PAGE 1 / 24

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Independence Blue Cross LLC PAC 1901 Market Street ADDRESS (number and street) (Check if address is changed) Philadelphia 19103 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS IBCPAC@ibx.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00450056 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) 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. Lopez, Juan, , , Type or Print Name of Treasurer Lopez, Juan, , , [Electronically Filed] 06 02 2023 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. FEC FORM 1

Of	ffice		For further information contact:
Ιu	Jse		Federal Election Commission
0	Only		Toll Free 800-424-9530 Local 202-694-1100
	•		Local 202-034-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Compl	ete the candidate information below.)
(b) This committee is an authorized committee, and is NOT a information below.)	principal campaign committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House	Senate President 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) comm	(Democratic, nittee of the Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify con	nnected organization on line 6.) Its connected organization is a
X Corporation Corporation	w/o Capital Stock Labor Organization
Membership Organization Trade Asso	ciation Cooperative
In addition, this committee is a Lobbyist/Registra	nt PAC.
(f) This committee supports/opposes more than one Federal committee. (i.e., nonconnected committee)	candidate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registra	nt 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/Registra	nt PAC.
(h) This committee is a political committee with both contributi	on and non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registra	nt PAC.
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising exp committees/organizations, at least one of which is an author	enses and disburses net proceeds for two or more political prized committee of a federal candidate.
(j) This committee collects contributions, pays fundraising exp committees/organizations, none of which is an authorized of	enses and disburses net proceeds for two or more political committee of a federal candidate.
Committees Participating in Joint Fundraiser	
1.	C
. 1	C

•	FEC Form 1 (Revi	ised 02/2009)	Page 3
٧	Vrite or Type Committee I	Name	
	Independen	ice Blue Cross LLC PAC	
6.		ted Organization, Affiliated Committee, Joint Fundraising Representati	ive, or Leadership PAC Sponsor
	AmeriHealth, Inc).	
	Mailing Address	1901 Market Street	
		Philadelphia	1 19103
		CITY ▲ STATE	▲ ZIP CODE ▲
	Relationship: X Conn	nected Organization Affiliated Organization Joint Fundraising Representation	entative Leadership PAC Sponso
	Custodian of Records:	: Identify by name, address (phone number optional) and position of the per	rson in possession of committee
	books and records.	. Identify by flame, address (phone flamber — optional) and position of the per	real in passession of committee
	Lope	ez, Juan, , ,	
	Full Name		
	Mailing Address	1901 Market Street	
	3		
		Dhiladalahia	10100
		Philadelphia PA	19103
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number	215 - 241 - 2851
8.	Treasurer: List the nan	me and address (phone number optional) of the treasurer of the commit	ttee; and the name and address of
	any designated agent ((e.g., assistant treasurer).	
	Full Name Lope	ez, Juan, , ,	
	of Treasurer		
	Mailing Address	1901 Market Street	
		Philadelphia PA	19103
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	215 - 241 - 2851

	FEC Form 1	(Revised 02/2009)	Page 4
	Full Name of Designated Agent	Bowers, Jennifer, , ,	
N	Mailing Address	1901 Market Street	
		Philadelphia PA	19103
,	Fitte ou Decition -	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		5 - 241 - 3442
. B	Banks or Other lafety deposit box	Depositories: List all banks or other depositories in which the committee deposits futes or maintains funds.	inds, holds accounts, rents
Ν	lame of Bank, D	epository, etc.	
		Citizens Commercial Banking	
M	Mailing Address	602 West Office Drive Suite 100	
		Fort Washington PA	19034
		CITY ▲ STATE ▲	ZIP CODE ▲
N	lame of Bank, D	epository, etc.	
M	Nailing Address		
_		CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Page _5 **of** 24_

5(g) c	or(h). Joint Fundraisin	g Participant:					
	1.			FEC	ID number	С	
	2.			 FEC	ID number	C	
	3.			 FEC	ID number	С	
	4.			FEC	ID number	С	
	4.						
6.	Name of Any Connected	Organization, A	ffiliated Committee, Joi	nt Fundraising F	Representative	e, or Leadership P	AC Sponsor
	Bluepac - Blue Cro	oss Blue Sh	ield Association P	ac			1
	Mailing Address	1310 G Street	t NW				
		Washington			DC	20005]-[
	Relationship:		CITY ▲		STATE ▲	ZIP C	ODE 🛦
	Connected	Organization	X Affiliated Committee	Joint Fundrais	sing Representa	ative Leadersh	nip PAC Sponsor
8.	Designated Agent: Identify	by name, addre	ess (phone number – op	tional)			
	Full Name						
	Mailing Address						
		1		.	1 . 1	1	-
	TITLE OR POSITION	_	CITY A		STATE ▲	ZIP CO	DE 🛦
		· 		Telephone	Number	- -	-
9.	Banks or Other Depositor	ies: List all ban	ks or other depositories	in which the com	mittee deposit	s funds, holds acco	ounts, rents
	safety deposit boxes or ma		·		·		
	Name of Bank, Depository, etc.						1
		1					
	Mailing Address						
			a:=:::]-[
I			CITY A		STATE ▲	ZIP CO	DF 🔻

