Only

STATEMENT OF

PAGE 1 / 25

FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. BLUECROSS BLUESHIELD OF TENNESSEE INC POLITICAL ACTION COMMITTEE (BCBSTN PAC) 1 CAMERON HILL CIRCLE ADDRESS (number and street) (Check if address is changed) CHATTANOOGA 37402 TN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tavarski_hughes@bcbst.com (Check if address X is changed) Optional Second E-Mail Address Dakasha_Winton@bcbst.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00503003 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. Hughes, Tavarski, , Mr., Type or Print Name of Treasurer Hughes, Tavarski, , Mr., [Electronically Filed] 10 15 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye Z
Can	didate	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. (Cominformation below.)	nplete the candidate
Name Cand	e of lidate		
	lidate Æffiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Parl	ty Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected 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 so committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised (12/2000)	Page 3
Write or Type Committee Name		r age 3
	IIELD OF TENNESSEE INC POLITICAL ACTION COMMITTE	E (BCBSTN PAC)
-	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	snip PAC Sponsor
Blue Cross Blue Shield	d of Alabama PAC	
Mailing Address	2 North Jackson Street	
3	Suite 202	
	Montgomery AL 36104	
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization x Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person in po	ossession of committee
Phipps, Le	slie, , ,	
	1 Cameron Hill	
Mailing Address		
	Chattanooga TN 37402	
	Silatan segu	
Title or Position	CITY STATE	ZIP CODE
Sr. Financia Analyst	Telephone number	
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
Full Name Hughes, Ta	avarski, , Mr.,	
of Treasurer		
Mailing Address	1 Cameron Hill Circle	
	Chattanooga TN 37402	
Title or Position	CITY STATE	ZIP CODE
Director, Federal Re		417

FEC For n	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Winton, Dakasha, , ,	
Mailing Address	1 Cameron Hill Circle	
	Chattanooga TN 37402 CITY STATE Z	IP CODE
Title or Position Chief Governme		
9. Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, holds expository, etc.	accounts, rents
	First Tennessee Bank	
Mailing Address	701 Market Street	
	Chattanooga TN 37402	
	CITY STATE Z	IP CODE
Name of Bank, [Depository, etc.	
Mailing Address		
	CITY STATE Z	IP CODE

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

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint Fund nent Committee - the Polit	raising Representative	e, or Leadership PAC Spon
Mailing Address	PO Box 13466		
Mailing Address			
	Phoeniz	ı AZı	85002
Deletienskie			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee Join Join ify by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC S
		t Fundraising Represent	Leadership PAC S
esignated Agent: Identi		t Fundraising Represent	Leadership PAC S
esignated Agent: Identi		t Fundraising Representation	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi	ify by name, address (phone number – optional)	st Fundraising Representation	
esignated Agent: Identi Full Name Mailing Address	ify by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY T	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the state of Bank,	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the state of Bank,	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A

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

h). Joint Fundraisir	g rantopant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected Blue Cross Voice	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spon
Mailing Address	19 North Main Street		
ag / tauss			
	Wilkes Barrre	ı PAı	18711
Deleteration			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Jointy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	y by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions are of Bank,	y by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depository, etc	y by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depository, etc	y by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A

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

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Independence Bl	ue Cross Pac (IBC PAC)		
	<u> </u>		
	1901 Market Street		
Mailing Address			
	Philadelphia	PA PA	19103
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Joint by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

1.			1 I	FEC ID number	C
2.				FEC ID number	С
			1	FEC ID number	С
3.				FEC ID number	
4.					
ame of Any Connected	Organization, Affi	liated Committee, Jo	oint Fundraisi	ng Representati	ve, or Leadership PAC Spor
Blue Cross Blue	Shield of South	h Carolina			
I					
Mailing Address	Interstate 20 at A	Alpine Road			
	Columbia			SC SC	29219
Relationship:		CITY A		STATE 4	ZIP CODE ▲
Connecte	d Organization			ndraising Represer	ntative Leadership PAC S
esignated Agent: Identif				ndraising Represer	htative Leadership PAC S
esignated Agent: Identif				ndraising Represer	Leadership PAC S
esignated Agent: Identif				ndraising Represer	Leadership PAC S
esignated Agent: Identif	y by name, address	s (phone number – o	ptional)		
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esignated Agent: Identif	y by name, address	s (phone number – o	ptional)		
esignated Agent: Identification Full Name _ _ Mailing Address TITLE OR POSITION	y by name, address	s (phone number – o	ptional)	STATE A	ZIP CODE A
esignated Agent: Identification Full Name _ _ Mailing Address TITLE OR POSITION	y by name, address	s (phone number – o	ptional)	STATE A	
esignated Agent: Identification Full Name	y by name, address	s (phone number – o	ptional)	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address	s (phone number – o	ptional)	STATE A	ZIP CODE A
esignated Agent: Identification of Early deposit boxes or mame of Bank, epository, etc.	y by name, address	s (phone number – o	ptional)	STATE A	ZIP CODE A

