# 202112099469826239			
FEC Form 1S (Revised 02/20	Optional Supplemental In for Lines 5(g) or (h), 6, 8		Page _9_ of _26
5(g) or (h). Joint Fundraising	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund ue Shield of Kansas Employee PAC	•	e, or Leadership PAC Sponsor
Mailing Address			
	Topeka	KS _	66629-
Relationship:			
		STATE	
8. Designated Agent: Identify	by name, address (phone number - optional)		
Full Name			
Mailing Address			

salety deposit boxes of maintains funds.	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.
--	----	---

\_\_\_\_\_

CITY **▲** 

ZIP CODE

\_ I

Telephone Number

STATE

Name of Bank, Depository, etc.																						
Mailing Address																						
	L																					
	L																			. [_		
					С	ITY	′ 🔺					SI	TAT	E			ZIP	СС	DD	E 🖌		1

FFC	Form	<b>1</b> S	(Revised	02/2017)
1 20	1 01111	10	(11001300	02/2017

5(g) or (h).	Joint	Fundraising	Participant:
e(g) e. ().	•••••		

1	FEC ID number	С
2.	FEC ID number	С
3.	FEC ID number	С
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

Mailing Address	50 Beale Street				
	San Francisco			CA 941	05-
Relationship:		CITY 🔺		STATE	ZIP CODE
Connected	Organization X Affilia	ted Committee	Joint Fundraising	Representative	Leadership PAC Sponsor

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

Full Name			
Mailing Address			
TITLE OR POSITION		STATE A	ZIP CODE
	т	elephone Number	

Name of Bank, Depository, etc.																							
Mailing Address	L																						
	L																					<u> </u>	
	L																			. [			
					С	ΊTΥ	<b>^</b>					S	AT	Ε			ZIP	C	OD	E 🔺	•		

FEC Form 1S (Revised 02		mental Information r (h), 6, 8 and/or 9	Page <u>11</u> of <u>26</u>
5(g)or(h). Joint Fundrais	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Mailing Address	PAC of Highmark Blue Cros		
	Camp HIII	PA	17011- 
Relationship:	CITY 🔺	STATE A	
Connect	ed Organization X Affiliated Committee	Joint Fundraising Representa	ative Leadership PAC Sponsor
. Designated Agent: Ident	ify by name, address (phone number –	optional)	
Full Name			
	1		,
Mailing Address			

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.

1

1 1

TITLE OR POSITION V

CITY

\_\_\_\_\_\_\_\_

STATE **A** 

Telephone Number

Name of Bank, Depository, etc.																						
Mailing Address																						
																				- [		
					C	(TI	( 🔺					S	TAT	E.			ZIP	C	OD	E 🔺		1

FEC	Form	1S	(Revised	02/2017	)
			(11001000	02/2017	1

5(g)	or (h). Joint Fundraising	g Participant:	_	
	1.		FEC ID number	
	2.		FEC ID number	C
	3.		FEC ID number	
	4.		FEC ID number	
6.	-	Organization, Affiliated Committee, Joint Fundra ross Blue Shield Assn PAC	ising Representative,	or Leadership PAC Sponsor
	Mailing Address	1310 G Street NW		
		U Washington		20005-
	Relationship:		STATE	
8.	Connected		STATE ▲	
8.	Connected	CITY A Organization X Affiliated Committee Joint I	STATE ▲	
8.	Designated Agent: Identify	CITY A Organization X Affiliated Committee Joint I	STATE ▲	
8.	Connected  Designated Agent: Identify  Full Name	CITY A Organization X Affiliated Committee Joint I	STATE ▲	
8.	Connected  Designated Agent: Identify  Full Name	CITY A Organization X Affiliated Committee Joint I	STATE ▲	
8.	Connected Connected Designated Agent: Identify Full Name Mailing Address	CITY A		ve         Leadership PAC Sponsor
8.	Connected  Designated Agent: Identify  Full Name	CITY A Organization Affiliated Committee Joint F by name, address (phone number – optional)	STATE	
8.	Connected Connected Designated Agent: Identify Full Name Mailing Address	CITY A Organization Affiliated Committee Joint F by name, address (phone number – optional)		/e Leadership PAC Sponso

Name of Bank, Depository, etc.																								
Mailing Address																								
	L																							
	L																L					-L		
					C	۲I	( 🔺						S	TA	ΤE				ZIF	Р С	OD	)E 4		

	_		( <b>-</b> · ·	
FEC	Form	1S	(Revised	02/2017)

