FEC FORM 1	STATEMEN ORGANIZA	-	PAGE 1 / 22
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
ADDRESS (number and street	1 CAMERON HILL CIRCLE		
 (Check if address is changed) 			
	CHATTANOOGA CITY ▲		TN 37402 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADD	PRESS		
(Check if address is changed)	tavarski_hughes@bcbst.com		
	Optional Second E-Mail Addr Daniel_Gregory@bcbst.com	ress	
COMMITTEE'S WEB PAGE (Check if address is changed)			
2. DATE 05 /	D D / Y Y Y Y 14 2024		
3. FEC IDENTIFICATION	NUMBER ► C coc	0503003	
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)	
I certify that I have examine	d this Statement and to the best o	of my knowledge and belief it i	s true, correct and complete.
Type or Print Name of Treas	surer Hughes, Tavarski, , Mr.,		
Signature of Treasurer H	lughes, Tavarski, , Mr.,		Date 05 / 14 / 2024
NOTE: Submission of false, er		nay subject the person signing th ON SHOULD BE REPORTED V	is Statement to the penalties of 52 U.S.C. §30109 VITHIN 10 DAYS.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

Image# 202405149645994417

05/14/2024 17:00

FEC Form 1 (Revised 03/2022)	Page 2
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. (Complining information below.)	lete the 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.	District
Name of Candidate	
(d) This committee is a or subordinate) committee of the Repu	ocratic, blican, etc.) Party
Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its control of the segregated fund.	nnected organization is a
	abor Organization
Membership Organization Trade Association Co	ooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated 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 (Hyt	orid 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
 2.

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

	-		
•	FEC Form 1 (Revised	02/2009)	Page 3
V	Vrite or Type Committee Name	e	
	BLUECROSS BLUES	SHIELD OF TENNESSEE INC POLITICAL ACTION COMMITTEE (B	CBSTN PAC)
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
	Blue Cross Blue Shi	ield of Alabama PAC	
	Mailing Address	2 North Jackson Street	
		Suite 202	
		Montgomery AL 36104	
		CITY A STATE A	ZIP CODE
	Relationship: Connected	d Organization X 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.

Phipps, Le	slie, , ,			
Full Name				
Mailing Address	1 Cameron Hill			
	Chattanooga			37402
	(CITY 🔺	STATE 🔺	ZIP CODE 🔺
Title or Position ▼				
Sr. Financia Analyst			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, Tavarski, , Mr.,
Mailing Address	1 Cameron Hill Circle
	Chattanooga TN 37402 Image: Image
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Director, Federal F	901 417 2486 Telephone number 901 - 417

FEC Form 1 (Revised 02/20	FEC F	orm 1	(Revised	02/2009)
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Full Name of Designated Agent	Gregory, Daniel, , ,
Mailing Address	1 Cameron Hill Circle
	Chattanooga TN 37402 Image: Image
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
VP Control and A	

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	Tennessee Bank		
Mailing Address	701 Market Street		
	Chattanooga	TN 37	402
	CITY 🔺	STATE 🔺	ZIP CODE
Name of Bank, Deposito	pry, etc.		
Mailing Address			
	CITY 🔺	STATE 🔺	ZIP CODE

EC I	Form	1S	(Revised	02/2017)
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or (h). Joint Fundraisir	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 Fund	raising Representative	. or Leadership PAC Sponsor
-	Committee - the Polit		
Mailing Address	PO Box 13466		
			85002
Relationship:		STATE A	
Connecte	d Organization × Affiliated Committee	t Fundraising Representa	tive Leadership PAC Spons
Designated Agent: Identif	iy by name, address (phone number - optional)		
Designated Agent: Identif Full Name	fy by name, address (phone number - optional)		
	y by name, address (phone number - optional)		
Full Name	y by name, address (phone number - optional)		
Full Name	y by name, address (phone number - optional)		
Full Name			
Full Name			□
Full Name		1	
Full Name Mailing Address TITLE OR POSITION		elephone Number	
Full Name Mailing Address TITLE OR POSITION	I I	elephone Number	
Full Name Mailing Address TITLE OR POSITION	I I	elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main Name of Bank,	I I	elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	I I	elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	I I	elephone Number	

