FEC

Only

STATEMENT OF

PAGE 1 / 22 •

ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Blue Cross and Blue Shield of Kansas, Inc. Employee PAC 1133 SW Topeka Blvd. ADDRESS (number and street) CC:855 - B3 (Check if address is changed) Topeka 66629 KS CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address jason.droge@bcbsks.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2013 C00197202 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 Droge, Jason, , 05 17 2024 Signature of Treasurer Droge, Jason, , , 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

E	EC 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 the information below.)	candidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Biodifor
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	etc.) Party
	Political Action Committee (PAC):	
	(e) X 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 Org	ganization
	Membership Organization Trade Association Cooperati	ve
	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 committee. (i.e., nonconnected committee)	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 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	

PAC Treasurer

	_				
	FEC Form 1 (Revised 0	2/2009)			Page 3
V	Vrite or Type Committee Name				
		Blue Shield of Kansas, In			
6.		rganization, Affiliated Committee, Joint I	Fundraising Repres	entative, or Leader	ship PAC Sponsor
	Blue Cross and Blue	Shield of Kansas, Inc.			
	Mailing Address	1133 SW Topeka Blvd.			
		Topeka		KS 66629	
		CITY ▲	S	TATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization	Joint Fundraising F	Representative	Leadership PAC Sponso
7.	Custodian of Records: Identibooks and records.	ify by name, address (phone number optic	onal) and position of t	he person in posses	sion of committee
	Droge, Jas	on, , ,			
	Full Name				
	Mailing Address	1133 SW Topeka Blvd			
		Topeka		KS 66629	
		CITY ▲	S	TATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone numbe	er 785 – L	291 - 8171
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	ne treasurer of the co	ommittee; and the n	name and address of
	Full Name Droge, Jas of Treasurer	on, , ,			
	Mailing Address	1133 SW Topeka Blvd			
		Topeka		KS 66629	
		CITY ▲	S	TATE ▲	ZIP CODE ▲
	Title or Position ▼				

785

Telephone number

8171

	FEC Form 1	(Revised 02/2009)	Page 4
De Ag	ull Name of esignated gent ailing Address	Mickle, Sunee, , ,	
		Topeka KS 66	629 ZIP CODE A
	tle or Position VP Govt Relation		- <u> 291</u> - <u> 7194</u> <u> </u>
. Ba	anks or Other fety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, xes or maintains funds.	holds accounts, rents
Na	ame of Bank, D	Depository, etc.	
		Intrust Bank	
Ma	ailing Address		
		Wichita KS 672 CITY ▲ STATE ▲	ZIP CODE ▲
Na	ame of Bank, D	Depository, etc.	
Ма	ailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲

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

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	
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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	

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

r(h). Joint Fundraisi	ing Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	d Organization, Affiliated Committee, Joint F	undraising Representative	e, or Leadership PAC Spons
BLUECROSS BLUE	SHIELD OF TENNESSEE INC POLITICA	AL ACTION COMMITTE	E (BCBSTN PAC)
Mailing Address	1 CAMERON HILL CIRCLE		
	CHATTANOOGA	TN	37402
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Full Name	ify by name, address (phone number – optiona	, 	
Mailing Address			
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TITLE OF FOCITION	CITY ▲	STATE A	ZIP CODE ▲
TITLE OR POSITION	N V		ZIP CODE A
TITLE OR POSITION	N ▼ CITY ▲		Z
r Deposit	cories: List all banks or other depositories in wanaintains funds.	Telephone Number	s funds, holds accounts, rents
	cories: List all banks or other depositories in wanaintains funds.	Telephone Number	s funds, holds accounts, rents

