(Revised 06/2012)

FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. BLUECROSS BLUESHIELD OF TENNESSEE INC POLITICAL ACTION COMMITTEE (BCBSTN PAC) 1 CAMERON HILL CIRCLE ADDRESS (number and street) (Check if address is changed) **CHATTANOOGA** 37402 ΤN CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address tavarski_hughes@bcbst.com is changed) Optional Second E-Mail Address Daniel_Gregory@bcbst.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00503003 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. Type or Print Name of Treasurer Hughes, Tavarski, , Mr., 10 11 2024 Signature of Treasurer Hughes, Tavarski, , Mr., 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

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete th information below.)	e candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican,	•
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation X Corporation w/o Capital Stock Labor C	rganization
Membership Organization Trade Association Coopera	ative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	AC).
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
Committees Participating in Joint Fundraiser	
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_	FEC Form 1 (Revised 0	2/2009)		Page 3
٧	Vrite or Type Committee Name			
	BLUECROSS BLUESH	HIELD OF TENNESSEE INC POLIT	FICAL ACTION COMMITTEE (I	BCBSTN PAC)
6.	•	rganization, Affiliated Committee, Joint Fu	undraising Representative, or Leader	ship PAC Sponsor
	Blue Cross Blue Shie	ld of Alabama PAC		
	Mailing Address	2 North Jackson Street		
	-	Suite 202		
		Montgomery	AL 36104	-
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization	Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	ify by name, address (phone number option	al) and position of the person in possess	sion of committee
	Johnson, H	layli, , ,		
	Full Name			
	Mailing Address	1 Cameron Hill		
		Chattanooga	TN 37402	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Sr. Accounting Analy		Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	treasurer of the committee; and the n	ame and address of
	Full Name Hughes, Ta of Treasurer	avarski, , Mr.,		
	Mailing Address	1 Cameron Hill Circle		
		Chattanooga	TN 37402	
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Director, Federal Re		Telephone number 901 -	417 - 2486

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Gregory, Daniel, , ,		
Mailing Address	1 Cameron Hill Circle		
	Chattanooga	TN 37402	2
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
VP Control and A	CC .	none number 423 - [535 - 8224
	Depositories: List all banks or other depositories in which the es or maintains funds.	committee deposits funds, hol	lds accounts, rents
Name of Bank, D	epository, etc.		
	First Horizon Bank		
Mailing Address	701 Market Street		
	Chattanooga	TN 37402	
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

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

Phoeniz CITY STATE ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC ated Agent: Identify by name, address (phone number – optional)		ng Participant:		
FEC ID number C FEC ID number C FEC ID number C Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spotthy Government Committee - the Polit ailing Address PO Box 13466 Phoeniz Phoeniz Phoeniz Phoeniz Po Box 13466 CITY A STATE A ZIP CODE A	1		FEC ID number	er C
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CITY ▲ STATE ▲ ZIP CODE ▲	Designated Agent: Ident			
TLE OR POSITION ▼	Pesignated Agent: Ident			
	Pesignated Agent: Ident	fy by name, address (phone number – option	al)	
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(h). Joint Fundraisi			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Blue Cross Blue Shie	eld of South Carolina		
Mailing Address	Interstate 20 at Alpine Road		
Ü			
	Columbia	SC	29219
Deletienskin	OITY A	STATE A	ZIP CODE A
Relationship:	CITY ▲		
Connecte		oint Fundraising Represent	ative Leadership PAC Sp
connected Agent: Identification Full Name	d Organization X Affiliated Committee J	pint Fundraising Represent	ative Leadership PAC Sp
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connected Agent: Identification Full Name	Affiliated Committee Joint Joi	STATE A Telephone Number	Leadership PAC Sp

