Only

# STATEMENT OF

PAGE 1 / 23

**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Bluepac - Blue Cross Blue Shield Association Pac 750 9th Street, NW ADDRESS (number and street) (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address christina.fisher@bcbsa.com is changed) Optional Second E-Mail Address jennifer.towey@bcbsa.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00194746 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Fisher, Christina, , Fisher, Christina, , , 05 10 2024 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State
	(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 Republican, e	tc.) Party
	Political Action Committee (PAC):	
	(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	X Corporation Corporation w/o Capital Stock Labor Org	anization
	Membership Organization Trade Association Cooperation	/e
	X 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 committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1. C	

I	FEC Form 1 (Revised	02/2009)		Page <b>3</b>
۷	Vrite or Type Committee Name			
	•	Cross Blue Shield Association Pac		
6.		rganization, Affiliated Committee, Joint Fundraising Repres	entative, or Leader	ship PAC Sponsor
	Blue Cross Blue Shi	eld Association		
	Mailing Address	750 9th Street, NW		
		Washington	DC 20001	-
		CITY ▲ S	TATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising F	Representative	Leadership PAC Sponso
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of t	the person in possess	sion of committee
	Fisher, Ch	ristina, , ,		
	Full Name			
	Mailing Address	Blue Cross Blue Shield Association		
		200 E. Randolph St., Suite 1800		
		Chicago	IL 60601	
		CITY ▲ S	STATE A	ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records	Telephone number	er 312 - L	297 - 5760
8.	any designated agent (e.g.,		ommittee; and the na	ame and address of
	Full Name Fisher, Ch of Treasurer	ristina, , ,		
	Mailing Address	Blue Cross Blue Shield Association		
		200 E. Randolph St., Suite 1800		
		Chicago	IL 60601	
		CITY ▲ S	STATE A	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephone number	er 312 - L	297 - 5760

FEC <b>Form</b>	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Addres	S	
	CITY ▲ STATE	▲ ZIP CODE ▲
Title or Position	1▼	
	Telephone number	
safety deposit I	er Depositories: List all banks or other depositories in which the committee depositories or maintains funds.  Depository, etc.	its funds, holds accounts, rents
	Bank of America	
Mailing Address	135 S LaSalle Street	
	Chicago	60603
	CITY ▲ STATE	▲ ZIP CODE ▲
Name of Bank,	Depository, etc.	
Mailing Address		
	CITY ▲ STATE	▲ ZIP CODE ▲

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC' 5 'F9 DCF H Z G7 < 98 I @ 'CF' + H9 A = N5 H = CB

Form/Schedule: F1A Transaction ID:

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

Form/Schedule: Transaction ID:

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

h). <b>Joint Fundraisi</b>	3		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
_	Organization, Affiliated Committee, Joint Full of Tennessee Inc Political Action Commit		e, or Leadersnip PAC Spon
Mailing Address	1 Cameron Hill Circle		
	Chattanooga	TN	37402
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee  Affiliated Committee  y  y  y  y  y  y  y  y  y  y  y  y	oint Fundraising Represent	Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afty deposit boxes or mame of Bank,	city by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	city by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afty deposit boxes or mame of Bank,	city by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	city by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	ZIP CODE A

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Page	of <sup>23</sup>

1			
3.		FEC ID number	С
		FEC ID number	C
		FEC ID number	С
4		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fund		
Mailing Address	5525 REITZ AVENUE		
Relationship:	BATON ROUGE CITY	LA STATE A	70809 ZIP CODE ▲
Connected (	Organization X Affiliated Committee Joint	t Fundraising Represent	ative Leadership PAC Sp
	by name, address (phone number – optional)		
Pesignated Agent: Identify the Full Name	by name, address (phone number – optional)		
Designated Agent: Identify b	by name, address (phone number – optional)		
Pesignated Agent: Identify the Full Name	by name, address (phone number – optional)		
Pesignated Agent: Identify be Full Name  Mailing Address	CITY A	STATE A	ZIP CODE A
Designated Agent: Identify be	CITY A	STATE A	ZIP CODE A

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1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
HORIZON HEALTH	CARE SERVICES, INCHORIZON BCBSNJ I	FEDERAL PAC INC	).
1			
Mailing Address	3 PennPlz E		
	PP-11G		
	Newark	, ,   NJ	07105
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A

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1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Blue Cross Blue Shi	eld of Michigan Pac		
Mailing Address	232 S. Capitol		
	MC L10A		
	Lansing	MI MI	48933
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Joint  fy by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representation	Leadership PAC S
esignated Agent: Identi		Fundraising Representation	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Representation	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   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
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 mame of Bank, epository, etc	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 mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Telepories: 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

