Type or Print Name of Treasurer

Signature of Treasurer

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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 North Carolina Employee Political Action Committee P.O. Box 2291 ADDRESS (number and street) (Check if address is changed) Durham 27702 NC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address katie.ward@bcbsnc.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00312223 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.

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.

Date

05

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530
Offig			Local 202-694-1100

Millican, Kathryn,,

Millican, Kathryn, , ,

2024

15

Ē	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.)	e candidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Diotriot
	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	d organization is a:
	Corporation Corporation W/o Capital Stock Labor O	rganization
	Membership Organization Trade Association Coopera	tive
	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)	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	.C).
	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 o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Committees Participating in Joint Fundraiser	
	1. C	

Title or Position ▼

AVP of Govt Affairs

	_				
	FEC Form 1	(Revised 02/2009)			Page 3
۷	Vrite or Type Comm	ttee Name			
	Blue Cross	and Blue Shield of No	rth Carolina Ei	nployee Political Act	ion Committee
6.	Name of Any Co	nnected Organization, Affiliated C	ommittee, Joint Fund	Iraising Representative, or Lea	adership PAC Sponsor
	BCBSA PAC				
	Mailing Address	750 9th St NW			
		Washington		DC 20	0001
			CITY A	STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization X Affiliate	d Organization Jo	int Fundraising Representative	Leadership PAC Spons
7.	Custodian of Rec books and record	ords: Identify by name, address (pho	one number optional)	and position of the person in pos	session of committee
	Full Name	Ward, Katie, , ,			
	Mailing Address	P.O. Box 2291			
		1			
				NC 27	702
			CITY A	STATE ▲	ZIP CODE ▲
	Title or Position				
	Sr. Government A	fai 		elephone number 919	- <u>765</u> - <u>7404</u>
8.		e name and address (phone numbe ent (e.g., assistant treasurer).	er optional) of the tr	easurer of the committee; and the	he name and address of
	Full Name of Treasurer	Millican, Kathryn, , ,			
	Mailing Address	1632 Lorraine Road			
		Raleigh		NC 27	7607
			CITY A	STATE ▲	ZIP CODE ▲

919

Telephone number

765

3559

FEC Form 1 (Revised	02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number	
Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in w intains funds.	hich the committee deposits fun	ds, holds accounts, rents
Name of Bank, Depository,	etc.		
Truist			
Mailing Address	4011 University Drive		
		NC NC	
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

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

h). Joint Fundraisi	ng rantopant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	I Organization, Affiliated Committee, Joint Fundi		
BLUECROSS BLUE	SHIELD OF TENNESSEE INC POLITICAL A	ACTION COMMITTE	E (BCBSTN PAC)
	1 CAMERON HILL CIRCLE		
Mailing Address			
	CHATTANOOGA	TN	37402
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Joint Joint you by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundrais i			
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
		<u> </u>	
Name of Any Connected	d Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spons
HORIZON HEALTH	CARE SERVICES, INCHORIZON BCBS	SNJ FEDERAL PAC INC	C.
	THREE PENN PLAZA EAST		
Mailing Address			
	PP-11G		
	NEWARK	NJ NJ	07105
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization X Affiliated Committee	Joint Fundraising Represent	tative Leadership PAC Spo
Pesignated Agent: Ident			tative Leadership PAC Spo
Designated Agent: Ident			tative Leadership PAC Spo
Pesignated Agent: Ident			tative Leadership PAC Spo
Pesignated Agent: Ident			tative Leadership PAC Spo
Pesignated Agent: Ident	ify by name, address (phone number – optional		Leadership PAC Spo
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional	al)	
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional distribution).	STATE A	
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit	ify by name, address (phone number – optional limits) or ies: List all banks or other depositories in w	STATE Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposition afety deposit boxes or necessity.	ify by name, address (phone number – optional limits) or ies: List all banks or other depositories in w	STATE Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit	ories: List all banks or other depositories in what intains funds.	STATE Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposition Identificate to the position of Bank, Jame of Bank,	ories: List all banks or other depositories in what intains funds.	STATE Telephone Number	ZIP CODE A ts funds, holds accounts, rents
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or not blame of Bank, Depository, etc.	ories: List all banks or other depositories in what intains funds.	STATE Telephone Number which the committee deposit	ZIP CODE A ts funds, holds accounts, rents
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or not blame of Bank, Depository, etc.	ories: List all banks or other depositories in what intains funds.	STATE Telephone Number which the committee deposit	ZIP CODE A ts 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	С
4				FEC ID	number	C
	-	Organization, Affilia		Fundraising Repr	esentative	e, or Leadership PAC Spor
DLOL (
Mailir	ng Address	232 S. CAPITOL				
		MC L10A				
		LANSING		, , , , , ,	MI	48933
Relat	tionship:		CITY A		STATE A	ZIP CODE ▲
esignated			Affiliated Committee (phone number – option	Joint Fundraising	Representa	Leadership PAC S
esignated	d Agent: Identify				Representa	Leadership PAC S
Full Na	d Agent: Identify				Representa	Leadership PAC S
Full Na	d Agent: Identify				Representa	Leadership PAC S
Full Na	d Agent: Identify				Representa	Leadership PAC S
Full Na	d Agent: Identify	by name, address		al)	Representa	Leadership PAC S

