FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Blue Shield of California PAC (Shield PAC) 601 12th Street ADDRESS (number and street) (Check if address is changed) Oakland 94607 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address bsca@politicomlaw.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00340364 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 Glidden, Emily, , Date 05 17 2024 Signature of Treasurer Glidden, Emily, , , 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

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FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate info	rmation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign coinformation below.)	ommittee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	State CA President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized	
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) X This committee is a separate segregated fund. (Identify connected organization of	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 committee. (i.e., nonconnected committee)	a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on li	ine 6.)
(g) This committee is an independent expenditure-only political committee (Super PA	AC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution	on 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 committees/organizations, at least one of which is an authorized committee of a	·
(j) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, none of which is an authorized committee of a federal	·
Committees Participating in Joint Fundraiser	
1.	C

	FEC Form 1 (Revis	red 02/2009)		Page 3
٧	Vrite or Type Committee N	·		
	Blue Shield of	California PAC (Shield PAC)		
6.		ed Organization, Affiliated Committee, Joint Fundraising Represe	entative, or Leade	ership PAC Sponsor
	BLUEPAC - Blue	Cross Blue Shield Association PAC		
	Mailing Address	750 9th Street, NW		
			DC 2000	1 1
	_	CITY ▲ S	STATE A	ZIP CODE ▲
	Relationship: Conne	cted Organization X Affiliated Organization Joint Fundraising F	Representative	Leadership PAC Sponse
 7.	Custodian of Records: I books and records.	dentify by name, address (phone number optional) and position of t	the person in posse	ssion of committee
	Lim, D	Parrin, , ,		
	Full Name			
	Mailing Address	28 Liberty Ship Way, Suite 2815		
		Sausalito	CA 9496	5
		CITY ▲ S	TATE ▲	ZIP CODE ▲
	Title or Position ▼	5111 = 5	TAIL —	211 0002 =
	Custodian of Records	Telephone number	er 415 –	903 - 2800
8.	Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the co.g., assistant treasurer).	ommittee; and the	name and address of
	Full Name Glidde of Treasurer	en, Emily, , ,		
	Mailing Address	601 12th Street		
		Oakland	CA 9460	7
	Title or Position ▼	CITY ▲ S	STATE A	ZIP CODE ▲
	Treasurer	1	415	903 2800
		Telephone number	er	

Telephone number

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Lim, Darrin, , ,		
Mailing Address	28 Liberty Ship Way, Suite 2815		
	Sausalito	CA	94965
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasu		number 4	15 903 - 2800
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the commes or maintains funds.	nittee deposits f	unds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Bank of America		
Mailing Address	345 Montgomery Street		
	San Francisco	CA	94101
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	<u> </u>		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

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

h). Joint Fundraisi	ng rundipunti		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e or Leadershin PAC Snon
Blue Shield of Califo		indicating representativ	e, or Ecadership TAO opon
Mailing Address	601 12th Street		
	Oakland	CA	94607
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
X Connecte	ed Organization Affiliated Committee J	oint Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi Full Name			ative Leadership PAC Sp
X Connecte			ative Leadership PAC Sp
Connecte esignated Agent: Identi Full Name			ative Leadership PAC Sp
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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 A CITY A pries: List all banks or other depositories in what intains funds.	STATE A Telephone Number ich the committee deposit	ZIP CODE A ts funds, holds accounts, rent

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

Page ___ **of** 22_

(h). Joint Fundrais	•		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
7.			
Name of Any Connecte	d Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spons
Bluecross Blueshiel	d of Tennessee Inc Political Action Comm	ttee (BCBSTN PAC)	
Mailing Address	1 Cameron Hill Circle		
	Chattanooga		37402
Relationship:	CITY A	STATE A	ZIP CODE ▲
	ed Organization X Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC Spo
			ative Leadership PAC Spo
Designated Agent: Ident			ative Leadership PAC Spo
Designated Agent: Ident			ative Leadership PAC Spo
Designated Agent: Ident			ative Leadership PAC Spo
Designated Agent: Ident	ify by name, address (phone number – optiona		ative Leadership PAC Spo
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Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ify by name, address (phone number – optiona	STATE A	
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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	C
4.		FEC ID number	C
Name of Assa Commonted	Ourselection Affiliated Committee Island F	durinin	a and and and in DAO Course
-	Organization, Affiliated Committee, Joint France & Indemnity Company DBA Blue Cro		
Mailing Address	5525 Reitz Avenue		
	Baton Rouge	LA L	70809
Relationship:	CITY A	STATE A	ZIP CODE ▲
Designated Agent: Identif	y by name, address (phone number – optiona	l)	
Full Name	y by name, address (phone number – optiona)	
	y by name, address (phone number – optiona	i)	
Full Name	y by name, address (phone number – optiona	i)	
Full Name			
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A cries: List all banks or other depositories in what will be a sintains funds.	STATE A Telephone Number	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	CITY A cries: List all banks or other depositories in what will be a sintains funds.	STATE A Telephone Number	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite cafety deposit boxes or means and some series of Bank,	CITY A cries: List all banks or other depositories in what will be a sintains funds.	STATE A Telephone Number	s funds, holds accounts, rents