1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	d Organization, Affiliated Committee, Joint	Fundraising Representativ	e. or Leadership PAC Spons
-	olding Corporation Political Action Comm		
Mailing Address	4800 Deerwood Campus Parkway		
	DC3-4		
	Jacksonville	FL	32236
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Full Name			
Full Name			
Mailing Address			
	CITY A	STATE A	ZIP CODE A
Mailing Address  TITLE OR POSITION	CITY A	STATE A Telephone Number	ZIP CODE <b>A</b>
Mailing Address  TITLE OR POSITION	ories: List all banks or other depositories in variations funds.	Telephone Number	ts funds, holds accounts, rents
Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in variations funds.	Telephone Number	ts funds, holds accounts, rents

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

			FEC ID	number	С	_
		1 1 1 1 1 1	FEC ID	number	С	Ξ
			FEC ID	number	C	
			   FEC ID	number	С	Ξ
						_
-	_		Fundraising Rep	resentative	e, or Leadership PAC Spo	ons
	I I I I I I I I	ic. Employee Pac				
ing Address	1133 SW Topeka B	lvd.				
	Cc:855 - B3					
	Topeka		1	KS	66629	ı
tionship:		CITY ▲		STATE A	ZIP CODE ▲	
ame						
g Address						
OR POSITION	<b>-</b>	CITY A		STATE A	ZIP CODE ▲	
		1	Telephone Nu			
	ross and Blue S  ing Address  tionship:  Connected  d Agent: Identify  ame	ross and Blue Shield of Kansas, Ir  ing Address  Cc:855 - B3  Topeka  tionship:  Connected Organization  Aft  d Agent: Identify by name, address (pame	ross and Blue Shield of Kansas, Inc. Employee Pac  ing Address  Cc:855 - B3  Topeka  Connected Organization  Affiliated Committee  d Agent: Identify by name, address (phone number – option ame  g Address	ross and Blue Shield of Kansas, Inc. Employee Pac  ing Address  1133 SW Topeka Blvd.  Cc:855 - B3  Topeka  Connected Organization  X Affiliated Committee  Joint Fundraising  d Agent: Identify by name, address (phone number – optional)  ame	ross and Blue Shield of Kansas, Inc. Employee Pac  ing Address  Cc:855 - B3  Topeka  Connected Organization  Affiliated Committee  Joint Fundraising Representation  d Agent: Identify by name, address (phone number – optional)  ame  GITY A STATE A	ing Address    1133 SW Topeka Blvd.

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

1.						
				FEC II	O number	C
2. 🔟				FEC II	O number	С
3.				FEC II	O number	С
4.				FEC II	O number	С
Name of	Anv Connected	Organization.	Affiliated Committee. Joint	Fundraising Re	presentativ	re, or Leadership PAC Spons
			e Political Action Cmte/B			
Mail	ing Address	Post Office E	3ox 13466			
		Phoenix			AZ	85002
			CITY A		STATE A	ZIP CODE ▲
)esignate	d Agent: Identif	d Organization  y by name, add	X Affiliated Committee  ress (phone number – option	Joint Fundraisin	g Represent	tative Leadership PAC Sp
<b>Designate</b> Full Na	Connected d Agent: Identify		X Affiliated Committee		g Represent	tative Leadership PAC Spo
<b>Designate</b> Full Na	Connected d Agent: Identify		X Affiliated Committee		g Represent	tative Leadership PAC Sp
<b>Designate</b> Full Na	Connected d Agent: Identify		X Affiliated Committee		g Represent	tative Leadership PAC Sp
<b>Designate</b> Full Na Mailing	Connected  d Agent: Identify  ame	y by name, add	Affiliated Committee  ress (phone number – option	nal)		
<b>Designate</b> Full Na Mailing	Connected d Agent: Identify	y by name, add	X Affiliated Committee	nal)	STATE A	Leadership PAC Sports and Leadership PAC Spo

_	<b>23</b>
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h). <b>Joint Fundraisi</b>	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
CAPITAL BLUEPAC	, THE POLITICAL ACTION COMMITTEE (	OF CAPITAL BLUECE	ROSS
Mailing Address	PO Box 60710		
	C/O Linda Melusky		
	Harrisburg	PA	17106
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		int Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Jo	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee Jo		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee  Journal of the price o	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee  Journal of the price o	STATE A  Telephone Number	ZIP CODE A