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

5(g) or (h). Joi	nt Fundraising I	Participant:		
1.		FE	EC ID number	С
2.		FE	EC ID number	С
3.		FE	EC ID number	С
4.		FE	EC ID number	C
_	-	ganization, Affiliated Committee, Joint Fundraising		•
Mailing	Address	4800 DEERWOOD CAMPUS PARKWAY		
		DC3-4		
		JACKSONVILLE	FL	32246
Relation	nship:	CITY A	STATE ▲	ZIP CODE ▲
				_
8. Designated A	Agent: Identify b	y name, address (phone number – optional)		
8. Designated Full Name		y name, address (phone number – optional)		
_	e	y name, address (phone number – optional)		
Full Name	e	y name, address (phone number – optional)		
Full Name	e	y name, address (phone number – optional)		
Full Name	e	y name, address (phone number – optional) CITY	STATE A	ZIP CODE A
Full Name	e	CITY A	STATE A	ZIP CODE A
Full Name Mailing A TITLE O Banks or Ott safety deposit Name of Ban Depository, et	e ddress DR POSITION her Depositories to boxes or maint	CITY Telepho s: List all banks or other depositories in which the co	one Number	

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

(h). Joint Fundrais	ing Faiticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
-	d Organization, Affiliated Committee, Joint F		
LOUISIANA HEALTI	H SERVICE & INDEMNITY COMPANY DB	A BLUE CROSS & BLU	E SHIELD OF LOUISIANA PA
Mailing Address	5525 REITZ AVENUE		
	BATON ROUGE	LA	70809
Relationship:	CITY ▲	STATE 4	ZIP CODE ▲
Connect	ed Organization X Affiliated Committee	Joint Fundraising Represer	tative Leadership PAC Spo
Designated Agent: Ident	ed Organization X Affiliated Committee		tative Leadership PAC Spo
			Leadership PAC Spo
Designated Agent: Ident			Leadership PAC Spo
Designated Agent: Ident			Leadership PAC Spo
Designated Agent: Ident			Leadership PAC Spo
Designated Agent: Ident	ify by name, address (phone number – options		Leadership PAC Spo
Designated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – options	NI)	
Designated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – options	STATE A	
Pesignated Agent: Ident Full Name	ify by name, address (phone number – optional limits) or ies: List all banks or other depositories in w	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name	ify by name, address (phone number – optional limits) or ies: List all banks or other depositories in w	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name	ify by name, address (phone number – optional limits) or ies: List all banks or other depositories in w	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name	ify by name, address (phone number – optional limits) or ies: List all banks or other depositories in w	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name	ify by name, address (phone number – optional limits) or ies: List all banks or other depositories in w	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name	ify by name, address (phone number – optional limits) or ies: List all banks or other depositories in w	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	C
4.		FEC ID number	С
Name of Any Connected	d Organization, Affiliated Committee, Joint I	Fundraising Representati	ve, or Leadership PAC Sponso
BLUE CROSS AND	BLUE SHIELD OF KANSAS CITY FEDE	RAL PAC	
	1 2301 MAIN STREET		
Mailing Address			
	WANG 10 00774		
	KANSAS CITY	MO MO	64108
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Full Name			
Full Name			
	CITY A	STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION	CITY A	STATE A Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION	N V		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 Deposit safety deposit boxes or many statements and statements are statements.	ories: List all banks or other depositories in v	Telephone Number	
Mailing Address TITLE OR POSITION	ories: List all banks or other depositories in variations funds.	Telephone Number	sits funds, holds accounts, rents
Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or m Name of Bank,	ories: List all banks or other depositories in variations funds.	Telephone Number	sits funds, holds accounts, rents
Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in variantains funds.	Telephone Number	sits funds, holds accounts, rents
Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in variantains funds.	Telephone Number	sits funds, holds accounts, rents