		Participant:															
1.								FEC	ID n	umber	С)					
2.								FEC	ID n	umber	С)					
3.								FEC	ID n	umber	С)					
4.								FEC	ID n	umber	С)					
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Name of Any C	onnected O	rganization,	Affiliate	ed Com	imittee,	Joint F	undra	ising F	Repres	sentati	ve, o	or Lea	ader	ship	PAC	Spo	ıso
Blue Cross	Blue Shield	of South C	arolina	I			1 1	1 1 1			I	1 1	I	1 1	I	I	I
Mailing Ad	dress	Interstate 2	0 at Alpir	ne Road													
		Columbia								SC		29	219				
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Relationsh	Connected C		_	iliated C	ommittee	_			sing Re	epreser	ntative	e	Le		ship I	PAC S	Spor
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Designated Age	ent: Identify b		_	iliated C	ommittee	_		=undrais	sing Re	epreser		e	Le	eaders	ship I	PAC S	Spon
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1.						FEC ID	number	С				_
2.						FEC ID	number	С				
3.						FEC ID	number	С				
4.						FEC ID	number	С				
Name of Any C	-		iliated Com	mittee, Joi	nt Fundra	ising Rep	resentativ	ve, or	Leade	rship	PACS	Spons
Wellmark, In	c. Pac (WEL	LPAC)										
	1	1331 Grand Av	enue									
Mailing Add	dress											
	L	Sta. 5W570										
		Des Moines						L	50309			
Relationshi	p: Connected Or	ganization	CITY Affiliated Co s (phone nu	ommittee		Fundraising	STATE A				CODE ship P4	
	p: Connected Or	ganization	Affiliated Co	ommittee		Fundraising						
Designated Age	p: Connected Org	ganization	Affiliated Co	ommittee		Fundraising						
Designated Age	p: Connected Org	ganization	Affiliated Co	ommittee		Fundraising						
Designated Age	p: Connected Org	ganization	Affiliated Co	ommittee		Fundraising						
Designated Age Full Name Mailing Addre	p: Connected Org nt: Identify by	ganization	Affiliated Co	ommittee mber – op						_eader:		AC Spa
Designated Age Full Name Mailing Addre	p: Connected Org nt: Identify by ess	ganization	Affiliated Co	ommittee mber – op	tional)		Represent			_eader:	ship P4	AC Spa

		Participant:										
1.						FEC ID r	number	С				
2.						FEC ID r	number	С				
3.						FEC ID r	number	С				
4.						FEC ID r	number	С				
Name of Ar	ny Connected C	organization, A	ffiliated Com	mittee, Joint	Fundrais	ing Repre	sentative	e, or l	Leader	ship I	PAC S	oonso
Blue Shi	eld of Californi	a Political Act	tion Commit	tee								1
										1 1	1 1	1 1
		1 50 Beale Stree	ot.									
Mailin	g Address											
		17-C356										
		San Francisco) 				CA	L	94105			
			CIT × Affiliated C	ommittee		Indraising F		ative			NODE /	
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1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Sponso
Blue Cross and Blue	Shield of North Carolina		
Mailing Address	PO Box 2291		
	Durham		27702
Relationship:	CITY 🔺	STATE 🔺	
Connected		STATE ▲ Fundraising Represent	
Connected	d Organization X Affiliated Committee Joint		
Connected Designated Agent: Identify	d Organization X Affiliated Committee Joint		
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Connected Cesignated Agent: Identify Full Name	d Organization X Affiliated Committee Joint		
Connected Cesignated Agent: Identify Full Name Mailing Address	Affiliated Committee Joint		
Connected Cesignated Agent: Identify Full Name	Affiliated Committee Joint	Fundraising Represent	Leadership PAC Spor

