Only

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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) Guidewell Mutual Holding Corporation Political Action Committee (Guidewell PAC) 4800 Deerwood Campus Parkway ADDRESS (number and street) DC1-7 (Check if address is changed) Jacksonville 32246 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address craig.provenzano@bcbsfl.com is changed) Optional Second E-Mail Address suzanne.horne@bcbsfl.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00161141 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 Provenzano, Craig,, 05 10 2024 Signature of Treasurer Provenzano, Craig, , , 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

FEC Form 1 (Revised 03/2022)	ge <b>2</b>
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 candida information below.)	ate
Name of Candidate	
Candidate Office Sought: House Senate President	-
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	xt t
Name of Candidate	
Party Committee:  (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) Party Committee:	rty
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ation is a:
Corporation Corporation w/o Capital Stock Labor Organization	on
Membership Organization Trade Association Cooperative	
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or committee. (i.e., nonconnected committee)	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 more proceeds	olitical
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	olitical
Committees Participating in Joint Fundraiser	
1	픺

Treasurer

	FEC <b>Form 1</b> (Revised 0	2/2000)		
V	/rite or Type Committee Name	12009)		r age <b>o</b>
		Holding Corporation Political Action	Committee (Gu	idewell PAC)
6.		ganization, Affiliated Committee, Joint Fundraising	•	,
	Guidewell Mutual Hol	ding Corporation		
	Mailing Address	4800 Deerwood Campus Parkway		
		DC1-8		
		Jacksonville	FL     3224	46
		CITY A	STATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Joint Fundr	raising Representative	Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and posi	ition of the person in posse	ession of committee
	Horne, Suz	anne, , ,		
	Full Name	4800 Deerwood Campus Parkway		
	Mailing Address	4600 Deerwood Campus Farkway		
		DC1-7		
		Jacksonville	FL 3224	16
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	President	Telephone	e number 904 -	905 8720
8.	Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of the treasurer of ssistant treasurer).	of the committee; and the	name and address of
	Full Name Provenzance of Treasurer	o, Craig, , ,		
	Mailing Address	4800 Deerwood Campus Parkway		
		DC1-5		
		Jacksonville	FL 3224	16
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			

904

Telephone number

905

0440

	FEC Form 1	(Revised 02/2009)		Page <b>4</b>
	Full Name of			
	Designated Agent			
ı	Mailing Address			
_	Title or Position		STATE A	ZIP CODE ▲
	Title or Position		1 1 1	
١		Telephone number	er	
		Depositories: List all banks or other depositories in which the committee ses or maintains funds.	deposits funds, hole	ds accounts, rents
١	Name of Bank, D	epository, etc.		
		Bank of America		
N	Mailing Address	P.O. Box 25118		
			FL   33622-	5118
		CITY ▲ S	TATE A	ZIP CODE ▲
-	Name of Bank, [	epository, etc.		
N	Mailing Address			
		CITY ▲ S	TATE ▲	ZIP CODE ▲

### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

This is being amended to update the addresses of the committee and its officers

Form/Schedule: Transaction ID:

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Page	of <sup>23</sup>	

		Participant:					
1.				FEC ID	) number	C	<u> </u>
2.				FEC ID	number	С	
3.				FEC ID	) number	C	
4.				   FEC ID	) number	C	
ame of Any	Connected C	organization, A	ffiliated Committee, Joint	Fundraising Rep	resentative	e, or Lead	ership PAC Spon
LOUISIANA	HEALTH S	ERVICE & IN	DEMNITY COMPANY DE	BA BLUE CROS	S & BLUE	SHIELD (	OF LOUISIANA F
		ı 5525 Reitz Av	vanua.				
Mailing A	ddress	5525 Reitz AV					
		Baton Rouge		, , , , <b>,</b> , <b>,</b> , <b>,</b>	LA L	4080	9
Relations	Connected	Organization	CITY ▲  X Affiliated Committee  ess (phone number – option	Joint Fundraising	STATE ▲  Representa	ative	ZIP CODE ▲ Leadership PAC S
[	Connected	Organization	X Affiliated Committee			ative	
esignated Ag	Connected	Organization	X Affiliated Committee			ative	
esignated Ag	Connected	Organization	X Affiliated Committee			ative	
esignated Ag	Connected	Organization	X Affiliated Committee			ative	
esignated Ag Full Name Mailing Add	Connected  ent: Identify  dress	Organization by name, addre	X Affiliated Committee	nal)		ative	
esignated Ag Full Name Mailing Add	Connected	Organization by name, addre	X Affiliated Committee	nal)	Representa	ative	Leadership PAC S

