

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

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

12FE4M5

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

ADDRESS (number and street) (Check if address
is changed)

5525 Reitz Avenue

Baton Rouge
CITY ▲LA
STATE ▲70809
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

BCBSLA-PAC@BCBSLA.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

/ /

2. DATE

M M / D D / Y Y Y Y
08 / 02 / 2024

3. FEC IDENTIFICATION NUMBER ►

C C00651265

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Short, Adam, , ,

Signature of Treasurer Short, Adam, , ,

Date M M / D D / Y Y Y Y
08 / 02 / 2024NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE:

Candidate 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. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)

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 accounts (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 proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.

2.

C
C

Write or Type Committee Name

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

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

BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Mailing Address

1310 G STREET NW

WASHINGTON

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

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

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

Full Name

Rone, Rodney, , ,

Mailing Address

14 Minter Drive

Mandeville

LA

70471

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

225 - 298 - 3192

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

Short, Adam, , ,

Mailing Address

6237 Double Tree Dr

Baton Rouge

LA

70817

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

225 - 295 - 2537

Full Name of
Designated
Agent

Keller, Brian, , ,

Mailing Address

1068 Cyril Ave.

Baton Rouge

LA

70806

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Assistant Treasurer

Telephone number

225

295

2189

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.

Whitney National Bank

Mailing Address

445 North Boulevard

Baton Rouge

LA

70802

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

C <input type="text"/>

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

BLUECROSS BLUESHIELD OF TENNESSEE INC POLITICAL ACTION COMMITTEE (BCBSTM PAC)

<input type="text"/>
<input type="text"/>

Mailing Address

1 CAMERON HILL CIRCLE

<input type="text"/>
<input type="text"/>

CHATTANOOGA

TN 37402

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Full Name <input type="text"/>

Mailing Address <input type="text"/>

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>	Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. <input type="text"/>
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Mailing Address <input type="text"/>

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

CITY ▲

STATE ▲

ZIP CODE ▲

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

1. <input type="text"/>	FEC ID number
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3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

C <input type="text"/>

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

HORIZON HEALTHCARE SERVICES, INC.-HORIZON BCBSNJ FEDERAL PAC INC.

Mailing Address

THREE PENN PLAZA EAST

PP-11G

NEWARK

NJ

07105

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="checkbox"/> Connected Organization	<input checked="" type="checkbox"/> Affiliated Committee	<input type="checkbox"/> Joint Fundraising Representative	<input type="checkbox"/> Leadership PAC Sponsor
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8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name <input type="text"/>

Mailing Address <input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>	Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. <input type="text"/>
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Mailing Address <input type="text"/>

CITY ▲

STATE ▲

ZIP CODE ▲

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

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

C <input type="text"/>

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

BLUE CROSS BLUE SHIELD OF MICHIGAN PAC

Mailing Address

232 S. CAPITOL

MC L10A

LANSING

MI

48933

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="checkbox"/> Connected Organization	<input checked="" type="checkbox"/> Affiliated Committee	<input type="checkbox"/> Joint Fundraising Representative	<input type="checkbox"/> Leadership PAC Sponsor
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8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name <input type="text"/>

Mailing Address <input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>	Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. <input type="text"/>
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Mailing Address <input type="text"/>

CITY ▲

STATE ▲

ZIP CODE ▲

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

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

C <input type="text"/>

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

GUIDEWELL MUTUAL HOLDING CORPORATION POLITICAL ACTION COMMITTEE (GUIDEWELL PAC)

<input type="text"/>

Mailing Address

4800 DEERWOOD CAMPUS PARKWAY

DC3-4

JACKSONVILLE

FL

32246

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>	Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.Name of Bank,
Depository, etc. Mailing Address

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<input type="text"/>	<input type="text"/>
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CITY ▲

STATE ▲

ZIP CODE ▲

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

1.
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FEC ID number

 C

FEC ID number

 C

FEC ID number

 C

FEC ID number

 C6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

BLUE CROSS AND BLUE SHIELD OF KANSAS CITY FEDERAL PAC

Mailing Address

2301 MAIN STREET

Relationship:

CITY ▲

STATE ▲

64108

ZIP CODE ▲



Connected Organization



Affiliated Committee



Joint Fundraising Representative



Leadership PAC Sponsor

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

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

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

Name of Bank,

Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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

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

C [REDACTED]
C [REDACTED]
C [REDACTED]
C [REDACTED]

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

HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION COMMITTEE OF BLUE CROSS & BLUE SHIELD OF

[REDACTED]

Mailing Address

P.O. BOX 13466 [REDACTED]
[REDACTED]

PHOENIX [REDACTED]	AZ [REDACTED]	85002 [REDACTED]
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Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

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

Full Name [REDACTED]

Mailing Address [REDACTED]

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

CITY ▲

STATE ▲

ZIP CODE ▲

[REDACTED] Telephone Number [REDACTED]-[REDACTED]-[REDACTED]

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

Mailing Address [REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]
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CITY ▲

STATE ▲

ZIP CODE ▲

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

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

C <input type="text"/>

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

CAPITAL BLUEPAC, THE POLITICAL ACTION COMMITTEE OF CAPITAL BLUECROSS

<input type="text"/>
<input type="text"/>

Mailing Address

P.O. BOX 60710

<input type="text"/>
<input type="text"/>

HARRISBURG

PA

17106

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Full Name <input type="text"/>

Mailing Address <input type="text"/>
<input type="text"/>

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>	Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. <input type="text"/>
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Mailing Address <input type="text"/>
<input type="text"/>

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<input type="text"/>	<input type="text"/>	<input type="text"/>