5(g) or (h).	Joint Fundraising	J Participant:		
1.			FEC ID number	С
2			FEC ID number	С
3			FEC ID number	С
4			FEC ID number	C
	-	Organization, Affiliated Committee, Joint Fundrais		e, or Leadership PAC Sponsor
H	ealth Care Servic	ce Corporation Political Action Commit	Itee	
		∣ 330 East Randolph Street		
	Mailing Address			
		1		
		L Chicago		60601-
	<b>B</b> 1 11			
	Relationship:		STATE A	ZIP CODE
	Connected	Organization X Affiliated Committee Joint Fu	undraising Representa	tive Leadership PAC Sponsor
8. Desig	gnated Agent: Identify	by name, address (phone number - optional)		
	gnated Agent: Identify	by name, address (phone number – optional)		
F		by name, address (phone number - optional)		
F	ull Name	by name, address (phone number - optional)		
F	ull Name	by name, address (phone number - optional)		
F	ull Name			
F	ull Name		· · · · · · · · · · · · · · · · · · ·	↓

Name of Bank, Depository, etc.																								
Mailing Address																								
				С	ITY	<b>^</b>						S	ΓAT	Έ				ZIP	С	DDE	=	•		

FEC	Form	1S	(Revised	02/2017	)
			(11001000	02/2017	1

5(g) or (h).	Joint Fundraising	Participant:	

1	FEC ID number	_
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Blue Cross and Blue Shield of NE PAC

1					
Mailing Address	7261 Mercy Road				
	Omaha			NE 681	180-
Relationship:		CITY A		STATE A	ZIP CODE
Connected C	Drganization 🗶 Affiliat	ed 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 A		STATE A	ZIP CODE
		Telephone	e Number	

Name of Bank, Depository, etc.	<u> </u>																					
Mailing Address																						
	L																			- [		
					C	NT	( 🔺					S	TAT	Έ			ZIP	С	OD	Ε		

FFC	Form	<b>1</b> S	(Revised	02/2017	۱
1 20	1 01111	10	(11011300	02/2017	,

1	FEC ID nur	
2	FEC ID nur	0
		nber C
3.	FEC ID nur	nber C
4.	FEC ID nur	nber C
6. Name of Any Connected Organization, Affiliated Comm Blue Cross and Blue Shield of MI PAC	nittee, Joint Fundraising Represe	ntative, or Leadership PAC Sponsor

Mailing Address	602 West Ionia
	Lansing
Relationship:	CITY ▲ STATE ▲ ZIP CODE ▲
Connecte	d Organization 🗴 Affiliated Committee

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

Full Name			
Mailing Address			
TITLE OR POSITION		STATE A	ZIP CODE
	Te	ephone Number	

Name of Bank, Depository, etc.			1		1					1														
Mailing Address																								
					С	ITY	′▲					S	TAT	Έ			2	ZIP	С	DD	E 🔺	•		I

FEC	Form	1S	(Revised	02/2017)
1 20			(11001000	02/2017

Participant:

1. [	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number C

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Carefirst Associates Federal Political Action Committee

Mailing Address	10455 Mill Run Circle			
0				
	Owens Mills		MD	21117-
Relationship:		CITY A	STATE	▲ ZIP CODE ▲
Connected	Organization X Affiliat	ed Committee	Joint Fundraising Represe	entative Leadership PAC Sponsor

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

Full Name																								
Mailing Address																								
																						- [_		
TITLE OR POSITION	▼			С	ITY								S	TAT	E				ZIP	C	DD	E 🔺		
									Т	elep	bho	ne	Nur	nbe	er			Ŀ				·L		

Name of Bank, Depository, etc.																							
Mailing Address																							
	L																						
	L																				- L		
					C	ΊTΥ	<b>^</b>					S	ΓAT	Έ				ZIP	C	OD	E 🖌	•	

FFC	Form	<b>1</b> S	(Revised	02/2017)
			(11001000	02/2017/

5(g)	or(h). Joint Fundraisi	ng Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
6.		d Organization, Affiliated Committee, Joint Fundra Blue Shield of NC Employees PAC	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	5901 Chapel Hill Road		
		Box 2291		
		L Durham		27702-
	Relationship:			
8.	Connecte			
8.	Connecte	CITY  CITY  Affiliated Committee Joint		
8.	Designated Agent: Identi	CITY  CITY  Affiliated Committee Joint		
8.	Connecte Connecte Designated Agent: Identi Full Name	CITY  CITY  Affiliated Committee Joint		
8.	Connecte Connecte Designated Agent: Identi Full Name	CITY  CITY  Affiliated Committee Joint		
8.	Connecter Designated Agent: Identit Full Name Mailing Address	CITY ▲ CITY ▲ CITY ▲ fy by name, address (phone number – optional)		
8.	Connecte Connecte Designated Agent: Identi Full Name	CITY A CITY A ed Organization Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	