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

h). Joint Fundraisi	3		
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lama of Any Compostor	Oursemination Affiliated Committee Islant F	- Downsontation	a an Landauahin DAC Snan
Wellmark, Inc. Pac (Organization, Affiliated Committee, Joint F WELLPAC)	undraising Representativ	e, or Leadership PAC Spons
Mailing Address	1331 Grand Avenue		
	Sta. 5W570		
	Des Moines	IA I	50309
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee fy by name, address (phone number – optional	Joint Fundraising Represent	ative Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
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3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Blue Shield of Califo	rnia Political Action Committee		
Mailing Address	50 Beale Street		1 1 1 1 1 1 1 1 1
	17-C356		
	San Francisco	CA	94105
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
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-	l Organization, Affiliated Committee, Joint Fur Shield of North Carolina	ndraising Representativ	e, or Leadership PAC Spon
Mailing Address	PO Box 2291		
	Durham	NC NC	27702
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Jofy by name, address (phone number – optional)	oint Fundraising Represent	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	ig 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		mittee, Joint Fundra	sing Representativ	re, or Leadership PAC Spons
Mailing Address	1800 Center Street			
	Camp Hill		PA PA	17089
Relationship:	CIT	Y ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated C		rundraising Represent	tative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name			rundraising Represent	tative Leadership PAC Spo
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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-	I Organization, Affiliated Committee, Joint Fu Blueshield Association	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address	10455 Mill Run Circle		
	Owings Mill	MD	21117
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee	oint Fundraising Represent	ative Leadership PAC Sp
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(h). Joint Fundraisi				
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lame of Any Connected	Organization, Affiliated Committee, Joint F	undraising Repr	esentativ	e, or Leadership PAC Spon
Blue Cross and Blue	Shield of Nebraska			
Mailing Address	7261 Mercy Road			
	PO Box 3248			
	Omaha		NE	68180
Relationship:	CITY A		STATE A	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee	Joint Fundraising	Representa	ative Leadership PAC Sp
	Affiliated Committee fy by name, address (phone number – options		Representa	Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:		
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Blue Cross Blue Shi	Organization, Affiliated Committee, Joint Funel of Michigan PAC	draising Hepresentative	e, or Leadersnip PAC Spon
Mailing Address	232 S. Capitol		
	MC L10A		
	Lansing		48933
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee Jofy by name, address (phone number – optional)	int Fundraising Represent	Leadership TAO O
		III. Fundraising nepresent	Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng rarnorpant.		
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3.		FEC ID number	С
4.		FEC ID number	С
4.			
ame of Any Connected	I Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spon
Premera Blue Cross	Political Action		
I			
Mailing Address	7001 220th Street SW		
	Mountlake Terrace	WA I	98043
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Jo	oint Fundraising Represent	ative Leadership PAC S
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, ren
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, ren
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, ren

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

(h). Joint Fundrais	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	С
Name of Any Connecte	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
BLUECROSS BLUI	ESHIELD OF TENNESSEE INC POLITICA	L ACTION COMMITTE	EE (BCBSTN PAC)
	1 CAMERON HILL CIRCLE		
Mailing Address			
	CHATTANOOGA	TN	37402
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
X Connec		oint Fundraising Represent	Leadership PAC Spo
X Connec	ted Organization Affiliated Committee J		Leadership PAC Spo
X Connection	ted Organization Affiliated Committee J		Leadership PAC Spo
X Connection Connection Con	ted Organization Affiliated Committee J		Leadership PAC Spo
X Connection Connection Con	ted Organization Affiliated Committee J		Leadership PAC Spo
X Connection Connection Con	ted Organization Affiliated Committee J		Leadership PAC Spo
X Connection Designated Agent: Identify Full Name Mailing Address	ted Organization Affiliated Committee J		
X Connection Designated Agent: Identify Full Name Mailing Address	ted Organization Affiliated Committee J	STATE A	
Connect X Connec	Affiliated Committee Tify by name, address (phone number – optional option	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification of the Position of the Positi	Affiliated Committee Tify by name, address (phone number – optional option	STATE A Telephone Number	ZIP CODE A
Connect X Connec	Affiliated Committee Tify by name, address (phone number – optional option	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITIO Banks or Other Depositalety deposit boxes or relationship.	Affiliated Committee Tify by name, address (phone number – optional option	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification of Bank, Depository, etc.	Affiliated Committee Tify by name, address (phone number – optional option	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification of Bank, Depository, etc.	Affiliated Committee Tify by name, address (phone number – optional option	STATE A Telephone Number	ZIP CODE A