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		Participant:				
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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)		
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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
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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
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(h). Joint Fundraisi	ing ranticipant.		
1.		FEC ID number	С
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lame of Any Connector	l Organization, Affiliated Committee, Joint Fu	advoicing Donycoontotiu	re ou Londoughin DAC Spane
_	SHIELD OF MICHIGAN PAC	idiaising nepresentativ	e, or Leadership FAC Spons
Mailing Address	232 S. CAPITOL AVE.		
	MC L10A		
	LANSING		48933
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		oint Fundraising Represent	tative Leadership PAC Spo
Designated Agent: Identi	ed Organization X Affiliated Committee June June June June June June June Ju		tative Leadership PAC Spo
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Pesignated Agent: Identic Full Name	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi	STATE A Telephone Number	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
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ress P.0	D. BOX 13466	DLITICAL ACTION	pint Fundraising	Representativ	e, or Leadership PA	-
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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	C
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
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esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
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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
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connecte	d Organization, Affiliated Committee, Joint Fu	indraising Representativ	e, or Leadership PAC Spons
BLUE CROSS AND	BLUE SHIELD OF NEBRASKA PAC		
Mailing Address	1919 AKSARBEN DRIVE PO BOX 3248		
	OMAHA	NE	68180-0001
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name			
Mailing Address			
	CITY A	STATE A	ZIP CODE A
Mailing Address	N ▼ CITY ▲	STATE A Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITIO	tories: List all banks or other depositories in what maintains funds.	Telephone Number	s funds, holds accounts, rents
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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lame of Any Conn	ected Organization	n, Affiliated Committee, Joint	Fundraising Representa	tive, or Leadership PAC Spo
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	⊥ 10455 MII	LL RUN CIRCLE		
Mailing Addres	SS TO TO WILL			
	OWINGS	MILLS	MD	
				▲ ZIP CODE ▲
	nnected Organization	CITY ▲ X Affiliated Committee ddress (phone number – option	STATE Joint Fundraising Represental)	
Со		X Affiliated Committee	Joint Fundraising Represe	
esignated Agent:		X Affiliated Committee	Joint Fundraising Represe	
conesignated Agent:		X Affiliated Committee	Joint Fundraising Represe	
esignated Agent:		X Affiliated Committee	Joint Fundraising Represe	
resignated Agent: Full Name Mailing Address	Identify by name, a	X Affiliated Committee	Joint Fundraising Represe	entative Leadership PAC S
conesignated Agent:	Identify by name, a	Affiliated Committee ddress (phone number – option	Joint Fundraising Represe	entative Leadership PAC S

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h). Joint Fundraisi	ng Participant:		
1		FEC ID number	С
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4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint Fund		e, or Leadership PAC Spons
BLUE CROSS AND	BLUE SHIELD OF KANSAS CITY FEDERA		
Mailing Address	2301 MAIN STREET		
	KANSAS CITY	MO	64108
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Joi	nt Fundraising Representa	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		FEC ID number	C
		FEC ID number	С
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3.		FEC ID number	C
4.		rec id number	<u> </u>
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
HIGHMARK PAC O			
I			
Mailing Address	1800 CENTER STREET		
	CAMP HILL		17089
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connect	od Organization X Affiliated Committee	Fundraising Panrasant	ativo Londorobin BAC S
	ed Organization X Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
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esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mainly and the second seco	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification 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 Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification 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 Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

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

	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connecte	d Organization, Affiliated Committee, Joint Fo	ındraising Representativ	e, or Leadership PAC Spons
BLUE CROSS AND	BLUE SHIELD OF NORTH CAROLINA E	MPLOYEE POLITICAL	ACTION COMMITTEE
	P.O. BOX 2291		
Mailing Address	F.O. BOX 2291		
	DURHAM	NC NC	27702
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Designated Agent: Ident	ify by name, address (phone number – optiona)	
Designated Agent: Ident	ify by name, address (phone number – optiona)	
	ify by name, address (phone number – optiona)	
Full Name	ify by name, address (phone number – optiona		
Full Name	ify by name, address (phone number – optiona		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITIO	CITY ▲ Cories: List all banks or other depositories in whether the state of the s	STATE A Telephone Number	
Full Name	CITY ▲ Cories: List all banks or other depositories in whether the state of the s	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITIO	CITY ▲ Cories: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposit safety deposit boxes or related to the position of Bank,	CITY ▲ Cories: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ts funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITIO Banks or Other Depositions boxes or respectively.	CITY ▲ Cories: List all banks or other depositories in whenaintains funds.	STATE A Telephone Number	ts funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITIO Banks or Other Depositions boxes or respectively.	CITY ▲ Cories: List all banks or other depositories in whenaintains funds.	STATE A Telephone Number	ts funds, holds accounts, rents