Name of Bank, Depository, etc.																						
Mailing Address																						
				С	ITY	<b>^</b>					S	TAT	Έ			-	ZIP	С	DDE	•		

FEC Form 1S (Revised 02/20	Optional Supplemental Inf17)for Lines 5(g) or (h), 6, 8 a		Page <u>18</u> of <u>26</u>
or(h). Joint Fundraising	Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Prganization, Affiliated Committee, Joint Fundra C-The Blue Cross Blue Shield of MA	• •	e, or Leadership PAC Sponso
-	-	• •	e, or Leadership PAC Sponso
	401 Park Drive	PAC	
Federal CAREPAC	-The Blue Cross Blue Shield of MA		
Federal CAREPAC	E-The Blue Cross Blue Shield of MA 401 Park Drive Boston CITY ▲	PAC	02115- 
Federal CAREPAC         Hailing Address         Relationship:         Connected	E-The Blue Cross Blue Shield of MA 401 Park Drive Boston CITY ▲	PAC	02115- 

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

1 1 1

1

TITLE OR POSITION V

1

 CITY

Name of Bank, Depository, etc.																						1	
Mailing Address																							
	L																						
																				- [_			
					C	Π						S	TAT	Έ			ZIF	C C	OD	E	•		

1

Telephone Number

STATE A

1

T 1

\_ |

1

ZIP CODE

|\_|

FFC	Form	<b>1</b> S	(Revised	02/2017	۱
I LO	1 01111	10	(LIEVISEU	02/2017	,

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	
2.			FEC ID number	
3.			FEC ID number	
4.			FEC ID number	
	-	Drganization, Affiliated Committee, Joint Fundra dence Blue Cross PAC	nising Representative, or	Leadership PAC Sponsor
I	Mailing Address	1901 Market Street		
		Philidelphia		19103-
I	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	Organization X Affiliated Committee Joint	Fundraising Representative	Leadership PAC Sponsor
8. Desigi	nated Agent: Identify	by name, address (phone number - optional)		
Fu	II Name			
Ma	ailing Address			
Т	ITLE OR POSITION		STATE A	ZIP CODE
L				
		Iei	ephone Number	

Name of Bank, Depository, etc.	<u> </u>																							
Mailing Address																								
																	L							
					С	ITY	<b>^</b>						S	TAT	Έ				ZIP	C	OD	E	•	

FEC Form 1S (Revised 02	/2017)	Optional Supplementa for Lines 5(g) or (h),			Page	e <u>20</u> of <u>26</u>
or(h). Joint Fundraisi	ng Participant:					
1.			FEC ID num	nber C		
2.			FEC ID num	nber C		
3.			FEC ID num	nber C		
4.			FEC ID num	nber C		
Name of Any Connected	-	filiated Committee, Joint Empl Comte for Qua		ntative, or	Leadersh	ip PAC Sponso
Name of Any Connected	-			ntative, or	Leadersh	ip PAC Sponso
Name of Any Connected	-	Empl Comte for Qua		ntative, or	Leadersh	ip PAC Sponso
Name of Any Connected		Empl Comte for Qua		ntative, or	Leadershi	ip PAC Sponso
Name of Any Connected		Empl Comte for Qua		ntative, or	Leadershi	ip PAC Sponso

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

Full Name																														
Mailing Address	L				1																									
	L																													
	L																					L						·		
TITLE OR POSITION	▼					С	ЯΤ	Y									ŝ	ST/	ATI	Ξ.				ΖI	P	СС	DD	E		
													Т	ele	ohc	one	N	ım	be	r	L		- [					·L		

Name of Bank, Depository, etc.																									
Mailing Address	L																								
	L									1															
					С	ITY							ST	AT	E			2	ZIP	СС	DD	E 🔺	•		

FFC	Form	<b>1</b> S	(Revised	02/2017)
	1 01111	10	(11001300	02/2017)

5(g) or (h).	Joint Fundraising Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С

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

Mailing Address	PO Box 60710 Elmerton Avenue		
	Harrisburg	PA 17106-	
Relationship:	CITY 🔺	STATE A ZI	IP CODE 🔺
Connected	Organization X Affiliated Committee	Joint Fundraising Representative	dership PAC Sponsor

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

Full Name																										
Mailing Address																										
	L																									
																							- [_			
TITLE OR POSITION					C	ידוכ								S	TAT	Ε				ZIF	C	OD	E			
										Te	lep	hor	ne I	Nur	nbe	ər			- L				-L			

