

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

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

12FE4M5

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

ADDRESS (number and street)

1 CAMERON HILL CIRCLE

☐ (Check if address is changed)

CHATTANOOGA

CITY ▲

TN

STATE ▲

37402

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

tavarski\_hughes@bcbst.com

Optional Second E-Mail Address

Daniel\_Gregory@bcbst.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY  
10 / 08 / 2024

3. FEC IDENTIFICATION NUMBER ►

C C00503003

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

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

Type or Print Name of Treasurer Hughes, Tavorski, , Mr.,

Signature of Treasurer Hughes, Tavorski, , Mr.,

Date

MM / DD / YYYY  
10 / 11 / 2024

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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE:

**Candidate Committee:**

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of  
CandidateCandidate  
Party AffiliationOffice  
Sought:☐

House

☐

Senate

☐

President

State

District

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

Name of  
Candidate**Party Committee:**

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

**Political Action Committee (PAC):**

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐

Corporation

☒

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

☐

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐

In addition, this committee is a Lobbyist/Registrant PAC.

☐

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) ☐ This committee is an independent expenditure-only political committee (Super PAC).

☐

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) ☐ This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

☐

In addition, this committee is a Lobbyist/Registrant PAC.

**Joint Fundraising Representative:**

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

Committees Participating in Joint Fundraiser

1.

C

2.

C

Write or Type Committee Name

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

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

Blue Cross Blue Shield of Alabama PAC

Mailing Address

2 North Jackson Street

Suite 202

Montgomery

AL

36104

CITY ▲

STATE ▲

ZIP CODE ▲

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

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

Full Name

Johnson, Hayli, , ,

Mailing Address

1 Cameron Hill

Chattanooga

TN

37402

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Sr. Accounting Anly

Telephone number

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

Hughes, Tavorski, , Mr.,

Mailing Address

1 Cameron Hill Circle

Chattanooga

TN

37402

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Director, Federal Re

Telephone number

901

417

2486

Full Name of  
Designated  
Agent

Gregory, Daniel, , ,

Mailing Address

1 Cameron Hill Circle

Chattanooga

TN

37402

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

VP Control and Acc.

Telephone number

423

535

8224

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

Name of Bank, Depository, etc.

First Horizon Bank

Mailing Address

701 Market Street

Chattanooga

TN

37402

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
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FEC ID number

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FEC ID number

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

Healthy Government Committee - the Polit

Mailing Address

PO Box 13466

Phoenix

AZ

85002

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☒

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

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

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

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Name of Bank,

Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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FEC ID number

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

Blue Cross Blue Shield of South Carolina

Mailing Address

Interstate 20 at Alpine Road

Columbia

SC

29219

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☒

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

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

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

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STATE ▲

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

Wellmark, Inc. Pac (WELLPAC)

Mailing Address

1331 Grand Avenue

Sta. 5W570

Des Moines

IA

50309

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☒

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

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

Full Name

Mailing Address

TITLE OR POSITION ▼

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STATE ▲

ZIP CODE ▲

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Name of Bank,

Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

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

Mailing Address   
  
   -

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

☐ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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

Full Name

Mailing Address   
  
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TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number  -  -

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Name of Bank,  
Depository, etc.

Mailing Address   
  
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CITY ▲ STATE ▲ ZIP CODE ▲



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FEC ID number

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

Blue Cross and Blue Shield of North Carolina

Mailing Address

PO Box 2291

Durham

NC

27702

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

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Depository, etc.

Mailing Address

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STATE ▲

ZIP CODE ▲

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FEC ID number

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

Highmark Health PAC of Highmark Inc.

Mailing Address

1800 Center Street

Camp Hill

PA

17089

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

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Affiliated Committee

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Joint Fundraising Representative

☐

Leadership PAC Sponsor

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

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

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Telephone Number

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Name of Bank,

Depository, etc.

Mailing Address

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STATE ▲

ZIP CODE ▲

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

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

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Connected Organization

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Affiliated Committee

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Joint Fundraising Representative

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Leadership PAC Sponsor

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Mailing Address

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Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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

Mailing Address   
  
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Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

☐ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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

Full Name   
Mailing Address   
  
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TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
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Mailing Address   
  
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CITY ▲ STATE ▲ ZIP CODE ▲

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

Mailing Address   
  
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Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

☐ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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

Full Name

Mailing Address   
  
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TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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Mailing Address   
  
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CITY ▲ STATE ▲ ZIP CODE ▲

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

Premera Blue Cross Political Action

Mailing Address

7001 220th Street SW

Mountlake Terrace

WA

98043

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☒

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

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

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

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CITY ▲

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

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

Mailing Address

-

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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

Full Name

Mailing Address

CITY ▲  STATE ▲  ZIP CODE ▲

TITLE OR POSITION ▼  Telephone Number  -  -

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Name of Bank, Depository, etc.

Mailing Address

CITY ▲  STATE ▲  ZIP CODE ▲

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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

750 9TH STREET, NW  
\_\_\_\_\_  
\_\_\_\_\_

WASHINGTON

DC

20001

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

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Connected Organization

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Affiliated Committee

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Joint Fundraising Representative

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Leadership PAC Sponsor

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

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

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Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲



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

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

LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY DBA BLUE CROSS & BLUE SHIELD OF LOUISIANA PAC  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

5525 REITZ AVENUE  
\_\_\_\_\_  
\_\_\_\_\_

BATON ROUGE

LA

70809  
\_\_\_\_\_-\_\_\_\_\_  
\_\_\_\_\_

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

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Affiliated Committee

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Joint Fundraising Representative

☐

Leadership PAC Sponsor

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

Full Name

Mailing Address  
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TITLE OR POSITION ▼

CITY ▲

STATE ▲

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Telephone Number

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CITY ▲

STATE ▲

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

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

Mailing Address

THREE PENN PLAZA EAST

PP-11G

NEWARK

NJ

07105

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☒

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

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

GUIDEWELL MUTUAL HOLDING CORPORATION POLITICAL ACTION COMMITTEE (GUIDEWELL PAC)

Mailing Address

4800 DEERWOOD CAMPUS PARKWAY

DC1-7

JACKSONVILLE

FL

32246

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☒

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

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FEC ID number

C \_\_\_\_\_

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

Blue Cross and Blue Shield of Kansas City

Mailing Address

One Pershing Square

2301 Main Street

Kansas City

MO

64108

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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Full Name

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

Blue Cross and Blue Shield of Kansas

Mailing Address   
  
   -

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

☐ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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Full Name

Mailing Address   
  
   -

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number  -  -

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

Name of Bank,  
Depository, etc.

Mailing Address   
  
   -

CITY ▲ STATE ▲ ZIP CODE ▲

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

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

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

CAPITAL BLUEPAC, THE POLITICAL ACTION COMMITTEE OF CAPITAL BLUECROSS

Mailing Address

P.O. BOX 60710

HARRISBURG

PA

17106-0710

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☒

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

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

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

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

Name of Bank,

Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