1.			FEC II	D number	С			
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		ffiliated Committee, Joint I	Fundraising Re	presentative	e, or Lea	dership	PAC S	oonso
Highmark Healt	n PAC of Highmark I							
Mailing Addres	1800 Center S	Street						
Maining Addres								
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Polotionship								
	nected Organization	CITY A X Affiliated Committee ess (phone number – option	Joint Fundraisin al)	STATE ▲ g Representa	ative		CODE /	
Cor	nected Organization	X Affiliated Committee			ative			
Designated Agent:	nected Organization	X Affiliated Committee			ative			
Designated Agent: I	nected Organization	X Affiliated Committee			ative			
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Designated Agent: I	dentify by name, addre	Affiliated Committee		g Representa	ative	Leader	rship PAC	

		Participant:									
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Name of	Any Connected C	Organization, Af	filiated Commi	ittee, Joint F	undraising	Representat	ive, or	Leader	ship P	AC Sp	onso
Carefi	rst BlueCross Bl	ueshield Assoc	ciation								I
		⊥ 10455 Mill Run	Circle								
Mai	ling Address										
		Owings Mill				MD		21117		-	
						0	A		ZIP C		
	ationship: Connected		CITY A Affiliated Com	nmittee		STATE A			eadersh	ODE 🔺	
	Connected		K Affiliated Com	nmittee							
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lame of Any Con	nected Organization,	Affiliated Committee, Joint	Fundraising Re	epresentativ	e, or Lead	ership P	AC Spon
-	Blue Shield of Net		· ·			·	
Mailing Addre	ss 7261 Mercy	/ Road					
	PO Box 324	48					
	Omaha			NE I	6818	0	
Relationshin:				OTATE A			
	Identify by name, add	CITY A Affiliated Committee dress (phone number – optio	Joint Fundraisin	STATE ▲	ative		ip PAC Sp
Co		X Affiliated Committee					
Designated Agent:	Identify by name, add	X Affiliated Committee			ative		
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Esignated Agent: Full Name	Identify by name, add	X Affiliated Committee			ative		ip PAC Sp
Designated Agent:	Identify by name, add	Affiliated Committee		ng Representa		Leadersh	ip PAC Sp

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2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connecte	d Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponso
Blue Cross Blue Sh	eld of Michigan PAC		
Mailing Address	232 S. Capitol		
	MC L10A		
	Lansing	MI	48933
			ZIP CODE
	CITY A ed Organization X Affiliated Committee Joint ify by name, address (phone number – optional)	STATE ▲	ative Leadership PAC Spor
Connect	ed Organization X Affiliated Committee Joint		ative Leadership PAC Spon
Connect Designated Agent: Ident Full Name	ed Organization X Affiliated Committee Joint		ative Leadership PAC Spon
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		Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
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4.			FEC ID number	С
Name	of Any Connected C	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
Prei	mera Blue Cross P	olitical Action		
		1 7001 220th Street SW		
N	Address			
		Mountlake Terrace	WA	98043
F	Relationship:	CITY A	STATE 🔺	ZIP CODE
_		by name, address (phone number – optional)		
Ful	I Name	by name, address (phone number - optional)		
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Ful	I Name	by name, address (phone number - optional)		
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5(g) o	or (h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	-	Organization, Affiliated Committee, Joint Fund		
	Mailing Address			
		CHATTANOOGA		37402
	Relationship:		STATE	
	× Connecter	d Organization Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION			
			elephone Number	
	safety deposit boxes or ma	ries: List all banks or other depositories in which aintains funds.		s funds, holds accounts, rents
	Name of Bank,			
	Depository, etc.			
	Depository, etc.			
	Depository, etc.			