FEC Form 1S (Revised 02/2017)

	g Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spon
Bluecross Bluesh	ield of Tennessee Inc Political Ac	tion Committee (BC	BSTN PAC)
Mailing Address	1 Cameron Hill Circle		
	Chattanooga		37402
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC S
Full Name			
Mailing Address			
Mailing Address			
Mailing Address			
Mailing Address TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	CITY A		ZIP CODE A
TITLE OR POSITION	CITY ▲ ries: List all banks or other depositories in w	STATE ▲ Telephone Number	ZIP CODE 🛦
TITLE OR POSITION anks or Other Depositor deposit boxes or management.	CITY ▲ ries: List all banks or other depositories in w	STATE ▲ Telephone Number	ZIP CODE 🛦
TITLE OR POSITION anks or Other Depositor defety deposit boxes or material depositions are of Bank,	CITY ▲ ries: List all banks or other depositories in w	STATE ▲ Telephone Number	ZIP CODE 🛦
TITLE OR POSITION anks or Other Depositor defety deposit boxes or material depositions are of Bank,	CITY ▲ ries: List all banks or other depositories in w	STATE ▲ Telephone Number	ZIP CODE 🛦
anks or Other Depositor detay deposit boxes or material deposition are of Bank, epository, etc.	CITY ▲ ries: List all banks or other depositories in w	STATE ▲ Telephone Number	ZIP CODE 🛦
anks or Other Depositor defety deposit boxes or material deposition are of Bank, epository, etc.	CITY ▲ ries: List all banks or other depositories in w	STATE ▲ Telephone Number	ZIP CODE 🛦

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

g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2			FEC ID number	C
3.			FEC ID number	С
4			FEC ID number	C
	=	Organization, Affiliated Committee, Joint Fundr		
Ma	ailing Address	5525 REITZ AVENUE		
		BATON ROUGE	, LA	70809
Re	elationship:	CITY ▲	STATE A	ZIP CODE A
			Fundraising Representa	
Designa	ited Agent: Identify	by name, address (phone number – optional)		
Full	Name			
Maili	ing Address			
		CITY A	STATE A	ZIP CODE A
TIT	LE OR POSITION	Y		
			elephone Number	
Banks of safety de	or Other Depositor eposit boxes or mai	ies: List all banks or other depositories in which ntains funds.	the committee deposit	s funds, holds accounts, rents
Name of Deposito				
N	Mailing Address			
		1		

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.	=	Organization, Affiliated Committee, Joint Fundra		
	Mailing Address	3 PennPlz E PP-11G		
		Newark	ı NJ	, 07105
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
			Fundraising Represent	
	Connected	Organization - Anniated Committee - Committee	Tundraising Tiepresent	Leadership 1 AC Sportson
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
				<u> </u>
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	TITLE OR POSITION	•		ZIP CODE ▲
9.		Tel	STATE ▲ lephone Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank,	Tel	STATE ▲ lephone Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	Tel	STATE ▲ lephone Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	Tel	STATE ▲ lephone Number	

FEC Form 1S (Revised 02/2017)

Page 9 **of** 24

5/a)	or(h). Joint Fundraisin	n Particinant		
J(g)	1		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundral	sing Representative	, or Leadership PAC Sponsor
	Mailing Address	232 S. Capitol		
		MC L10A		
		Lansing	MI	48933
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint F	undraising Representa	tive Leadership PAC Sponsor
3.	Designated Agent: Identify	by name, address (phone number - optional)		
	1			
	Full Name			
	Full Name			
	Mailing Address	CITY A	STATE A	ZIP CODE A
		•		
).	Mailing Address TITLE OR POSITION	Tele	STATE A	ZIP CODE A
) .	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	Tele	STATE A	ZIP CODE A
) .	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	Tele	STATE A	ZIP CODE A
€.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	Tele	STATE A	ZIP CODE A
).	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	Tele	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin	g Participant:		
(0)	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
	Guidewell Mutual	Holding Corporation Political Action	Committee (Guid	dewell PAC)
	Mailing Address	4800 Deerwood Campus Parkway		
		DC3-4		
		Jacksonville	, , , , FL ,	32236
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sponsor
	_			
8.	Designated Agent: Identify	y by name, address (phone number – optional)		
8.	Designated Agent: Identify Full Name	y by name, address (phone number – optional)		
8.		y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	1	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION	CITY A	elephone Number	
	Full Name Mailing Address TITLE OR POSITION	CITY A ries: List all banks or other depositories in which	elephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito	CITY A ries: List all banks or other depositories in which	elephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank,	CITY A ries: List all banks or other depositories in which	elephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main Name of Bank, Depository, etc.	CITY A ries: List all banks or other depositories in which	elephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main Name of Bank, Depository, etc.	CITY A ries: List all banks or other depositories in which	elephone Number	