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

Page ___ **of** 22_

Connected Organization Affiliated Committee Joint Fundraising Representative Leadershi Designated Agent: Identify by name, address (phone number – optional) Full Name		ng Participant:		
3.	1.		FEC ID numbe	r C
A. FEC ID number C Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC Mailing Address 750 9TH STREET, NW WASHINGTON Connected Organization Affiliated Committee Joint Fundraising Representative Leadershi Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY STATE ZIP CO	2.		FEC ID numbe	r C
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PABLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC Mailing Address 750 9TH STREET, NW WASHINGTON Relationship: CITY A STATE A ZIP CO Connected Organization Affiliated Committee Joint Fundraising Representative Leadershi Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY A STATE A ZIP COL	3		FEC ID numbe	r C
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC Mailing Address 750 9TH STREET, NW WASHINGTON Relationship: CITY ▲ STATE ▲ ZIP CO Connected Organization ★ Affiliated Committee Joint Fundraising Representative Leadershi Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP COE	4.		FEC ID numbe	r C
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC Mailing Address 750 9TH STREET, NW WASHINGTON Relationship: CITY ▲ STATE ▲ ZIP CO Connected Organization ★ Affiliated Committee Joint Fundraising Representative Leadershi Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP COE				
Mailing Address 750 9TH STREET, NW WASHINGTON Relationship: CITY ▲ STATE ▲ ZIP CO Connected Organization Affiliated Committee Joint Fundraising Representative Leadershi Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP COE	-		• .	tive, or Leadership PAC Spons
Mailing Address WASHINGTON Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadershi Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CO	BLUEPAC - BLUE C	ROSS BLUE SHIELD ASSOCIATION P	AC	
Mailing Address WASHINGTON Pelationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadershi Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CO				
Relationship: CITY ▲ STATE ▲ ZIP CO Connected Organization × Affiliated Committee Joint Fundraising Representative Leadershi Designated Agent: Identify by name, address (phone number – optional) Full Name	Mailing Address	750 9TH STREET, NW		
Relationship: CITY ▲ STATE ▲ ZIP CO Connected Organization × Affiliated Committee Joint Fundraising Representative Leadershi Designated Agent: Identify by name, address (phone number – optional) Full Name				
Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Designated Agent: Identify by name, address (phone number – optional) Full Name		WASHINGTON	l DC	20001
Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP COE	Relationship:	CITY A	STATE	▲ ZIP CODE ▲
Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP COE	Designated Agent: Identif	y by name, address (phone number – option	al)	
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP COE				
TITLE OR POSITION ▼	Full Name			
TITLE OR POSITION ▼				
TITLE OR POSITION ▼				
leiepnone Number	Mailing Address	CITY A	STATE A	ZIP CODE A
	Mailing Address	CITY A	STATE A	ZIP CODE A
	Mailing Address TITLE OR POSITION	ories: List all banks or other depositories in v	Telephone Number	
	Mailing Address TITLE OR POSITION Banks or Other Deposite deposit boxes or management of the control of the c	ories: List all banks or other depositories in v	Telephone Number	
Name of Bank,	Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or management of Bank,	ories: List all banks or other depositories in v	Telephone Number	
Name of Bank,	Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the second process of	ories: List all banks or other depositories in v	Telephone Number	
Name of Bank, Depository, etc.	Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the second process of	ories: List all banks or other depositories in v	Telephone Number	
Name of Bank, Depository, etc.	Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the second process of	ories: List all banks or other depositories in v	Telephone Number	