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

	_	ated Committee, Joint	FEC ID FEC ID FEC ID	number number number	C C C or Leadership PAC Spor
	_		FEC ID FEC ID Fundraising Rep	number number resentative,	C
	_		FEC ID	number resentative,	C
	_		Fundraising Rep	esentative,	
	_				or Leadership PAC Spor
	_				or Leadership PAC Spor
ss and Blue S	Shield of Nebraska	a Political Action Cor	nmittee (BLUEP	۸C)	
				~C) _	
Address	7261 Mercy Road				
	PO Box 3248				
	Omaha		, , , , <b>,</b> ,	NE	68180
nship:		CITY A		STATE A	ZIP CODE ▲
e <u>                                    </u>					
ddress					
	1		, , , , <b>,</b> ,	1 . 1	
	_	CITY A		TATE A	7ID CODE A
R POSITION Y	•		•	IAI 🖺 🛋	ZIP CODE ▲
R POSITION	<b>V</b> 	1	Telephone Nu		∠IP CODE ▲
	Connected  Agent: Identify  ddress	PO Box 3248  Omaha  Inship:  Connected Organization  Agent: Identify by name, address  ddress	PO Box 3248  Omaha  Inship:  CITY   Connected Organization  Affiliated Committee  Agent: Identify by name, address (phone number – option  CITY     CITY     CITY     CITY     CITY     CITY     CITY     CITY       CITY	PO Box 3248  Omaha  Inship:  CITY   Connected Organization  Affiliated Committee  Joint Fundraising  Agent: Identify by name, address (phone number – optional)  Address	Omaha Omaha Ostation  CITY  STATE  STATE   Connected Organization  Affiliated Committee  Joint Fundraising Representate  Agent: Identify by name, address (phone number – optional)  Oddress

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

(h). <b>Joint Fundraisi</b>				
1.		FEC ID r	number	С
2		FEC ID r	number	С
3.		FEC ID r	number	C
4.		FEC ID r	number	C
Name of Any Connected	d Organization, Affiliated Committee, Joint	Fundraising Repre	esentative	e, or Leadership PAC Spons
Carefirst Bluecross I	Blueshield Associates' Federal Pac		1 1 1	
Mailing Address	10455 Mill Run Circle			
	Owings Mill		MD	21117
Relationship:	CITY ▲	5	STATE A	ZIP CODE ▲
	ed Organization X Affiliated Committee  fy by name, address (phone number – option	Joint Fundraising F	Representa	ative Leadership PAC Spo
			Representa	ative Leadership PAC Spo
Designated Agent: Identi			Representa	Leadership PAC Spo
Designated Agent: Identi			Representa	Leadership PAC Spo
Designated Agent: Identi			Representa	Leadership PAC Spo
Designated Agent: Identi  Full Name   Mailing Address	fy by name, address (phone number – option	nal)	Representa	Leadership PAC Spo
Pesignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – option	nal)	TATE A	
Pesignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – option	nal)	TATE A	
Pesignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION	fy by name, address (phone number – option  CITY ▲  Ories: List all banks or other depositories in the second content of the	sal)  ST  Telephone Num	TATE Anber	ZIP CODE A
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or many part of the content of the conte	fy by name, address (phone number – option  CITY ▲  Ories: List all banks or other depositories in the second content of the	sal)  ST  Telephone Num	TATE Anber	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION	fy by name, address (phone number – option  CITY   Ories: List all banks or other depositories in viaintains funds.	ST Telephone Num	ATE Anber	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Agents or Other Deposite Safety deposit boxes or maken and part of Bank,	fy by name, address (phone number – option  CITY   Ories: List all banks or other depositories in viaintains funds.	ST Telephone Num	ATE Anber	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	fy by name, address (phone number – option  CITY   Ories: List all banks or other depositories in vinaintains funds.	ST Telephone Num	ATE Anber	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	fy by name, address (phone number – option  CITY   Ories: List all banks or other depositories in vinaintains funds.	ST Telephone Num	ATE Anber	ZIP CODE A

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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. <b>Name</b>	of Any Connected O	rganization, Affiliated Committee, Joint Fundra	ising Representativ	e, or Leadership PAC Sponsor
Blu	e Cross and Blue S	hield of Kansas City Federal Pac		
	Mailing Address	One Pershing Square		
		2301 Main Street		
		Kansas City	MO	64108
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint F	Fundraising Represent	ative Leadership PAC Sponsor
8. <b>Desig</b>	nated Agent: Identify I	by name, address (phone number – optional)		
Fu	ıll Name			
Ma	ailing Address			
Т	TITLE OR POSITION \	CITY ▲	STATE ▲	ZIP CODE ▲
L			ephone Number	
	or Other Depositorie deposit boxes or mair	es: List all banks or other depositories in which that it itains funds.	ne committee deposit	s funds, holds accounts, rents
	of Bank, itory, etc.			
	Mailing Address			
		I		