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	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr		e, or Leadership PAC Spon
Honzon Healthcare	Services, IncHorizon BCBSNJ Federal PAC	inc.	
Mailing Address	Three Penn Plaza East, PP-11G		
Mailing Address			
	Newark	ı NJ	1 07105
5.00			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Represent	ative Leadership PAC S
	ed Organization X Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		Fundraising Representation	ative Leadership PAC S
esignated Agent: Identi		Fundraising Representation	ative Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page	of ²²
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	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint F	undraising Representati	ve, or Leadership PAC Spons
Blue Cross Blue Shie	eld of Michigan PAC	<u> </u>	
Mailing Address	232 S. Capitol Avenue, MC L10A		
. J			
	Lansing	ı ı MI ı	48933
Relationship:	CITY ▲	STATE 4	ZIP CODE ▲
esignated Agent: Identify	CITY d Organization X Affiliated Committee y by name, address (phone number – optional	STATE A Joint Fundraising Represer	
Connected	d Organization X Affiliated Committee	Joint Fundraising Represer	
esignated Agent: Identify Full Name	d Organization X Affiliated Committee	Joint Fundraising Represer	
esignated Agent: Identify Full Name	d Organization X Affiliated Committee	Joint Fundraising Represer	
esignated Agent: Identify Full Name Mailing Address	d Organization X Affiliated Committee y by name, address (phone number – optional	Joint Fundraising Represer	
esignated Agent: Identify Full Name	d Organization X Affiliated Committee y by name, address (phone number – optional	Joint Fundraising Represer	Leadership PAC Sp

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

FEC ID number C 2.		ng Participant:		
3.	1.		FEC ID number	С
ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spon Guidewell Mutual Holding Corporation Political Action Committee (Guidewell PAC) Mailing Address 4800 Deerwood Campus Pkwy, DC3-4 Belationship: CITY ▲ STATE ▲ ZIP CODE ▲ COnnected Organization ★ Affiliated Committee □ Joint Fundraising Representative □ Leadership PAC Spon Deerwood Campus Pkwy, DC3-4 STATE ▲ ZIP CODE ▲ Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲	2.		FEC ID number	C
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Guidewell Mutual Holding Corporation Political Action Committee (Guidewell PAC) Mailing Address 4800 Deerwood Campus Pkwy, DC3-4 Jacksonville Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC State Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲			,	
Mailing Address 4800 Deerwood Campus Pkwy, DC3-4 Jacksonville FL 32246 ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Square esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲	ame of Any Connected	d Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
Mailing Address Jacksonville CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spatial Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲	Guidewell Mutual Ho	olding Corporation Political Action Committ	ee (Guidewell PAC)	
Mailing Address Jacksonville CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spatial Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲				
Mailing Address Jacksonville CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spatial Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ ZIP CODE ▲		⊥ 4800 Deerwood Campus Pkwy, DC3-4		
Relationship: CITY A STATE A ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Special Resignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY A STATE A ZIP CODE A TITLE OR POSITION CITY A STATE A ZIP CODE A	Mailing Address			
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Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spesignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲		Jacksonville	FL	
esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY STATE ZIP CODE ZIP CODE ZIP CODE TITLE OR POSITION TITLE OR POSITION	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
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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	С
		, 	
-	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spon
blue Cross and blue	Shield of Kansas, Inc. Employee PAC		
Mailing Address	1133 SW Topeka Blvd., CC:855 - B3		
	Topeka	KS	66629
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee J fy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
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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	С
	d Organization, Affiliated Committee, Joint Fund		e, or Leadership PAC Spon
Healthy Governmen	t Committee-the Political Action Cmte/Blue C	ross 	
Mailing Address	P.O. Box 13466		
	Phoenix	AZ	85002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization X Affiliated Committee Join fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Ident			
esignated Agent: Ident			
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esignated Agent: Ident Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	.g		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fund Political Action Committee of Capital BlueC		e, or Leadership PAC Spon
Capital Bluel AO, the	- I official Action Committee of Capital Blace		
Mailing Address	P.O. Box 60710		
	Harrisburg	PA	17106
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Join Join by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite 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 s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite 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 s funds, holds accounts, rent