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

TITLE OR POSITION anks or Other Depositor afety deposit boxes or management of Bank, epository, etc. Mailing Address	ories: List all banks	CITY or other depositories in which	STATE Telephone Number	ZIP CODE ZIP CODE ts funds, holds accounts, rent
TITLE OR POSITION anks or Other Depositor afety deposit boxes or material deposition of Bank, depository, etc.	ories: List all banks	CITY A	STATE Telephone Number	ZIP CODE A
TITLE OR POSITION anks or Other Depositor defety deposit boxes or management of Bank,	ories: List all banks	CITY A	STATE Telephone Number	ZIP CODE A
TITLE OR POSITION	ories: List all banks	CITY A	STATE Telephone Number	ZIP CODE A
TITLE OR POSITION	▼	CITY A	STATE Telephone Number	ZIP CODE A
			STATE ▲	
Mailing Address				
Mailing Address				
Mailing Address				
	1			
Full Name				
		s (phone number – optional)	int Fundraising Represent	ative Leadership PAC Sp
	d Overenization			
Relationship:	DC3 MOINES	CITY A	STATE A	ZIP CODE A
	Des Moines		, , IA ,	50309
Mailing Address	Sta. 5W570			
AA. U.	1331 Grand Ave	nue		
	<u> </u>			
lame of Any Connected Wellmark, Inc. Pa			draising Representativ	e, or Leadership PAC Spons
4.				
4.			FEC ID number	С
3.			FEC ID number	С
3.			FEC ID number	C
1			FEC ID number	

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraisin	g Participant:		
O(9)	1	,	FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID Humber	C
6.		Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	50 Beale Street		
		17-C356		
		San Francisco	CA	94105
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.		by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		I contract c		
	TITLE OR POSITION	CITY ▲	STATE ▲	ZIP CODE ▲
	Lilia	1	lephone Number	
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	the committee deposite	s funds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Depository, etc.			
	Depository, etc.			

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

h). Joint Fundrais i			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund Service Association Emp	Iraising Representative	e, or Leadership PAC Spon
l lawaii Medicai C	LI L		
Mailing Address	818 Keeaumoku Street		
Mailing Address			
	Honolulu		96814
Deletienskin			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Join	nt Fundraising Represent	Leadership PAC S
		t Fundraising Represent	Leadership PAC S
esignated Agent: Ident		t Fundraising Represent	Leadership PAC S
esignated Agent: Ident		t Fundraising Represent	Leadership PAC S
esignated Agent: Ident		t Fundraising Represent	Leadership PAC S
esignated Agent: Ident	ify by name, address (phone number – optional)	STATE	
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY T	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of the content of th	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A

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

h). Joint Fundraisi r	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 2291		
	Durham	NC NC	27702
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	d Organization X Affiliated Committee Join	nt Fundraising Representa	Leadership PAC Sp
Connecte	d Organization X Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif	d Organization X Affiliated Committee Join	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	d Organization X Affiliated Committee Join	at Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee Join y by name, address (phone number – optional)	state A	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	d Organization Affiliated Committee Join y by name, address (phone number – optional) CITY		
Connecte esignated Agent: Identife Full Name Mailing Address TITLE OR POSITION Links or Other Deposite fety deposit boxes or mane of Bank,	Affiliated Committee Join y by name, address (phone number – optional) CITY CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee Join y by name, address (phone number – optional) CITY CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

n). Joint Fundraising			
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected (Organization, Affiliated Committee, Joint Fu	ındraising Representati	ve, or Leadership PAC Spor
Blue Cross and Bl	ue Shield of Kansas City		
Mailing Address	One Pershing Square		
	2301 Main Street		
	Kansas City	MO	64108
Relationship:	CITY ▲	STATE 4	ZIP CODE ▲
		Joint Fundraising Represer	ntative Leadership PAC S
Connected esignated Agent: Identify		loint Fundraising Represer	ntative Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization X Affiliated Committee	loint Fundraising Represer	ntative Leadership PAC S
Connected esignated Agent: Identify	Organization X Affiliated Committee	loint Fundraising Represer	Leadership PAC S
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Connected esignated Agent: Identify Full Name	Organization X Affiliated Committee	Joint Fundraising Represer	Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Committee by name, address (phone number – optional	Joint Fundraising Represer	
connected esignated Agent: Identify Full Name Mailing Address	Organization Affiliated Committee by name, address (phone number – optional	Joint Fundraising Represer	
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connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail	Organization Affiliated Committee by name, address (phone number – optional CITY CITY ies: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	Organization Affiliated Committee by name, address (phone number – optional CITY CITY ies: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A

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

1	ng Participant:	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
	PAC of Highmark Inc.		
Mailing Address	1800 Center Street		
Mailing Address			
	Camp Hill	PA	17089
Relationship:	CITY A	STATE A	ZIP CODE A
Connecte	ed Organization X Affiliated Committee Joint	Fundraising Representa	ative Discontinuitie BAG O
Connecte	on Organization - Anniated Committee	Fullulaising nepresent	ative Leadership PAC S
	fy by name, address (phone number – optional)	Tunuraising nepresent	Leadersnip PAC S
		Tunuraising nepresent	Leadersnip PAC 5
esignated Agent: Identi		Tunuraising Represent	Leadersnip PAC 5
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esignated Agent: Identi		Trundraising Representation	Leadersnip PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and ma	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraisin	a Participant		
J(g)	1	g Farticipant.	FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3			
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundrass Blueshield Association	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	10455 Mill Run Circle		
		Owings Mill	MD	21117
	Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
	Connected	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	y by name, address (phone number – optional)		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		I	elephone Number	
			repriorie Number	
9.	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which		s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which		s funds, holds accounts, rents
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which		s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which		s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which		s funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

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
=	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Mailing Address	7261 Mercy Road		
, and the second	PO Box 3248		
	Omaha	NE	68180
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		int Fundraising Represent	Leadership PAC Sp
	y by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	y by name, address (phone number – optional)	STATE	Leadership PAC Sp
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esignated Agent: Identii Full Name	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

	(h). Joint Fundraisii	ng Participant:		
3.	1		FEC ID number	С
A. STATE A ZIP CODE A Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	2.		FEC ID number	C
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spalluepac of Pennsylvania Mailing Address PO Box 60710 Harrisburg 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 TiTLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number – Telephone Number – Designated Agent: Identify by name, address (phone number – optional)	3.		FEC ID number	С
Bluepac of Pennsylvania Mailing Address PO Box 60710 Harrisburg Harrisburg PA 17106 PA 17106 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 ▲ Telephone Number Telephone Number Telephone Number Telephone Number	4.		FEC ID number	С
Mailing Address PO Box 60710 Harrisburg PA 17106 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 TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — — — — — — — — — — — — — — — — — — —			Iraising Representative	e, or Leadership PAC Spons
Harrisburg Harrisburg PA 17106 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PA Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Telephone Number Name of Bank, Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, safety deposit boxes or maintains funds.	bluepac of Penns	sylvania 		
Harrisburg Harrisburg				
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 TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	Mailing Address	PO Box 60710		
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 TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Stanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, safety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Designated Agent: Identify by name, address (phone number – optional) Full Name		Harrisburg	PA PA	17106
Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Starte A Telephone Number Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, safety deposit boxes or maintains funds.	Connecte	d Organization X Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC Spo
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	Designated Agent: Identif	v by name, address (phone number – optional)		
TITLE OR POSITION CITY STATE ZIP CODE Telephone Number Telephone Number Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	Full Name	y by name, address (phone number – optional)		
TITLE OR POSITION CITY STATE ZIP CODE Telephone Number Telephone Number Hanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	Full Name	y by name, address (phone number – optional)		
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	Full Name	y by name, address (phone number – optional)		
Safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	Full Name	CITY		ZIP CODE A
	Full Name	CITY A	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	CITY A CITY A pries: List all banks or other depositories in which	STATE ▲ Felephone Number	
CITY ▲ STATE ▲ ZIP CODE ▲	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	CITY A CITY A pries: List all banks or other depositories in which	STATE ▲ Felephone Number	