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Page	of <sup>23</sup>	

1.							
l				FEC ID	number	C	
2				FEC ID	number	C	
3.				FEC ID	number	С	Ξ
4.				   FEC ID	number	С	
lame of A	ny Connected (	Organization, Affili	ated Committee, Joint	Fundraising Rep	resentative	e, or Leadership PAC Sp	oons
BLUE C	ROSS AND B	LUE SHIELD OF	NEBRASKA PAC				
Mailin	g Address	7261 MERCY RC	DAD				
		PO BOX 3248					
		OMAHA			NE	68180	
			CITY A		STATE A	ZIP CODE A	<u> </u>
			Affiliated Committee  (phone number – option	Joint Fundraising	Representa	Leadership PAC	
	Connected  Agent: Identify		Affiliated Committee		Representa	Leadership PAC	
esignated Full Nar	Connected  Agent: Identify		Affiliated Committee		Representa	Leadership PAC	
esignated Full Nar	Connected  Agent: Identify  me		Affiliated Committee		Representa	Leadership PAC	
esignated Full Nar	Connected  Agent: Identify  me		Affiliated Committee		Representa	Leadership PAC	
esignated Full Nar Mailing	Connected  Agent: Identify  me	by name, address	Affiliated Committee	nal)	Representa	Leadership PAC	

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

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
HIGHMARK PAC O	I Organization, Affiliated Committee, Joint Fu F HIGHMARK INC.	ndraising Hepresentativ	e, or Leadership PAC Spon
Mailing Address	1800 Center Street		
	Camp Hill	PA	17089
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee J  fy by name, address (phone number – optional)	oint Fundraising Represent	Leadership FAC S
			Leadership PAC Sp
esignated Agent: Identi			Leadership FAC 5
esignated Agent: Identi			Leadership FAC 5
esignated Agent: Identi			Leadership FAC 5
esignated Agent: Identi	fy by name, address (phone number – optional)		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 whitaintains funds.	STATE A 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 whitaintains 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 whitaintains funds.	STATE A  Telephone Number	ZIP CODE A
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h). <b>Joint Fundrais</b> i	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connecte	d Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
-	BLUE SHIELD OF KANSAS CITY FEDERA		· · · · · · · · · · · · · · · · · · ·
Mailing Address	2301 MAIN STREET		
	KANSAS CITY	MO	64108
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization X Affiliated Committee Joi	nt Fundraising Representa	ative Leadership PAC Sp
Connect		nt Fundraising Representa	Leadership PAC Sp
Connecte con		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Ident		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Ident		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Ident	ify by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank,	ify by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which naintains funds.	STATE A	ZIP CODE A  s funds, holds accounts, ren
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or n  ame of Bank, epository, etc.	ify by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which naintains funds.	STATE A  Telephone Number	ZIP CODE A

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(h). <b>Joint Fundrais</b> i	ing Farticipant.		
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 Fun		e, or Leadership PAC Spons
BLUE CROSS AND	LUI		
Mailing Address	1133 SW TOPEKA BLVD		
	CC:855 - B3		
	TOPEKA	KS	66629
Deletienskie	CITY A	STATE ▲	ZIP CODE ▲
		int Fundraising Represent	ative Leadership PAC Spo
Connect	ed Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Spo
Connect  Designated Agent: Ident	ed Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name	ed Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name	ed Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Spo
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Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	ed Organization X Affiliated Committee Joint by name, address (phone number – optional)		
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	ed Organization   Affiliated Committee   Journal of the property of the prope	STATE A  Telephone Number	ZIP CODE A
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit afety deposit boxes or no part of Bank, Depository, etc.	ed Organization   Affiliated Committee   Journal of the property of the prope	STATE   Telephone Number  th the committee deposit	ZIP CODE A

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

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r(h). <b>Joint Fundrais</b> i	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
_	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Sponso
Mailing Address	232 S. CAPITOL		
	MC L10A		
Relationship:	LANSING CITY A	MI MI STATE ▲	48933 ZIP CODE ▲
Connect	ed Organization X Affiliated Committee Joi	nt Fundraising Representa	tive Leadership PAC Spo
Full Name			
TITLE OR POSITIO	CITY ▲	STATE ▲	ZIP CODE ▲
	N V	SIAIL	
	N ¥	Telephone Number	
	tories: List all banks or other depositories in which	Telephone Number	s funds, holds accounts, rents
Banks or Other Deposits safety deposit boxes or not not be boxed by the boxes of th	tories: List all banks or other depositories in which	Telephone Number	s funds, holds accounts, rents

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

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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	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
BLUE SHIELD OF C	ALIFORNIA		
Mailing Address	50 BEALE STREET17-C356		
	SAN FRANCISCO	CA	94105
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecto	ed Organization X Affiliated Committee Joinfy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
Connecto		nt Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identification  Full Name  Mailing Address	fy by name, address (phone number – optional)	nt Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identification of the composite of the c	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification of Bank, Connected Esignated Agent: Identification of Connected Esignated	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which naintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identification of the composite of the c	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which naintains funds.	STATE A  Telephone Number	ZIP CODE A