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5(g) or (h). Joint Fundraising	Participant:	
1.		FEC ID number
2.		FEC ID number C
3.		FEC ID number
4.		FEC ID number
6. Name of Any Connected Or	rganization. Affiliated Committee. Joint Fundra	ising Representative, or Leadership PAC Sponsor
-	DSS BLUE SHIELD ASSOCIATION PAC	
Mailing Address	│ 750 9TH STREET, NW	
	WASHINGTON	
Relationship:		STATE ▲ ZIP CODE ▲
8. Designated Agent: Identify b	y name, address (phone number – optional)	
Full Name		
Mailing Address		
TITLE OR POSITION ▼	, CITY 🔺	STATE ▲ ZIP CODE ▲
	Tel	ephone Number
 Banks or Other Depositories safety deposit boxes or maint Name of Bank, Depository, etc. 	tains funds.	he committee deposits funds, holds accounts, rents
Mailing Address		

1 FEC ID number 2 FEC ID number 3 FEC ID number 4. FEC ID number C C Relationship: CITY ▲ STATE ▲ Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲		Joint Fundraising	g Participant:					
2.	1.				FEC	ID number	С	
A. FEC ID number C Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponso LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY DBA BLUE CROSS & BLUE SHIELD OF LOUISIANA PA Mailing Address 5525 REITZ AVENUE BATON ROUGE LA TORNOUGE LA TORNOUGE Joint Fundraising Representative La T0809 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponso Designated Agent: Identify by name, address (phone number – optional) Full Name	2.				FEC	ID number	С	
*.	з. 🛛				FEC	ID number	С	
LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY DBA BLUE CROSS & BLUE SHIELD OF LOUISIANA PA Mailing Address	4.				FEC	ID number	С	
LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY DBA BLUE CROSS & BLUE SHIELD OF LOUISIANA PA Mailing Address								
Mailing Address 5525 REITZ AVENUE Mailing Address 5525 REITZ AVENUE BATON ROUGE LA BATON ROUGE LA CITY ▲ STATE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spon Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ TITLE OR POSITION ▼ CITY ▲ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲ CITY								
Mailing Address BATON ROUGE CITY ▲ STATE ▲ ZIP CODE ▲ Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼	LOU	IISIANA HEALTH S				OSS & BLUE		F LOUISIANA PA
Mailing Address BATON ROUGE CITY ▲ STATE ▲ ZIP CODE ▲ Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼								
BATON ROUGE BATON ROUGE CITY ▲ STATE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲ Leadership PAC Spon Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲	N	lailing Address	5525 REITZ AVE					
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲ Leadership PAC Spon Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲		5						
Connected Organization ✓ Affiliated Committee Joint Fundraising Representative Leadership PAC Spon Designated Agent: Identify by name, address (phone number – optional) Full Name			BATON ROUGE	E			70809	
Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address Image: Interview of the second	R	elationship:				I LI STATE ▲		
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	Mai TIT Banks	Iling Address	ies: List all banks			Number		
safety deposit boxes or maintains funds.	Mai	Iling Address	ies: List all banks			Number		
safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	Mai	Iling Address	ies: List all banks			Number		
Name of Bank,	Mai	Iling Address	ies: List all banks			Number		
Name of Bank, Depository, etc.	Mai	Iling Address	ies: List all banks			Number		
Name of Bank, Depository, etc.	Mai	Iling Address	ies: List all banks			Number		

g) or (h).	Joint Fundraisir	ng Participant:		
1.			FEC ID number	C
2.			FEC ID number	C
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Name	of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
HO		CARE SERVICES, INCHORIZON BCBSNJ I		
r	Mailing Address	THREE PENN PLAZA EAST		
		PP-11G		
		NEWARK	NJ	07105
F	Relationship:		STATE A	ZIP CODE A
	Connecte	d Organization × Affiliated Committee	Fundraising Representat	tive Leadership PAC Sponsor
Fu	III Name			
Ma	ailing Address			
		1		-
т	TILE OR POSITION		STATE A	
L			lephone Number	
	or Other Deposito	pries: List all banks or other depositories in which a aintains funds.	he committee deposits	funds, holds accounts, rents
	of Bank, itory, etc.			
	Mailing Address			
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5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
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3.			FEC ID number	С
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6. Name	of Any Connected C	Organization, Affiliated Committee, Joint Fundrai	sing Bepresentative	e or Leadership PAC Sponsor
	-			
	Mailing Address	4800 DEERWOOD CAMPUS PARKWAY		
		DC1-7		
			FL	32246
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization X Affiliated Committee Joint F	undraising Representa	tive Leadership PAC Sponsor
8. Desig	nated Agent: Identify	by name, address (phone number - optional)		
	nated Agent: Identify	by name, address (phone number - optional)		
Fu		by name, address (phone number - optional)		
Fu	II Name	by name, address (phone number - optional)		
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Fu Ma 9. Banks safety Name	III Name		phone Number	
Fu Ma 9. Banks safety Name	III Name		phone Number	
Fu Ma 9. Banks safety Name	III Name		phone Number	