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

_	filiated Committee, Joint	FEC ID number FEC ID number FEC ID number FEC ID number	C C
_	filiated Committee, Joint	FEC ID number	C
_	filiated Committee, Joint		
_	filiated Committee, Joint	FEC ID number	С
_	filiated Committee, Joint		
_	filiated Committee, Joint		
ERNMENT COMMITTE		Fundraising Representativ	e, or Leadership PAC Spons
	EE-THE POLITICAL ACTI	ON COMMITTEE OF BLU	JE CROSS & BLUE SHIELD
ss P.O. BOX 1346	36 		
PHOENIX		AZ	85002
	CITY A	STATE ▲	ZIP CODE ▲
	<u> </u>		
		1 1 . 1	1
	CITY A	STATE A	ZIP CODE A
L	CITY A	STATE Telephone Number	ZIP CODE A
	PHOENIX nnected Organization	PHOENIX CITY ▲ nnected Organization × Affiliated Committee	PHOENIX CITY STATE

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

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fun		
Mailing Address	P.O. BOX 60710		
			1 1 1 1 1 1 1 1 1
	HARRISBURG		17106
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identif	fy by name, address (phone number - optional)		
esignated Agent: Identii	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	Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the second process of the second	CITY ▲ CITY ▲ 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

Page	of	22	
1 aye	O.		

h). Joint Fundraisi	ng raiticipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
BLUE CROSS AND	BLUE SHIELD OF NEBRASKA PAC		
	1919 AKSARBEN DRIVE PO BOX 3248		
Mailing Address			
			20120
	OMAHA	NE NE	68180
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	ed Organization X Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Represent	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ing Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
-	d Organization, Affiliated Committee, Joint Fundrace CROSS BLUESHIELD ASSOCIATES' FEDER		e, or Leadership PAC Spon
OARLI IROT BEOER	SKOOO BEGEORIEED AGGORATEG TEDEK	ALIAO	
Mailing Address	10455 MILL RUN CIRCLE		
Walling / laarooo			
	OWINGS MILL	MD .	21117
		MD	
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Ident	ify by name, address (phone number – optional)	Fundraising Representa	
esignated Agent: Ident	ify by name, address (phone number – optional)		
	ify by name, address (phone number – optional)		Leadership PAC S
Full Name	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION	CITY ▲ Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ Te cories: List all banks or other depositories in which	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposit aftery deposit boxes or name of Bank,	CITY ▲ CITY ▲ Te cories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	CITY ▲ CITY ▲ Te cories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	CITY ▲ CITY ▲ Te cories: 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