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

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ng Participant:		
	FEC ID number	С
	FEC ID number	С
	FEC ID number	C
	FEC ID number	C
_		
, THE POLITICAL ACTION COMMITTEE	OF CAPITAL BLUECE	OSS
PO BOX 60710		
HARRISBURG	PA	17177
CITY ▲	STATE ▲	ZIP CODE ▲
	, 	
CITY ▲	STATE ▲	ZIP CODE 🛦
CITY A	STATE A Telephone Number	ZIP CODE A
pries: List all banks or other depositories in w	Telephone Number	
	Telephone Number	
pries: List all banks or other depositories in waintains funds.	Telephone Number	s funds, holds accounts, rents
pries: List all banks or other depositories in waintains funds.	Telephone Number	s funds, holds accounts, rents
pries: List all banks or other depositories in waintains funds.	Telephone Number	s funds, holds accounts, rents
,	PO BOX 60710  HARRISBURG  CITY   d Organization  Affiliated Committee	FEC ID number FEC ID number FEC ID number FEC ID number  FEC ID number

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Page	of <sup>23</sup>

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected Blue Cross Blue Shi	l Organization, Affiliated Committee, Joint Fundellord Alabama	Iraising Representative	e, or Leadership PAC Spons
Mailing Address	2 North Jackson St.		
	Suite 202		
	Montgomery	AL	36104
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	Leadership PAC Sp
Connecte	ed Organization X Affiliated Committee Joi	nt Fundraising Representa	ative Leadership PAC Sp
Connecte	ed Organization X Affiliated Committee Joi	nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization X Affiliated Committee Joi	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ed Organization X Affiliated Committee Joi	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee Joinfy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Jointy by name, address (phone number – optional)		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee  Joint Manager Street S	STATE A	ZIP CODE A
Esignated Agent: Identification of the companion of the c	Affiliated Committee  Joint Manager Street S	STATE A  Telephone Number	ZIP CODE A
connected esignated Agent: Identification of the position of t	Affiliated Committee  Joint Manager Street S	STATE A  Telephone Number	ZIP CODE A

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1.		FEC ID number	С
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3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connecte	d Organization, Affiliated Committee, Joint F	undraising Representative	e, or Leadership PAC Spons
CAREFIRST BLUE	CROSS BLUESHIELD ASSOCIATES' FEI	DERAL PAC	
Mailing Address	10455 MILL RUN CIRCLE		
	OWINGS MILL	MD	21117
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization X Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Ident	ify by name, address (phone number – optiona	l)	
Full Name	ify by name, address (phone number – optiona	i)	
	ify by name, address (phone number – optiona	i)	
Full Name	ify by name, address (phone number – optiona	i)	
Full Name		i)	
Full Name	CITY A	STATE A	ZIP CODE A
Full Name   _   _    Mailing Address  TITLE OR POSITIO	CITY A		ZIP CODE A
Full Name   _   _    Mailing Address  TITLE OR POSITIO	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	
Full Name	CITY ▲  Cories: List all banks or other depositories in which is the state of the	STATE A Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or not be safety deposited.	CITY ▲  Cories: List all banks or other depositories in which is the state of the	STATE A Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositions of the deposit boxes or necessity deposition deposit boxes or necessity deposit boxes or necessity deposit bo	CITY ▲  Cories: List all banks or other depositories in what in a funds.	STATE A Telephone Number	es funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or not be safety deposited.	CITY ▲  Cories: List all banks or other depositories in what in a funds.	STATE A  Telephone Number	es funds, holds accounts, rents
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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
•	d Organization, Affiliated Committee, Joint Fun	• .	
HEALTHY GOVERNME	NT COMMITTEE-THE POLITICAL ACTION COMMIT	TEE OF BLUE CROSS &	BLUE SHIELD OF ARIZONA,
Mailing Address	P.O. BOX 13466		
	PHOENIX	AZ	85002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Ident	ed Organization X Affiliated Committee Jo	int Fundraising Representa	
			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)	STATE A	ZIP CODE A
esignated Agent: Ident	fy by name, address (phone number – optional)		
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or necessarily and the second	fy by name, address (phone number – optional)  CITY ▲  Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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 which anintains 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 which anintains 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 which anintains 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 which anintains funds.	STATE A  Telephone Number	ZIP CODE A