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	С
Name of Any Connected	I Organization, Affiliated Committee, Joint Fur	ndraising Representative	e or Leadershin PAC Snons
-	Shield of Nebraska Political Action Comm		
Mailing Address	7261 Mercy Road, PO Box 3248		
	Omaha	NE NE	68180
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connection Connectica Connection Connectica Connection	ed Organization X Affiliated Committee Jof fy by name, address (phone number – optional)	oint Fundraising Represent	
Designated Agent: Identi			
Pesignated Agent: Identi			
Pesignated Agent: Identi			
Pesignated Agent: Identi	fy by name, address (phone number – optional)		ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional)		
Pesignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify Full Name	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which anintains funds.	STATE Telephone Number ch the committee deposit	ZIP CODE A
Pesignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which anintains funds.	STATE A Telephone Number ch the committee deposit	ZIP CODE A
Pesignated Agent: Identify Full Name	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which anintains funds.	STATE Telephone Number ch the committee deposit	ZIP CODE A

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

1					
			FEC ID num	ber C	
3.			FEC ID num	ber C	
			FEC ID num	ber C	
4.			 FEC ID num	ber C	
4.					
lame of Any Conr	nected Organizatio	n, Affiliated Committee, Joint	Fundraising Represen	tative, or Lead	lership PAC Spon
Carefirst Bluecr	ross Blueshield A	ssociates' Federal PAC			
Mailing Addres	ss 10455 Mi	II Run Circle			
	Owings N	/iii		D 2111	17
Relationship:		CITY A	STAT	EA	ZIP CODE ▲
esignated Agent:	Identify by name, a	address (phone number – option	nal)		
esignated Agent:	Identify by name, a	address (phone number - option	nal)		
		address (phone number – option	nal)		
Full Name		address (phone number – option	nal)		
Full Name		address (phone number – option	nal)		
Full Name		address (phone number – option	nal)		ZIP CODE A
Full Name					ZIP CODE A

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	С
-	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Blue Closs and Blue	Shield of Kansas City Federal PAC		
Mailing Address	One Pershing Sq., 2301 Main St.		
	Kansas City	MO	64108
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Jofy Jofy by name, address (phone number – optional)	int Fundraising Representa	
			Leadership PAC Sp
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi	fy by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or markets.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE Telephone Number	ZIP CODE A
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 Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame 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: Identic Full Name	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: Identic Full Name	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

(h). Joint Fundrais	ng Participant:			
1.		FEC	ID number	С
2.		FEC	ID number	С
3.		FEC	ID number	C
4.		FEC	ID number	С
Name of Any Connected	l Organization, Affiliated Committee, o	Joint Fundraising R	epresentativ	e, or Leadership PAC Spons
	4000 Conton Street			
Mailing Address	1800 Center Street			
	Camp Hill		L PA	17089
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
Designated Agent: Ident	ed Organization X Affiliated Committee fy by name, address (phone number –		ng Represent	ative Leadership PAC Spo
Designated Agent: Ident	_		ng Represent	ative Leadership PAC Spo
Designated Agent: Ident	_		ng Represent	ative Leadership PAC Spo
Designated Agent: Ident	_		ng Represent	ative Leadership PAC Spo
Designated Agent: Ident Full Name Mailing Address	fy by name, address (phone number –		ng Represent	ative Leadership PAC Spo
Pesignated Agent: Ident Full Name	fy by name, address (phone number –	optional) Telephone	STATE A Number	ZIP CODE A
Pesignated Agent: Ident Full Name	fy by name, address (phone number – CITY CITY pries: List all banks or other depositoric aintains funds.	optional) Telephone	STATE A Number	ZIP CODE A
Pesignated Agent: Identification of Bank, Depository, etc.	fy by name, address (phone number – CITY CITY pries: List all banks or other depositoric aintains funds.	optional) Telephone es in which the comm	STATE A Number	ZIP CODE A