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

Mailing Address TITLE OR POSITION	ories: List all bank	CITY A cs or other depositories in v	Telephone N		ZIP CODE ZIP CODE ss funds, holds accounts, rent
Mailing Address TITLE OR POSITION anks or Other Depositor Deposi	ories: List all bank	CITY A	Telephone N	umber	ZIP CODE A
Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or maintain and the control of	ories: List all bank	CITY A	Telephone N	umber	ZIP CODE A
Mailing Address TITLE OR POSITION	ories: List all bank	CITY A	Telephone N	umber	ZIP CODE A
Mailing Address					
Mailing Address					
Mailing Address				STATE A	
					1 , , , , 1-1
Full Name					1
		Affiliated Committee ass (phone number – option	Joint Fundraisin	g Hepresent	ative Leadership PAC Sp
Relationship:	Торека	CITY A		STATE A	ZIP CODE ▲
	Topeka			ı KS ı	, 66629
Mailing Address					
NA-US- A JUL	1133 SW Tope	eka Blvd			
<u> </u>					
		ffiliated Committee, Joint I Kansas, Inc. Emplo		oresentativ	e, or Leadership PAC Spon
4.			— FEC II	O number	C
			— ∣ FEC II) number	С
3.			FEC II	0 number	C
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	rganization, Affiliated Committee, Joint Fur		C C C c, or Leadership PAC Spon
3. 4. 4. ame of Any Connected On		FEC ID number FEC ID number	C
3. 4. 4. ame of Any Connected On		FEC ID number	С
4ame of Any Connected Or		ndraising Representative	С
ame of Any Connected O		ndraising Representative	
			e, or Leadership PAC Spon
Healthy Governmer	nt Committee-the Political Action	Cmte/Blue Cross	
	Post Office Post 42400		
Mailing Address	Post Office Box 13466		
	Phoenix		85002
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected C	Organization X Affiliated Committee Jo	pint Fundraising Representa	ative Leadership PAC S
Full Name			
Mailing Address			
TITLE OR POSITION ▼	CITY A	STATE ▲	ZIP CODE ▲
		Telephone Number	
	es: List all banks or other depositories in which	ch the committee deposit	s funds, holds accounts, ren
afety deposit boxes or maintained	tains funds.		
are of Bank, epository, etc.	tains funds.		
fety deposit boxes or maintained	tains funds.		
afety deposit boxes or maini ame of Bank, epository, etc.	tains funds.		

FEC Form 1S (Revised 02/2017)

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 Fundr sylvania (THE BLUE CROSS AND BL		
Mailing Address	PO Box 60710		
-			
	Harrisburg	PA	17106
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te ories: 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 Deposit afety deposit boxes or make the content of the content o	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Te 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

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
amo of Any Connector	d Organization, Affiliated Committee, Joint Fundra	aising Ponrosontativ	o or Loadership BAC Spon
-	Blue Shield of Nebraska Political Actio		
Mailing Address	7261 Mercy Road		
J			
	Omaha	ı ı NE ı	, 68180
Dalatianahin			
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	fy by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Sp
		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident		Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		Fundraising Represent	Leadership PAC Sp
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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 Te	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

Mailing Address					
epository, etc.	1				
afety deposit boxes or ma	untains funds.				
		ks or other depositories in v	which the commit	tee deposit	es funds, holds accounts, ren
			Telephone N	umber	
TITLE OR POSITION	▼	CITY ▲	:	STATE A	ZIP CODE ▲
Mailing Address					
Full Name					
		Affiliated Committee	Joint Fundraising	nepresent	ative Leadership PAC S
		CITY A	lusie i i	STATE A	ZIP CODE ▲
Relationship:	Owings Mill	OITV A		MD STATE A	21117
				N/D	04447
Mailing Address	10455 Mill Ru	n Circle			
		ffiliated Committee, Joint I		oresentativ	e, or Leadership PAC Spon
4				, number	U
3.			_	number number	C
2.			_) number	C
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FEC Form 1S (Revised 02/2017) form