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(h). <b>Joint Fundrais</b>	•		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connecte	d Organization, Affiliated Committee, Joint Fu	ındraising Representativ	e, or Leadership PAC Spons
PREMERA BLUE C	ROSS POLITICAL ACTION COMMITTEE	PREMERA PAC	
	7004 000TH 0TDEET 0WM 0.055		
Mailing Address	7001 220TH STREET SWMS 355		
	MOUNTLAKE TERRACE	WA	98043
Relationship:	CITY A	STATE ▲	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 – optional		ZIP CODE A
Pesignated Agent: Ident  Full Name   Mailing Address  TITLE OR POSITIO	ify by name, address (phone number – optional		
Pesignated Agent: Ident  Full Name   Mailing Address  TITLE OR POSITIO	ify by name, address (phone number – optional	STATE A	
Pesignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposit	ify by name, address (phone number – optional line).  CITY ▲  Cories: List all banks or other depositories in whether the state of the	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name	ify by name, address (phone number – optional line).  CITY ▲  Cories: List all banks or other depositories in whether the state of the	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposit	ify by name, address (phone number – optional CITY A  CITY A  tories: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name	ify by name, address (phone number – optional CITY A  CITY A  tories: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name	ify by name, address (phone number – optional CITY A  CITY A  tories: List all banks or other depositories in what naintains funds.	STATE A  Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name	ify by name, address (phone number – optional CITY A  CITY A  tories: List all banks or other depositories in what naintains 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	С
_	Organization, Affiliated Committee, Joint Fundament	draising Representative	e, or Leadership PAC Spons
WELLMARK, INC. P	AC (WELLPAC)		
Mailing Address	1331 GRAND AVENUESTA. 5W570		
<b>3</b>			
	DES MOINES	I IA	50309
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		nt Fundraising Representa	
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi			Leadership PAC Spo
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)	STATE 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 whice	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 the position of the	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whice	STATE A 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 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,	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 management and process o	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 management and process o	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

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h). <b>Joint Fundrais</b> i	•		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint Fu		
BLUE CROSS AND	BLUE SHIELD OF NORTH CAROLINA EN	MPLOYEE POLITICAL	ACTION COMMITTEE
Mailing Address	P.O. Box 2291		
	Durham	NC NC	27702
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee J	oint Fundraising Represent	Leadership PAC Sp
		-	Leadership PAC Sp
esignated Agent: Ident		-	Leadersnip PAC Sp
esignated Agent: Ident		-	Leadersnip PAC Sp
esignated Agent: Ident		-	Leadersnip PAC Sp
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 white naintains 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 white naintains 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 white naintains 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 white naintains funds.	STATE A  Telephone Number	ZIP CODE A

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1		Participant:				
				FEC II	number	C
2				FEC II	number	С
3.				FEC II	number	C
4.	1 1 1 1 1 1			FEC II	number	С
				<del></del>		
	-	_			oresentative	e, or Leadership PAC Spons
BLUE	PAC - BLUE CR	COSS BLUE SHIE	ELD ASSOCIATION F	AC		
Mai	iling Address	1310 G STREET	<b>NW</b>			<u> </u>
		WASHINGTON		, , , , <b>,</b> ,	DC	20005
Rel	ationship:		CITY A		STATE A	ZIP CODE ▲
Full N	lame					
	Name					
Mailir			CITY A		STATE A	ZIP CODE A

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h). <b>Joint Fundrais</b> i	ing i artiolpanti		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
		,	
-	d Organization, Affiliated Committee, Joint Fu		
BLUECROSS BLUE	SHIELD OF TENNESSEE INC POLITICA	L ACTION COMMITTE	:E (BCBSTN PAC)
Mailing Address	1 Cameron Hill Circle		
	Chattanooga	TN	37402
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional		Ative Leadership PAC Sp
esignated Agent: Ident	ify by name, address (phone number – optional		
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional CITY A  CITY A  ories: List all banks or other depositories in whaintains 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,	ify by name, address (phone number – optional CITY A  CITY A  ories: List all banks or other depositories in whaintains 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.	ify by name, address (phone number – optional CITY A  CITY A  ories: 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>

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
-	I Organization, Affiliated Committee, Joint Fur		
Mailing Address	INTERSTATE 20 AT ALPINE ROAD		
	COLUMBIA	sc	29214
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name			<u> </u>
Full Name			
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A	STATE  Telephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION	ories: List all banks or other depositories in white paintains funds.	Telephone Number	s funds, holds accounts, rent
Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	ories: List all banks or other depositories in white paintains funds.	Telephone Number	s funds, holds accounts, rent
Mailing Address  TITLE OR POSITION  Fanks or Other Deposit afety deposit boxes or make the position of the pos	ories: List all banks or other depositories in white paintains funds.	Telephone Number	s funds, holds accounts, rent
Mailing Address  TITLE OR POSITION  Fanks or Other Deposit afety deposit boxes or make the position of the pos	ories: List all banks or other depositories in white paintains funds.	Telephone Number	s funds, holds accounts, rent