	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Sponso
BLUE CROSS AND	BLUE SHIELD OF KANSAS, INC. EMPLO	OYEE PAC	
	ı 1133 SW TOPEKA BLVD.		
Mailing Address			
	CC:855 - B3		
	TOPEKA	KS KS	66629
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte Designated Agent: Identi	ed Organization X Affiliated Committee	loint Fundraising Represent	
Designated Agent: Identi			
Designated Agent: Identi			
Designated Agent: Identi			
Designated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional		ZIP CODE A
Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional		ZIP CODE A
Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional	STATE A	ZIP CODE A
Designated Agent: Identi Full Name	fy by name, address (phone number – optional CITY CITY Ories: List all banks or other depositories in wh	STATE A Telephone Number	
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Designated Agent: Identi Full Name	fy by name, address (phone number – optional CITY A CITY A pries: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ts funds, holds accounts, rents
Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or management.	fy by name, address (phone number – optional CITY A CITY A pries: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ts funds, holds accounts, rents
Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or management of Bank, Depository, etc.	fy by name, address (phone number – optional CITY A CITY A pries: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ts funds, holds accounts, rents
Pull Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or management of Bank, Depository, etc.	fy by name, address (phone number – optional CITY CITY Ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number ich the committee deposit	ts funds, holds accounts, rents

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

-	red Organization, Affiliated	1 Committee, Joint	FEC ID FEC ID	number number number number	C C C
3. 4. A. Name of Any Connec	_	1 Committee, Joint	FEC ID	number	С
4. Name of Any Connec	_	1 Committee, Joint	FEC ID	number	
Name of Any Connec	_	d Committee, Joint			C
_	_	d Committee, Joint	Fundraising Rep	rocentativo	
-	_	d Committee, Joint	Fundraising Rep	rocontotivo	
HIGHMARK PAC	OF HIGHMARK INC.			resemanve	, or Leadership PAC Spons
					<u> </u>
Mailing Address	1800 CENTER STRE	ET			
Mailing Address					
	CAMP HILL			ı PA ı	17089
Relationship:		CITY A			ZIP CODE A
Helationship.		CITY		STATE A	ZIP CODE A
Full Name					
Mailing Address					
TITLE OR POSITI	ON ▼	CITY A	5	STATE A	ZIP CODE ▲
			Telephone Nu	ımber 🛄	

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

(h). Joint Fundraisi	ng Participant:			
1.		FEC ID nu	ımber C	
2.		FEC ID nu	ımber C	
3.		FEC ID no	ımber C	
4.		FEC ID nu	ımber C	
	d Organization, Affiliated Committee, Joint CALIFORNIA PAC (SHIELD PAC)	Fundraising Repres	entative, o	r Leadership PAC Spon
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Mailing Address	601 12TH STREET		1 1 1	
	OAKLAND		CA	94607
Relationship:	CITY ▲	97	 ATE ▲	ZIP CODE A
	ed Organization X Affiliated Committee	Joint Fundraising Re		
Full Name				
Mailing Address				
Mailing Address				
Mailing Address				
Mailing Address TITLE OR POSITION	CITY A	STA	TE A	ZIP CODE A
	CITY A	STA Telephone Numb		ZIP CODE A
	CITY A			ZIP CODE A
TITLE OR POSITION	ories: List all banks or other depositories in	Telephone Numb	per	
TITLE OR POSITION anks or Other Deposite afety deposit boxes or management.	ories: List all banks or other depositories in	Telephone Numb	per	
TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	ories: List all banks or other depositories in	Telephone Numb	per	
TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	ories: List all banks or other depositories in	Telephone Numb	per	
TITLE OR POSITION Sanks or Other Deposite afety deposit boxes or management of Bank, depository, etc.	ories: List all banks or other depositories in	Telephone Numb	per	
anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	ories: List all banks or other depositories in	Telephone Numb	per	

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

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
_	d Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spons
WELLMARK, INC. F	PAC (WELLPAC)		
Mailing Address	1331 GRAND AVENUE		
	STA. 5W570		
	DES MOINES	, IA ,	50309
		OTATE A	ZIP CODE ▲
Relationship:	CITY A	SIAIE	
esignated Agent: Identi	CITY ed Organization Affiliated Committee Journal fy by name, address (phone number – optional)	STATE ▲ pint Fundraising Representa	
esignated Agent: Identi	ed Organization X Affiliated Committee Jo		
Connecte esignated Agent: Identi	ed Organization X Affiliated Committee Jo		
esignated Agent: Identi	ed Organization X Affiliated Committee Jo		
esignated Agent: Identi Full Name Mailing Address	ed Organization X Affiliated Committee Jo		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	ed Organization X Affiliated Committee Jo	oint Fundraising Representation	ative Leadership PAC Sp

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	С
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint For SHIELD OF SOUTH CAROLINA FEDER		
Mailing Address	INTERSTATE 20 AT ALPINE ROAD		
	COLUMBIA	sc	29214
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Full Name			
Mailing Address			
TITLE OR POSITIO	N ▼ CITY ▲	STATE ▲	ZIP CODE A
1	N ▼ CITY ▲	STATE ▲ Telephone Number	ZIP CODE A
Banks or Other Deposit	N ▼	Telephone Number	
	N ▼	Telephone Number	
Banks or Other Deposit	tories: List all banks or other depositories in what maintains funds.	Telephone Number	s funds, holds accounts, rents
Banks or Other Deposit safety deposit boxes or r	tories: List all banks or other depositories in what maintains funds.	Telephone Number	s funds, holds accounts, rents
Banks or Other Deposit safety deposit boxes or roll Name of Bank, Depository, etc.	tories: List all banks or other depositories in what maintains funds.	Telephone Number	s funds, holds accounts, rents
Banks or Other Deposit safety deposit boxes or roll Name of Bank, Depository, etc.	tories: List all banks or other depositories in what maintains funds.	Telephone Number	s funds, holds accounts, rents

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	C
4.		FEC ID number	С
Name of Any Connected	d Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
PREMERA BLUE C	ROSS POLITICAL ACTION COMMITTEE/PRI	EMERA PAC	
Marilia e Addus a	7001 220TH STREET SW		
Mailing Address	MS 355		
			00040
	MOUNTLAKE TERRACE	WA	98043
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identi	fy by name, address (phone number - optional)		
Full Name	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	ZIP CODE A
Full Name	CITY A	1	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ Te ories: List all banks or other depositories in which the	ephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposits safety deposit boxes or management.	CITY ▲ CITY ▲ Te ories: List all banks or other depositories in which the	ephone Number	
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ Te ories: List all banks or other depositories in which the	ephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposits safety deposit boxes or many part of Bank,	CITY ▲ CITY ▲ Te ories: List all banks or other depositories in which the	ephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or many Name of Bank, Depository, etc.	CITY ▲ CITY ▲ Te ories: List all banks or other depositories in which the	ephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or many Name of Bank, Depository, etc.	CITY ▲ CITY ▲ Te ories: List all banks or other depositories in which the	ephone Number	

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

		FEC ID nu	mber C)
		FEC ID nu		
			mber C	
		FEC ID nu	mber C	
		FEC ID nu	mber C	
_		Fundraising Represe	entative, o	or Leadership PAC Spons
2 NORTH JACKS	SON STREET		1 1 1	
SUITE 202				
MONTGOMERY	OUT!		AL	36104
	CITY A	ST	ATE 🔺	ZIP CODE ▲
dentity by name, address	(phone number – option	nal)		
dentify by name, address	(phone number – option	nal)		
dentify by name, address	(phone number – option	nal)		
dentify by name, address	(phone number – option	nal)		
dentify by name, address				
dentify by name, address Line Line Line Line Line Line Line Line	(phone number – option			ZIP CODE A
	2 NORTH JACKS SUITE 202 MONTGOMERY nected Organization	LUE SHIELD OF ALABAMA PAC 2 NORTH JACKSON STREET SUITE 202 MONTGOMERY CITY	LUE SHIELD OF ALABAMA PAC 2 NORTH JACKSON STREET SUITE 202 MONTGOMERY CITY ST.	2 NORTH JACKSON STREET SUITE 202 MONTGOMERY AL STATE ▲

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

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
-	I Organization, Affiliated Committee, Joint Fun		e, or Leadership PAC Spons
Mailing Address	P.O. Box 2291		
	Durham 	NC NC	27702
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Sp
		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	int 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	fy by name, address (phone number – optional) CITY	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 Ories: 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 Ories: 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 Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	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 mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	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 mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A