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		Participant:				
1				FEC ID	number	C
2. 🖳				FEC ID	number	C
3.				FEC ID	number	C
4.				 FEC ID	number	C
	_	_				, or Leadership PAC Spons
LOUISI	ANA HEALTH S	ERVICE & INDEM	INITY COMPANY DE	BA BLUE CROSS	& BLUE	SHIELD OF LOUISIANA F
Maili	ng Address	5525 REITZ AVEN	UE		1 1 1	
		BATON ROUGE		<u> </u>	LA	70809
Rela	tionship:		CITY A		STATE A	ZIP CODE A
esignate	d Agent: Identify	by name, address (p	ohone number – option	nal)		
esignate		by name, address (p	phone number – option	nal)		
Full Na		by name, address (p	phone number — option	nal)		
Full Na	ame	by name, address (p	phone number – option	nal)		
Full Na	ame	by name, address (p	phone number – option	nal)		
Full Na	ame		ohone number – option		TATE 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
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fundra		
Mailing Address	THREE PENN PLAZA EAST		
	PP-11G		
	NEWARK	NJ	07105
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Representa	ative 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)		
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	by by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

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

(h). Joint Fundraisir	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fundal HOLDING CORPORATION POLITICAL		
Mailing Address	4800 DEERWOOD CAMPUS PARKWAY		
	DC1-7		
	JACKSONVILLE	FL L	32246
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name			
Full Name			
	CITY A	STATE A	ZIP CODE A
Mailing Address	•	STATE A Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION	pries: List all banks or other depositories in which	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposited afety deposit boxes or mails after the second	pries: List all banks or other depositories in which	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or mail after the property of	pries: List all banks or other depositories in which	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or mail after the property of	pries: List all banks or other depositories in which	Telephone Number	

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	C
3.		FEC ID number	С
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint For Shield of Kansas City	Indraising Representativ	e, or Leadership PAC Spons
Mailing Address	One Pershing Square		
	2301 Main Street		
	Kansas City	MO	64108
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte Designated Agent: Identi	d Organization X Affiliated Committee	Joint Fundraising Represent	
Designated Agent: Identi			
Pesignated Agent: Identi			
Pesignated Agent: Identi			ative Leadership PAC Spo
Pesignated Agent: Identi	by by name, address (phone number – optiona		ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	by by name, address (phone number – optiona		
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optiona CITY CITY Ories: List all banks or other depositories in whether the state of the state	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or mailing and mailing an	y by name, address (phone number – optiona CITY CITY Ories: List all banks or other depositories in whether the state of the state	STATE A Telephone Number	ZIP CODE A
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Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the same of Bank,	y by name, address (phone number – optional CITY A CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the second process of the proposition of Bank, Depository, etc.	y by name, address (phone number – optional CITY A CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the second process of the proposition of Bank, Depository, etc.	y by name, address (phone number – optional control of the control	STATE A Telephone Number	ZIP CODE A

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	unuluising	Participant:						
1					FEC	C ID numbe	er C	
2.					FEC	D ID numbe	er C	
3.					FEC	C ID numbe	er C	
4					FEC	D ID numbe	er C	
				mittee, Joint	Fundraising	Representa	tive, o	r Leadership PAC Spon
Blue Cross a	and Blue Sh	nield of Kans	sas 					
Mailing Add	dress	1133 SW Top	peka Blvd	1 1 1 1 1	1 1 1 1		1 1	
-		Cc:855 - B3						
		Topeka				KS		66629
Relationshi	p:		CIT	Y 🛦		STATE	_	ZIP CODE ▲
esignated Age	nt: Identify b	y name, addi	ress (phone ni	umber – optio	nal)			
Full Name	l						1 1	
Full Name Mailing Addre	ess	<u> </u>		1 1 1 1			<u> </u>	
Full Name Mailing Addre	ess							
	ess							
Mailing Addre			CITY			STATE		ZIP CODE A
Mailing Addre	ess POSITION ▼		CITY			STATE 4		ZIP CODE A

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

h). Joint Fundraisi	ig i ai ticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fund , THE POLITICAL ACTION COMMITTEE O		
Mailing Address	P.O. BOX 60710		
	HARRISBURG	⊥	17106-0710
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Joi	nt Fundraising Represent	ative Leadership PAC S
		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	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	STATE A Telephone Number	ZIP CODE A
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