Name of Bank, Depository, etc.																							
Mailing Address	L																						
	L																						
	L																						
					С	Π	∕▲					S	TAT	Έ			2	ZIP	C	DD	E	*	

FEC Form 1S (Revised 02/2	Optional Supplemental Info 017) for Lines 5(g) or (h), 6, 8 a		Page of
i(g) or (h). Joint Fundraising	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
Mailing Address	PO Box 13466		
	Phoenix	AZ	85002-
Relationship:		STATE A	ZIP CODE
Connected	Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sponso
Designated Agent: Identify	by name, address (phone number - optional)		
Full Name			
Mailing Address			

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. 9.

CITY A

> Т

TITLE OR POSITION V

Name of Bank, Depository, etc.																												
Mailing Address	L																											
	L																											
								С	IT	( 🔺								S	TAT	Έ			ZIP	C	OD	E		

1 1

Telephone Number

STATE A

 L 

ī.

\_

ZIP CODE

\_

|\_|

1 I I

5

FEC	Form	1S	(Revised	02/2017	)
			(11001000	02/2017	1

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

(g) or (h).		J	oin	t F	uno	dra	isir	ng l	Par	tici	pa	nt:										
1.	L																		FEC ID number	С		
2.		I																	FEC ID number	С		
3.		1																	FEC ID number	С		Ξ
4.																			FEC ID number	С		Ξ

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Blue Cross Voice(Blue Cross of NE Pennsylvania)

Mailing Address	19 North Main Street		
	Wilkes Barre		18711-
Relationship:	CITY 🔺	STATE A	ZIP CODE
Connected	Organization X 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	STATE 🔺	ZIP CODE
	Telephone Number	

Name of Bank, Depository, etc.																													
Mailing Address	L																												
	L																												
																				L					·L				
								C	ITY	∕▲								S	TAT	E.				ZIP	C	DC	E 🔺		1

FEC	Form	1S	(Revised	02/2017)
			(11001000	02/2017)

5(g) or (h).	Joint	Fundraising	Participant:
--------------	-------	-------------	--------------

1. [	FEC ID number	С
2.	FEC ID number	C
3.	FEC ID number	C
4	FEC ID number	С

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

Mailing Address	7001 220th Street SW	
	Mountlake Terrace	WA 98043-
Relationship:		STATE ▲ ZIP CODE ▲
Connected	Organization X Affiliated Committee	Joint Fundraising Representative Leadership PAC Sponso

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

Full Name																															
Mailing Address	L																														
	L																														
	L																												- [		
TITLE OR POSITION																				S	TAT	Έź				ZIF	C C	OD	E		
																Te	elep	hoi	ne	Nur	nbe	ər			- [				- [		

Name of Bank, Depository, etc.																					
Mailing Address	L																				
	L																				
	L																				
					C	۲I	( 🔺					S	TA	E.			ZIP	C	DD	•	I

FFC	Form	<b>1</b> S	(Revised	02/2017	۱
I LO	1 01111	10	(Lieviseu	02/2017	,

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
	orida Health Polit	Organization, Affiliated Committee, Joint Futical Action Committee	Indraising Representative	e, or Leadership PAC Sponsor
I	Mailing Address	PO Box 6936		
		Jacksonville		32202-
I	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	Organization X Affiliated Committee	Joint Fundraising Representa	ative Leadership PAC Sponsor
8. Design	nated Agent: Identify	by name, address (phone number – optional	)	
Fu	II Name			
Ma	ailing Address			
т	ITLE OR POSITION	CITY A	STATE A	ZIP CODE
			Telephone Number	

Name of Bank, Depository, etc.		<u> </u>																						
Mailing Address																								
																	L					·		
					С	ITY	<b>^</b>						S	ΓAT	Έ				ZIP	C	DD	E	•	

FFC	Form	1S	(Revised	02/2017)
1 20			(11001000	02/2017

5(g) or (h).	Joint	Fundraising	Participant:
--------------	-------	-------------	--------------

1 FEC ID nu	umber C
2 FEC ID nu	umber C
3 FEC ID nu	umber C
4.	umber C

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

Mailing Address	330 9th Street SE				
	Washington			DC 200	003-
Relationship:		CITY A		STATE	ZIP CODE
Connected	Organization X Affiliat	ed 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 A	STATE A	ZIP CODE
		Telep	hone Number	

Name of Bank, Depository, etc.																					
Mailing Address	L																				
	L																				
	L																				
					C	۲I	( 🔺					S	TA	E.			ZIP	C	DD	•	I