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

Florida Health Political A Mailing Address ABOO Dack Relationship: Connected Organiz esignated Agent: Identify by nan Full Name Mailing Address TITLE OR POSITION anks or Other Depositories: Lis	Deerwood Campus Parkwy, Dc3-4 ox 6936 conville	FL STATE ▲	32236 ZIP CODE A
3. 4. Any Connected Organize Florida Health Political And Mailing Address Mailing Address POR Jack Relationship: Connected Organize esignated Agent: Identify by name Mailing Address TITLE OR POSITION TITLE OR POSITION anks or Other Depositories: Lise	Deerwood Campus Parkwy, Dc3-4 ox 6936 conville CITY Affiliated Committee	FEC ID number FEC ID number Indraising Representative FL STATE A	C C Ze, or Leadership PAC Spor
ame of Any Connected Organiz Florida Health Political A Mailing Address PO B Jack Relationship: Connected Organiz esignated Agent: Identify by nan Full Name Mailing Address TITLE OR POSITION ▼ anks or Other Depositories: Lis	Deerwood Campus Parkwy, Dc3-4 ox 6936 conville CITY Affiliated Committee	FEC ID number Indraising Representative FL STATE A	C ve, or Leadership PAC Spor
ame of Any Connected Organiz Florida Health Political A Mailing Address PO I Jack Relationship: Connected Organiz esignated Agent: Identify by nan Full Name Mailing Address TITLE OR POSITION ▼ anks or Other Depositories: Lis	Deerwood Campus Parkwy, Dc3-4 ox 6936 conville CITY Affiliated Committee	ndraising Representative	/e, or Leadership PAC Spor
Florida Health Political A Mailing Address PO I Jack Relationship: Connected Organiz esignated Agent: Identify by nan Full Name Mailing Address TITLE OR POSITION anks or Other Depositories: Lis	Deerwood Campus Parkwy, Dc3-4 ox 6936 conville CITY Affiliated Committee	FL STATE ▲	32236 ZIP CODE A
Mailing Address POI Jack Relationship: Connected Organia esignated Agent: Identify by nan Full Name Mailing Address TITLE OR POSITION ▼ anks or Other Depositories: Lis	Deerwood Campus Parkwy, Dc3-4 oox 6936 conville CITY ation X Affiliated Committee	STATE ▲	ZIP CODE A
Mailing Address PO I Jack Relationship: Connected Organiz esignated Agent: Identify by nan Full Name Mailing Address TITLE OR POSITION ▼ anks or Other Depositories: Lis	cox 6936 CITY ation Affiliated Committee	STATE ▲	ZIP CODE A
Mailing Address PO I Jack Relationship: Connected Organiz esignated Agent: Identify by nan Full Name Mailing Address TITLE OR POSITION ▼ anks or Other Depositories: Lis	cox 6936 CITY ation Affiliated Committee	STATE ▲	ZIP CODE A
Relationship: Connected Organizesignated Agent: Identify by nane Full Name Mailing Address TITLE OR POSITION anks or Other Depositories: Lis	conville CITY ation Affiliated Committee J	STATE ▲	ZIP CODE A
Relationship: Connected Organizesignated Agent: Identify by nand Full Name Mailing Address TITLE OR POSITION anks or Other Depositories: Lis	CITY Aation Affiliated Committee	STATE ▲	ZIP CODE A
Connected Organizesignated Agent: Identify by nandaling Address TITLE OR POSITION anks or Other Depositories: Lis	ation X Affiliated Committee J	pint Fundraising Represent	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositories: Lis			tative Leadership PAC S
Full Name Mailing Address TITLE OR POSITION anks or Other Depositories: Lis			
TITLE OR POSITION ▼			
TITLE OR POSITION ▼ anks or Other Depositories: Lis			
TITLE OR POSITION ▼ anks or Other Depositories: Lis			
anks or Other Depositories: Lis			
	CITY A	STATE ▲	ZIP CODE ▲
		Telephone Number	
	all banks or other depositories in wh	ch the committee deposi	its funds, holds accounts, ren
fety deposit boxes or maintains t	unds.		
ame of Bank, epository, etc.			
Mailing Address			
L			

