PAGE 1/6 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) BLUE CROSS AND BLUE SHIELD OF NEBRASKA PAC 1919 AKSARBEN DRIVE PO BOX 3248 ADDRESS (number and street) (Check if address is changed) **OMAHA** 68180 NE CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS david.sederburg@nebraskablue.com (Check if address is changed) Optional Second E-Mail Address jennifer.davenport@nebraskablue.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.nebraskablue.com (Check if address is changed) DATE 2023 C00276311 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 Sederburg, David, , Sederburg, David, , , Date 07 03 2024 Signature of Treasurer 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.

0	Office		For further information contact:
lι	Use		Federal Election Commission
c	Only		Toll Free 800-424-9530 Local 202-694-1100
	•		Local 202-034-1100

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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. (Complet information below.)	e the candidate
Name of	
Candidate	
Candidate Office House Senate President	State
Party Affiliation Sought: House Senate President	District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(Mational, State (Democ	cratic, ican, etc.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:
X Corporation Corporation w/o Capital Stock	or Organization
	pperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation	gated 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 (Hybri	d 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 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 committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Committees Participating in Joint Fundraiser	
1. [
C	

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Write or Type Committee Name

	BLUE CROSS AND	BLUE SHIELD C	OF NEBRAS	SKA PAC
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6.	Name of Any Connected Or	rganization, Affiliated Committee, Join	t Fundraising Renre	esentative or	Leadership PAC Spon	sor
0.	-	BLUE SHIELD OF NEBRASK		ocinative, or	Louderomp 1 AC Opon	
	Mailing Address	1919 AKSARBEN DRIVE PO BOX 3248				
		OMAHA		NE	68180	
		CITY A		STATE ▲	ZIP CODE ▲	
	Relationship: X Connected	Organization Affiliated Organization	Joint Fundraising	Representative	Leadership PAC	Sponsor
	_	_				
	Custodian of Records: Identi	fy by name, address (phone number or	ntional) and position o	f the person in	nossession of committee	
7.	books and records.	ny by maine, address (prione number of	nional) and position o	i tile person in	possession of committee	,
	Davenport,	Jennifer, , ,				
	Full Name					
	Mailing Address	1919 Aksarben Drive				
		Omaha		NE	68180	I
		CITY A		STATE ▲	ZIP CODE ▲	
	Title or Position ▼					
	Accountant		Telephone num	ber 402		55
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	f the treasurer of the	committee; and	d the name and addres	s of
	Full Name Sederburg,	David				
	of Treasurer					
	Mailing Address	1919 Aksarben Drive				
		Omaha		NE	68180	
		CITY ▲		STATE ▲	ZIP CODE ▲	
	Title or Position ▼					
_	VP Finance and Acct		Telephone num	402 ber		170
1						

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Full Name of Designated Agent	Davenport, Jennifer, , ,		
Mailing Address	1919 Aksarben Drive		
	Omaha	NE L	68180
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Accountant	Telephone	number 4	02 321 - 2155
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the comres or maintains funds.	nittee deposits f	unds, holds accounts, rents
Name of Bank, D	epository, etc.		
	First National Bank of Omaha		
Mailing Address	1620 Dodge St		
	Omaha	NE	68197
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	<u> </u>		
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraising	Participant.			
1.		FEC I	D number	С
2.		FEC I	D number	C
3.		FEC I	D number	С
4.		FEC I	D number	С
ame of Any Connected (Organization, Affiliated Committee,	Joint Fundraising Re	epresentative	e or Leadership PAC Spons
Mailing Address				
Relationship:	CITY A		STATE ▲	ZIP CODE ▲
esignated Agent: Identify	Organization Affiliated Committe	_	ng Representa	Leadership PAC Sp
	by name, address (phone number -		ng Representa	Leadership PAC Sp
esignated Agent: Identify , Russell, E	by name, address (phone number -		ng Representa	Leadership PAC Sp
esignated Agent: Identify Russell, E Full Name	by name, address (phone number -		ng Representa	Leadership PAC Sp
esignated Agent: Identify Russell, E Full Name	by name, address (phone number -		ng Representa	Leadership PAC Sp
esignated Agent: Identify Russell, E Full Name	by name, address (phone number - rin, , , 1919 Aksarben Drive Omaha			
esignated Agent: Identify Russell, E Full Name Mailing Address	by name, address (phone number - rin, , , 1919 Aksarben Drive Omaha		NE STATE A	68180
esignated Agent: Identify Russell, E Full Name Mailing Address TITLE OR POSITION Manager of Finance	by name, address (phone number - rin, , , 1919 Aksarben Drive Omaha CITY es: List all banks or other depositor	- optional) Telephone I	NE NE STATE A	68180
Russell, E Full Name Mailing Address TITLE OR POSITION Manager of Finance anks or Other Depositor afety deposit boxes or mail	by name, address (phone number - rin, , , 1919 Aksarben Drive Omaha CITY es: List all banks or other depositor	- optional) Telephone I	NE NE STATE A	68180
Russell, E Full Name Mailing Address TITLE OR POSITION Manager of Finance anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number - rin, , , 1919 Aksarben Drive Omaha CITY es: List all banks or other depositor	- optional) Telephone I	NE NE STATE A	68180
Russell, E Full Name Mailing Address TITLE OR POSITION Manager of Finance anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number - rin, , , 1919 Aksarben Drive Omaha CITY es: List all banks or other depositor	- optional) Telephone I	NE NE STATE A	68180

FEC Form 1S (Revised 02/2017)

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

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(h). Joint Fundraising			
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected C	Organization, Affiliated Committee, Joint	Fundraising Representative	e, or Leadership PAC Sponso
1			
Mailing Address			
	1		
B. b. C. c. dela		STATE ▲	ZIP CODE ▲
	Organization	Joint Fundraising Representa	ative Leadership PAC Spo
Connected	Organization Affiliated Committee by name, address (phone number – option	Joint Fundraising Representa	Leadership PAC Spor
Connected Designated Agent: Identify Hodges, D	Organization Affiliated Committee by name, address (phone number – option	Joint Fundraising Representa	Leadership PAC Spor
Connected Designated Agent: Identify Hodges, D Full Name	Organization Affiliated Committee by name, address (phone number – option lenna, , ,	Joint Fundraising Representa	Leadership PAC Spor
Connected Designated Agent: Identify Hodges, D Full Name	Organization Affiliated Committee by name, address (phone number – option lenna, , ,	Joint Fundraising Representa	Leadership PAC Spo
Connected Designated Agent: Identify Hodges, D Full Name Mailing Address	Organization Affiliated Committee by name, address (phone number – option lenna, , ,	Joint Fundraising Representation	
Connected Designated Agent: Identify Hodges, D Full Name	Organization Affiliated Committee by name, address (phone number – option lenna, , ,	Joint Fundraising Representational)	68180