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
			Affiliated Committee, Joint			re, or Leadership PAC Spon
Mail	ing Address	PO Box 2291				
		Durham			NC NC	27702
			CITY A		STATE A	ZIP CODE ▲
Designate	ed Agent: Identif		X Affiliated Committee ess (phone number – optio	Joint Fundraisin	g Represent	tative Leadership PAC Sp
Designate Full N	Connecte ed Agent: Identif		X Affiliated Committee		g Represent	tative Leadership PAC Sp
Designate Full N	Connected Agent: Identif		X Affiliated Committee		g Represent	Leadership PAC Sp
Designate Full N	Connecte ed Agent: Identif		X Affiliated Committee		g Represent	Leadership PAC Sp
Designate Full N Mailing	Connected Agent: Identification ame	y by name, addr	X Affiliated Committee ess (phone number – optio	nal)		
Designate Full N Mailing	Connecte ed Agent: Identif	y by name, addr	X Affiliated Committee	nal)	STATE A	Leadership PAC Sp

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

5(g) o	or(h). Joint Fundraisi n	ng Participant:			
	1.		FEC ID	number	C
	2.		FEC ID	number	C
	3.		FEC ID	number	C
	4.		FEC ID	number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joir	nt Fundraising Repr	esentative,	or Leadership PAC Sponsor
	Wellmark, Inc. PAC (WELLPAC)			
	Mailing Address	1331 Grand Avenue, Sta. 5W570			
		Des Moines	.	IA	50309
	Relationship:	CITY ▲		STATE A	ZIP CODE ▲
	Connected	d Organization X Affiliated Committee	Joint Fundraising	Representat	ive Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	y by name, address (phone number – opt	ional)	1 1 1 1	
	Mailing Address				
					1
	TITLE OR POSITION	▼ CITY ▲	S	TATE A	ZIP CODE ▲
			Telephone Nur	mber	
	safety deposit boxes or ma			·	funds, holds accounts, rents
	Depository, etc.				
	Mailing Address			<u> </u>	

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

h). Joint Fundraisi	ig i artioipanti		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fur		e, or Leadership PAC Spon
Blue Cross Blue Shi	eld of South Carolina Federal Government	Programs 	
Mailing Address	Interstate 20 at Alpine Road		
	Columbia	SC	29219
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	d Organization X Affiliated Committee Jorgy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identing Full Name	y by name, address (phone number – optional)	sint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	y by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftety deposit boxes or mane of Bank,	cories: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftety deposit boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftety deposit boxes or mane of Bank,	cories: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftety deposit boxes or mame of Bank, epository, etc.	cories: 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	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spons
Premera Blue Cross	PAC/Premera PAC		
Mailing Address	7001 220th Street SW, MS 355		
maining Addiese			
	Mountlake Terrace	ı ı WA ı	98043
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
riolationomp.	OII 2	SIAIL	ZII CODL A
Designated Agent: Identi	fy by name, address (phone number – optiona	l)	
Full Name	fy by name, address (phone number – optiona	l)	
	fy by name, address (phone number – optiona	I)	
Full Name	fy by name, address (phone number – optiona	I)	
Full Name			
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ pries: List all banks or other depositories in which is the state of the state	STATE A Telephone Number	
Full Name _ _ Mailing Address	CITY ▲ CITY ▲ pries: List all banks or other depositories in which is the state of the state	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ pries: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ts funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite the safety deposit boxes or make the safety deposit boxes or	CITY ▲ CITY ▲ pries: List all banks or other depositories in what intains funds.	STATE Telephone Number nich the committee deposi	ts funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in what intains funds.	STATE Telephone Number nich the committee deposi	ts funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in what aintains funds.	STATE Telephone Number nich the committee deposi	ts funds, holds accounts, rents

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

h). Joint Fundraisi			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fo	undraising Representativ	e or Leadershin PAC Snon
Blue Cross Blue Shi		The second and the se	
Mailing Address	2 North Jackson Street, Suite 202		
	Montgomery	AL L	36104
Relationship:	CITY A	STATE A	ZIP CODE ▲
	Affiliated Committee Ty by name, address (phone number – optional	Joint Fundraising Represent	ative 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	by by name, address (phone number – optiona		Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	by by name, address (phone number – optiona		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	CITY A CITY A pries: List all banks or other depositories in whaintains 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 management of Bank,	cy by name, address (phone number – optional control of the contro	STATE Telephone Number inich the committee deposi	ZIP CODE A ts funds, holds accounts, rent