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraising	n Particinant		
O(g)	1.	,	FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4		1 20 15 Hambon	0
6.		Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Blue Cross Blue S	hield of Michigan PAC		
	Mailing Address	232 S. Capitol		
		MC L10A		
		Lansing		48933
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)	1 1 1 1 1 1 1	
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A ephone Number	ZIP CODE A
8. 9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY A Tel ies: List all banks or other depositories in which t	ephone Number	
	Full Name	CITY A Tel ies: List all banks or other depositories in which t	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A Tel ies: List all banks or other depositories in which t	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY A Tel ies: List all banks or other depositories in which t	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY A Tel ies: List all banks or other depositories in which t	ephone Number	

FEC Form 1S (Revised 02/2017)

h). Joint Fundraising		1 -	TC ID	
1.			EC ID number	
2.			EC ID number	C
3.		F	EC ID number	C
4.		F	FEC ID number	C
	Organization, Affiliated Committee,	Joint Fundraisir	ng Representative	e, or Leadership PAC Spon
Health Care Service	e Corporation Employ			
Mailing Address	300 E. Randolph			
	Chicago			60601
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	Organization	Joint Fund	draising Representa	ative Leadership PAC S
Connected			draising Represent	ative Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization X Affiliated Committee		draising Representa	Leadership PAC S
Connected esignated Agent: Identify	Organization X Affiliated Committee		draising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization	optional)		
Connected esignated Agent: Identify Full Name	Organization	optional)		Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	Organization	optional)		
connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Organization Affiliated Committee by name, address (phone number – CITY CITY es: List all banks or other depositoric	optional)	STATE A	ZIP CODE A
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor aftery deposit boxes or main arme of Bank,	Organization Affiliated Committee by name, address (phone number – CITY CITY es: List all banks or other depositoric	optional)	STATE A	ZIP CODE A
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	Organization Affiliated Committee by name, address (phone number – CITY CITY es: List all banks or other depositoric	optional)	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fundr lue Shield of Kansas	aising Representative	e, or Leadership PAC Spon
Bide Gross and E			
Mailing Address	1133 SW Topeka Blvd		
ŭ	Cc:855 - B3		
	Topeka	KS KS	66629
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC S
		Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		Fundraising Represent	Leadership PAC S
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esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Represent	Leadership PAC S
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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

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6

h). Joint Fundraisi		FEC ID number	С
1.		FEC ID number	
2.			C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Wellpoint, Inc. W	ellpac		
Mailing Address	120 Monument Circle		
	Indianapolis	IN I	46204
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC S
	Affiliated Committee Joint of	t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	.		
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	Iraising Representative	e, or Leadership PAC Spon
Cambia Health S	olutions Inc. PAC		
	, 200 SW Market St.		
Mailing Address			
	PO Box 1271 MS E12C		
	Portland	OR	97207
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC S
Connecte	Affiliated Committee Join Join fy by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC S
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Connecte esignated Agent: Identif		nt Fundraising Representa	Leadership PAC S
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esignated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional)	nt Fundraising Representa	
Connecte esignated Agent: Identif	fy by name, address (phone number – optional) CITY		
Connected sesignated Agent: Identification of Bank, Connected agent and Connected agent and Connected agent	fy by name, address (phone number – optional) CITY CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundances Political Action	aising Representative	e, or Leadership PAC Spon
l Tomora Brao Gra			
Mailing Address	7001 220th Street SW		
G			
	Mountlake Terrace	WA	98043
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connected	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
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Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h), 6, 8 and/or 9 Page $\frac{25}{}$ of $\frac{25}{}$

h). Joint Fundraisi	ng Participant:		
, 1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
		FEC ID number	С
4			
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spon
BLUECROSS BLUE	SHIELD OF TENNESSEE INC POLITIC	CAL ACTION COMMI	TTEE (BCBSTN PAC)
Mailing Address	1 CAMERON HILL CIRCLE		
	1		
	CHATTANOOGA	, TN	37402
Relationship:	CITY ▲	STATE A	ZIP CODE A
		SIAIL	ZIF CODE A
X Connecte		oint Fundraising Represent	ative Leadership PAC S
X Connecte	d Organization Affiliated Committee Jo		ative Leadership PAC S
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	Affiliated Committee Joing Joi	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification of Position of Bank, epository, etc.	Affiliated Committee Joing Joi	STATE A Telephone Number	ZIP CODE A
Esignated Agent: Identification of Bank, epository, etc.	Affiliated Committee Joing Joi	STATE A Telephone Number	ZIP CODE A