CITY ▲

STATE ▲

ZIP CODE ▲

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

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

C <input type="text"/>

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

BLUE CROSS AND BLUE SHIELD OF NEBRASKA PAC

<input type="text"/>
<input type="text"/>

Mailing Address

1919 AKSARBEN DRIVE PO BOX 3248

<input type="text"/>
<input type="text"/>

OMAHA

NE

68180

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="checkbox"/> Connected Organization	<input checked="" type="checkbox"/> Affiliated Committee	<input type="checkbox"/> Joint Fundraising Representative	<input type="checkbox"/> Leadership PAC Sponsor
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8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name <input type="text"/>

Mailing Address <input type="text"/>
<input type="text"/>

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>	Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. <input type="text"/>
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Mailing Address <input type="text"/>
<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>
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CITY ▲

STATE ▲

ZIP CODE ▲

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

1. _____
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4. _____

FEC ID number

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FEC ID number

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FEC ID number

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FEC ID number

C

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

CAREFIRST BLUECROSS BLUESHIELD ASSOCIATES FEDERAL PAC

Mailing Address

10455 MILL RUN CIRCLE

OWINGS MILLS

MD

21117

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

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

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number _____ - _____ - _____

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

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

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

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

C <input type="text"/>

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

BLUE CROSS AND BLUE SHIELD OF KANSAS, INC. EMPLOYEE PAC

<input type="text"/>
<input type="text"/>

Mailing Address

1133 SW TOPEKA BLVD.

CC:855 - B3

TOPEKA

KS

66629

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

CITY ▲

STATE ▲

ZIP CODE ▲

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

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

C <input type="text"/>

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

HIGHMARK PAC OF HIGHMARK INC.

Mailing Address

1800 CENTER STREET

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="checkbox"/> Connected Organization	<input checked="" type="checkbox"/> Affiliated Committee	<input type="checkbox"/> Joint Fundraising Representative	<input type="checkbox"/> Leadership PAC Sponsor
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8. **Designated Agent:** Identify by name, address (phone number – optional)<input type

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

1. _____
 2. _____
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 4. _____

FEC ID number
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 C _____
 C _____
 C _____

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

BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address

P.O. BOX 2291

DURHAM

NC

27702

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

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

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number _____ - _____ - _____

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

CITY ▲

STATE ▲

ZIP CODE ▲

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

1. <input type="text"/>	FEC ID number
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3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

C <input type="text"/>

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

BLUE SHIELD OF CALIFORNIA PAC (SHIELD PAC)

Mailing Address

601 12TH STREET

OAKLAND

CA

94607

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="checkbox"/> Connected Organization	<input checked="" type="checkbox"/> Affiliated Committee	<input type="checkbox"/> Joint Fundraising Representative	<input type="checkbox"/> Leadership PAC Sponsor
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8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name <input type="text"/>

Mailing Address <input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>	Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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Telephone Number - - 9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. <input type="text"/>
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Mailing Address <input type="text"/>

CITY ▲

STATE ▲

ZIP CODE ▲

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

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4. _____

FEC ID number

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FEC ID number

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FEC ID number

C

FEC ID number

C

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

WELLMARK, INC. PAC (WELLPAC)

Mailing Address

1331 GRAND AVENUE

STA. 5W570

DES MOINES

IA

50309

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number _____ - _____ - _____

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Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

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

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

C <input type="text"/>

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

BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA FEDERAL GOVERNMENT PROGRAMS

<input type="text"/>
<input type="text"/>

Mailing Address

INTERSTATE 20 AT ALPINE ROAD

<input type="text"/>
<input type="text"/>

COLUMBIA

SC

29214

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

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

Full Name <input type="text"/>

Mailing Address <input type="text"/>
<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>	Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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Name of Bank, Depository, etc. <input type="text"/>
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Mailing Address <input type="text"/>
<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

CITY ▲

STATE ▲

ZIP CODE ▲

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

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

C <input type="text"/>

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

PREMERA BLUE CROSS POLITICAL ACTION COMMITTEE/PREMERA PAC

Mailing Address

7001 220TH STREET SW

MS 355

MOUNTLAKE TERRACE

WA

98043

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="checkbox"/> Connected Organization	<input checked="" type="checkbox"/> Affiliated Committee	<input type="checkbox"/> Joint Fundraising Representative	<input type="checkbox"/> Leadership PAC Sponsor
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8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name <input type="text"/>

Mailing Address <input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>	Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. <input type="text"/>
--

Mailing Address <input type="text"/>

CITY ▲

STATE ▲

ZIP CODE ▲

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

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

C <input type="text"/>

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

BLUE CROSS BLUE SHIELD OF ALABAMA PAC

<input type="text"/>
<input type="text"/>

Mailing Address

2 NORTH JACKSON STREET

SUITE 202

MONTGOMERY

AL

36104

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

CITY ▲

STATE ▲

ZIP CODE ▲

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

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

<input type="text"/> C

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

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

<input type="text"/>
<input type="text"/>

Mailing Address

5525 Reitz Avenue	<input type="text"/>
<input type="text"/>	<input type="text"/>

Baton Rouge	<input type="text"/> LA	<input type="text"/> 70809
<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

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

Full Name	<input type="text"/>
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Mailing Address	<input type="text"/>
<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/> CITY ▲	<input type="text"/> STATE ▲	<input type="text"/> ZIP CODE ▲
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>	Telephone Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	<input type="text"/>
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Mailing Address	<input type="text"/>
<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/> CITY ▲	<input type="text"/> STATE ▲	<input type="text"/> ZIP CODE ▲
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>