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

r(h). Joint Fundrais	ing Participant:		
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 I	Fundraising Representativ	e, or Leadership PAC Sponso
BLUE SHIELD OF (CALIFORNIA PAC (SHIELD PAC)		
Mailing Address	601 12TH STREET		
	OAKLAND	CA	94607
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
П	ted Organization X Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC Spor
Full Name	1		
Mailing Address			
	OTTV A	OTATE A	ZID CODE 4
TITLE OR POSITIO	N ▼ CITY ▲	STATE A	ZIP CODE A
ı	N ▼ CITY ▲	STATE ▲ Telephone Number	ZIP CODE A
ı	N V	1	ZIP CODE A
	tories: List all banks or other depositories in v	Telephone Number	
Banks or Other Deposit safety deposit boxes or r	tories: List all banks or other depositories in v	Telephone Number	
Banks or Other Deposit	tories: List all banks or other depositories in v	Telephone Number	es funds, holds accounts, rents
Banks or Other Deposit safety deposit boxes or r	tories: List all banks or other depositories in v	Telephone Number	es funds, holds accounts, rents
Banks or Other Deposit safety deposit boxes or r Name of Bank, Depository, etc.	tories: List all banks or other depositories in variations funds.	Telephone Number	es funds, holds accounts, rents
Banks or Other Deposit safety deposit boxes or r Name of Bank, Depository, etc.	tories: List all banks or other depositories in variations funds.	Telephone Number	es funds, holds accounts, rents

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

1			
1		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4		FEC ID number	С
lame of Any Connecte	d Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
WELLMARK, INC. F	-		
Mailing Address	1331 GRAND AVENUE		
	STA. 5W570		
	DES MOINES	IA	50309
		STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee ify by name, address (phone number – optional)	oint Fundraising Representa	ative Leadership PAC Sp
Connect Pesignated Agent: Ident Full Name	ed Organization X Affiliated Committee J		ative Leadership PAC Sp
Connect	ed Organization X Affiliated Committee J		ative Leadership PAC Sp
esignated Agent: Ident	ed Organization X Affiliated Committee J		ative Leadership PAC Sp
esignated Agent: Ident	ed Organization X Affiliated Committee July July 1997 Ju		
Connect resignated Agent: Ident Full Name	ed Organization X Affiliated Committee July July 1997 Ju		Leadership PAC Sp

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

	g Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
-	Organization, Affiliated Committee, Joint F SHIELD OF SOUTH CAROLINA FEDEI	• .	
BEOE GROSS BEOE	JIIILED OF GOOTH CARCEINATEDER		
Mailing Address	INTERSTATE 20 AT ALPINE ROAD		
	COLUMBIA	SC	29214
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identify	/ by name, address (phone number - optiona	1)	
Designated Agent: Identif	/ by name, address (phone number – optiona)	
	by name, address (phone number – optiona	i)	
Full Name	by name, address (phone number – optional	i)	
Full Name	by name, address (phone number – optional		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name _ _	CITY A		ZIP CODE A
Full Name	CITY ▲ ries: List all banks or other depositories in waintains funds.	STATE A Telephone Number	ts funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or material states.	CITY ▲ ries: List all banks or other depositories in waintains funds.	STATE A Telephone Number	ts funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors of Bank, Depository, etc.	CITY ▲ ries: List all banks or other depositories in waintains funds.	STATE A Telephone Number	ts funds, holds accounts, rents

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

h). Joint Fundraisi	ig i unio punt.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundament Formation COMMITTEE/P		e, or Leadership PAC Spon
Mailing Address	7001 220TH STREET SW		
	MS 355		
	MOUNTLAKE TERRACE	WA	98043-2160
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee Joi y by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC S
		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC S
esignated Agent: Identii Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	y 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: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	y 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: Identification 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 CITY pries: List all banks or other depositories in whice	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, epository, etc.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A

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	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	I Organization, Affiliated Committee, Joint Fun	draising Representativ	or Leadershin PAC Snons
-	E SHIELD OF ALABAMA PAC		. Or Ecadership FAC opens
Mailing Address	2 NORTH JACKSON STREET		
-	SUITE 202		_
	MONTGOMERY	AL	36104-3821
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identi	fy by name, address (phone number – optional)		
Designated 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			
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY	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 anintains funds.	Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which anintains funds.	Telephone Number	s funds, holds accounts, rents