	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	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spor
Blue Cross and E	Blue Shield of Kansas City Federal Pa	AC	
Mailing Address	One Pershing Square		
	2301 Main Street		
	Kansas City	, , MO ,	64108
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecto	ed Organization X Affiliated Committee Join	t Fundraising Representa	ative Leadership PAC S
Full Name			
Mailing Address			
TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	N ▼ CITY ▲		
TITLE OR POSITION	CITY ▲ CITY ▲ ories: List all banks or other depositories in which	STATE ▲	ZIP CODE A
TITLE OR POSITION	CITY ▲ CITY ▲ ories: List all banks or other depositories in which	STATE ▲	ZIP CODE A
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TITLE OR POSITION anks or Other Deposite the state of Bank, and b	CITY ▲ CITY ▲ ories: List all banks or other depositories in which	STATE ▲	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

		FEC ID number	C
1.		FEC ID number	C
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
	Pac of Highmark Inc.		
1			
Mailing Address	1800 Center Stree		
	Camp Hill	PA	17089
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify	y by name, address (phone number – optional)		
esignated Agent: Identify	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name Mailing Address	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	CITY CITY Te ries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	CITY CITY Te ries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material deposition and the state of Bank,	CITY CITY Te ries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material deposition and the state of Bank,	CITY CITY Te ries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material ame of Bank, epository, etc	CITY CITY Te ries: List all banks or other depositories in which	elephone Number	

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

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	C
	=	Organization, Affiliated Committee, Joint Fund LIE Shield of North Carolina Employ		
N	Mailing Address	PO Box 2291		
		Durham 	NC NC	27702
F	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		by name, address (phone number – optional)		
Ful	I Name			
Ma	illing Address			
TI	TLE OR POSITION T	CITY A	STATE ▲	ZIP CODE ▲
		I	elephone Number	
safety	or Other Depositorie deposit boxes or main of Bank,	es: List all banks or other depositories in which ntains funds.	the committee deposit	s funds, holds accounts, rents
	tory, etc.			
	Mailing Address	1		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Blue Shield of California Political A Mailing Address San Francisco Relationship: Connected Organization X Aff Pesignated Agent: Identify by name, address (p Full Name Mailing Address TITLE OR POSITION ▼ Title OR Position In Item In It			
ame of Any Connected Organization, Affiliate Blue Shield of California Political A Mailing Address San Francisco Relationship: Connected Organization X Affiliate San Francisco Relationship: Title OR POSITION ▼ Title OR POSITION ▼ Title OR Positories: List all banks or fety deposit boxes or maintains funds. Title OR Bank, epository, etc.		FEC ID number	С
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San Francisco Relationship: Connected Organization After sesignated Agent: Identify by name, address (processes of the process of the pro			
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arme of Bank, epository, etc.		Telephone Number	
epository, etc.	other depositories in which	n the committee deposit	s funds, holds accounts, ren
Mailing Address			
1		1 1 1	1

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	ng raiticipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Wellmark, Inc. Pa	ac (WELLPAC)		
	1331 Grand Avenu		
Mailing Address			
	Sta. 5W570		
	Des Moines	IA L	50309
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representa	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
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FEC Form 1S (Revised 02/2017)

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3.		FEC ID number	C
	1		
4		FEC ID number	C
		FEC ID number	С
ame of Any Connected (Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Spor
Blue Cross Blue Sl	hield of South Carolina Federal Gove	rnment Prograr	ns
Mailing Address	Interstate 20 at Alpine Road		
	Columbia	SC SC	29219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	by name, address (phone number - optional)		
Full Name			
Mailing Address			
	1		I I-I .
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	1	phone Number	
anks or Other Depositoring deposit boxes or main many arms of Bank, epository, etc.	ies: List all banks or other depositories in which th intains funds.	e committee deposits	s funds, holds accounts, ren
Mailing Address			

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

1.		FEC ID number FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundra		e, or Leadership PAC Spons
Mailing Address	7001 220th Street SW		
	MS 355		
	Mountlake Terrace	WA	98043
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	ative Leadership PAC Sp
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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	C
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Blue Cross Blue	Shield of Alabama Pac		
Martina Addison	2 North Jackson Street		
Mailing Address	Suite 202		
	Montgomery	AL	36104
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Join by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	.g · a.u.s.pa.u.	FEC ID number	C
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2.			C
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ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
AMHP HOLDINGS	S CORP. POLITICAL ACTION COMMIT	TEE (AMERIHEA	LTH CARITAS PAC)
Mailing Address	200 STEVENS DRIVE		
	PHILADELPHIA	PA	19113
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization X Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
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