1.			FE	C ID number	С		
2.			FE	C ID number	С		
3.			 FE	C ID number	С		
4.			 FE	C ID number	С		
4.							
lame of Any Co	nnected Organi	zation, Affiliated Committee, J	loint Fundraising	Representative	e. or Leade	ership PAC	Spons
	nd Blue Shield				-,		
Mailing Add	ress	Pershing Square					
		1 Main Street					
	Kan	sas City		MO _	64108	<u> </u>	
	Nan						
	Connected Organi	CITY A zation X Affiliated Committee ne, address (phone number – o		STATE ▲	ative	ZIP COD	
	Connected Organi	zation X Affiliated Committee					
Designated Ager	Connected Organi	zation X Affiliated Committee					
Designated Agen	Connected Organi	zation X Affiliated Committee			ative		
Designated Agen	Connected Organi	zation X Affiliated Committee			ative		
Eesignated Ager Full Name	Connected Organi	zation Affiliated Committee		aising Representa		Leadership	PAC Spc
Designated Agen	Connected Organi	zation X Affiliated Committee	optional)				PAC Spc

r(h). Joint Fundraising	Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected (Drganization, Affiliated Committee, Joint Fund	raising Paprocontativ	a or Landarshin BAC Spansor
Blue Cross and Blue S			
Mailing Address	1133 SW Topeka Blvd		
	Cc:855 - B3		
	Topeka	KS	66629
Relationship:		STATE A	
	by name, address (phone number – optional)		
Full Name	by name, address (phone number - optional)		
	by name, address (phone number - optional)		
Full Name	by name, address (phone number - optional)		
Full Name			
Full Name			
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositori safety deposit boxes or main Name of Bank, Depository, etc.		elephone Number	
Full Name Mailing Address TITLE OR POSITION Y Banks or Other Depositori safety deposit boxes or main		elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositori safety deposit boxes or main Name of Bank, Depository, etc.		elephone Number	

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5(g) or (h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
6. Na	ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Banrasantativ	a or Leadership PAC Sponsor
L				
	Mailing Address	P.O. BOX 60710		
			PA	17106-0710
	Relationship:	CITY A	STATE A	ZIP CODE
	Connected	Organization X Affiliated Committee Joint I	Fundraising Representa	ative Leadership PAC Sponsor
8. De :	signated Agent: Identify	v by name, address (phone number – optional)		
0. De		.,,		
0. De.	Full Name			
0. D C				
0. 06.	Full Name			
0. 06.	Full Name			
0. 00.	Full Name			<pre></pre>
0. 00.	Full Name		STATE A	
	Full Name		ephone Number	
9. Ba	Full Name		ephone Number	
9. Ba saf	Full Name Mailing Address TITLE OR POSITION		ephone Number	
9. Ba saf	Full Name		ephone Number	
9. Ba saf	Full Name Mailing Address TITLE OR POSITION Inks or Other Depositon fety deposit boxes or main ume of Bank, epository, etc.		ephone Number	
9. Ba saf	Full Name Mailing Address TITLE OR POSITION Inks or Other Depositon fety deposit boxes or main ume of Bank, epository, etc.		ephone Number	