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

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
		•	
ame of Any Connected Highmark Health Pa	d Organization, Affiliated Committee, Joint Fu c of Highmark Inc.	ndraising Representativ	e, or Leadership PAC Spon
Mailing Address	1800 Center Street		
	Camp Hill	PA	17089
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connect	fy by name, address (phone number – optional)	oint Fundraising Represent	
			ative Leadership PAC Sp
esignated Agent: Ident			
esignated Agent: Ident			
esignated Agent: Ident			
esignated Agent: Ident  Full Name  Mailing Address	fy by name, address (phone number – optional)		ZIP CODE A
esignated Agent: Ident	fy by name, address (phone number – optional)		
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name of Bank,	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A

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

1.						
				FEC II	0 number	C
2. 🔟				FEC II	0 number	С
3. 🔟				FEC II	0 number	С
4. 🔟				FEC II	0 number	C
			uffiliated Committee, Joint			re, or Leadership PAC Spons
Maili	ing Address	PO Box 2291				
		Durham			NC	27702
			CITY A		STATE A	ZIP CODE ▲
Designate	d Agent: Identif		X Affiliated Committee  ess (phone number – option	Joint Fundraising	g Represent	tative Leadership PAC Sp
<b>Designate</b> Full Na	Connecte  d Agent: Identif		X Affiliated Committee		g Represent	tative Leadership PAC Sp
<b>Designate</b> Full Na	Connecte		X Affiliated Committee		g Represent	tative Leadership PAC Sp
<b>Designate</b> Full Na	Connecte  d Agent: Identif		X Affiliated Committee		g Represent	tative Leadership PAC Sp
<b>Designate</b> Full Na Mailing	Connecte  d Agent: Identif  ame g Address	y by name, addre	X Affiliated Committee  ess (phone number – optio	nal)		
<b>Designate</b> Full Na Mailing	Connecte  d Agent: Identif	y by name, addre	X Affiliated Committee	nal)	STATE A	Leadership PAC Sp

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

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connector	l Organization, Affiliated Committee, Joint Fu	ndraising Poprosontativ	o or Leadorchin BAC Spon
_	rnia Political Action Committee	indiaising nepresentativ	e, or Leadership PAC Spon
Mailing Address	50 Beale Street		
	17-C356		
	San Francisco	CA	94105
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee J  fy by name, address (phone number – optional)	oint Fundraising Represent	Leadelship FAC S
			ative Leadership PAC Sp
esignated Agent: Ident			Leadership FAC 3
esignated Agent: Ident			Leadership FAC 3
esignated Agent: Ident			Leadership FAC 3
esignated Agent: Ident	fy by name, address (phone number – optional)		ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Wellmark, Inc. Pac (	WELLPAC)		
Mailing Address	1331 Grand Avenue		
	Sta. 5W570		
	Des Moines	IA I	50309
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee Jofy Jofy by name, address (phone number – optional)	int Fundraising Represent	
			Leadership PAC Sp
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A  Telephone Number	ZIP CODE A

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

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fo	undraising Representative	e, or Leadership PAC Spon
Blue Cross Blue Shie	eld of South Carolina Federal Governmen	t Programs	
Mailing Address	Interstate 20 at Alpine Road		
	Columbia	SC	29219
Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
	fy by name, address (phone number – optiona	))	
Full Name			
Mailing Address			
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A	STATE A Telephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION	ories: List all banks or other depositories in w	Telephone Number	
Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	ories: List all banks or other depositories in w	Telephone Number	
Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	ories: List all banks or other depositories in w	Telephone Number	
Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	ories: List all banks or other depositories in w	Telephone Number	
Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, repository, etc.	ories: List all banks or other depositories in w	Telephone Number	

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

(h). <b>Joint Fundraisi</b>	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spons
Premera Blue Cross	Politicial Action Committee/Premera Pac		
Mailing Address	7001 220th Street SW		
Ç	MS 355		
	Mountlake Terrace	WA	98043
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Jory by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Spo
Connecte		oint Fundraising Represent	ative Leadership PAC Spo
Connecte  Pesignated Agent: Identi		oint Fundraising Represent	ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name		oint Fundraising Represent	ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name		oint Fundraising Represent	ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	by by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address	by by name, address (phone number – optional)		
Connecte  Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	CITY A  cries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Sanks or Other Depositional afety deposit boxes or make the proposition of Bank, Depository, etc.	CITY A  cries: List all banks or other depositories in which aintains funds.	STATE A  Telephone Number	ZIP CODE A

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Page	of <sup>23</sup>

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	draising Representative	or Leadershin PAC Snon
Blue Cross Blue Shi			, or Leadership TAO opon
Mailing Address	2 North Jackson Street		
	Suite 202		
	Montgomery	AL	36104
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY ▲  CITY ▲  pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite the deposite boxes or management of Bank,	CITY ▲  CITY ▲  pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲  CITY ▲  pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲  CITY ▲  pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent