Image# 201908269163103621				PAGE 1 / 27
FEC FORM 1	STATEMEN ORGANIZ		0#:00	
1. NAME OF	(Check if name is changed)	Example: If typing, type	12FE4M5	Use Only
	lo onangoa)	over the lines.		
Blue Cross Blue	Shield of Alabam			
ADDRESS (number and street)	2 North Jackson Street			
(Check if address	Suite 202			
is changed)	Montgomery		AL 36104	
			STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address	tgadson@comerica.cor	n		
is changed)	Optional Second E-Mail Add	dress		
COMMITTEE'S WEB PAGE AD (Check if address is changed)				
2. DATE 08 / 0	D / Y Y Y Y 11 2019			
3. FEC IDENTIFICATION N	UMBER ► C co	00457242		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and co	omplete.
Type or Print Name of Treasure	er Hosp, Ted, , ,			
Signature of Treasurer	р, Ted, , ,	[Electronically Filed]	Date 08	01 / Y Y Y Y 01 2019
NOTE: Submission of false, error		may subject the person signing t ON SHOULD BE REPORTED W		nalties of 2 U.S.C. §437g.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	on F	EC FORM 1 Revised 06/2012)

08/26/2019 08 : 32

	1 (Revised 02/2000)	Page 2
	prm 1 (Revised 02/2009)	Page 2
	COMMITTEE e 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. (Compl information below.)	ete the candidate
Name of Candidate		<u> </u>
Candidate Party Affilia	tion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(d)		Democratic, epublican, etc.) Part
Political	Action Committee (PAC):	
(e) ×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	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 part
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	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.	or more political
(h)	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.	or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Blue Cross Blue Shield of Alabama PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

B	llue Cross Blue Shield	l of Alabama	
	Mailing Address	2 North Jackson Street	
		Suite 202	
		Montgomery	AL 36104
		CITY	STATE ZIP CODE
	Relationship: x Connected	Organization Affiliated Committee	Joint Fundraising Representative Leadership PAC Sponsor
7.	books and records.		optional) and position of the person in possession of committee
	Full Name	ces, Comerica Bank, , ,	
	Mailing Address	MC #2250	
	-	PO Box 75000	
			MI 48275-2250
	Title or Position	CITY	STATE ZIP CODE
	Book Keeper		248 371 7271 Telephone number
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the ssistant treasurer).	he treasurer of the committee; and the name and address of
	Full Name Hosp, Ted,	, ,	

Full Name Hosp, Ted	h, , ,
of Treasurer	
Mailing Address	2 North Jackson Street
	Suite 202
	Montgomery
	CITY STATE ZIP CODE
Title or Position	Telephone number 334 233 7157

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent			1		1																					
Mailing Address																										
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Title or Position																										
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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.

	Comerica Bank		
Mailing Address	PO Box 75000		
	PAC Services MC 2250		
		MI 48275	
	CITY	STATE ZIP CODE	
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY	STATE ZIP CODE	

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Form/Schedule: F1A Transaction ID :

Amending to change date

Form/Schedule: Transaction ID:

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5(g) or (h).	Joint Fundraising	Participant:		
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4.			FEC ID number	
	-	Drganization, Affiliated Committee, Joint Fundra tical Action Committee	ising Representative, or Leadership PAC Sponsor	_
	Mailing Address	PO Box 6936		
		Jacksonville	FL 32202	
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲	
	Connected	Organization X Affiliated Committee Joint F	Fundraising Representative	or
8. Desig	nated Agent: Identify	by name, address (phone number - optional)		
Fi	ull Name			
Μ	lailing Address			
-	TITLE OR POSITION		STATE ▲ ZIP CODE ▲	
			ephone Number	

Name of Bank, Depository, etc.																							
Mailing Address																							
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5(g) or (h).	Joint Fundraising	Participant:		
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3.			FEC ID number	С
4.			FEC ID number	C
		Organization, Affiliated Committee, Joint Fundra rvice Assn Empl Comte for Quality H		, or Leadership PAC Sponsor
	Mailing Address	818 Keeaumoku		
				96814
	Relationship:		STATE 🔺	ZIP CODE
	Connected	Organization X Affiliated Committee Joint F	Fundraising Representa	tive Leadership PAC Sponsor
8. Desig	nated Agent: Identify	by name, address (phone number – optional)		
Fu	III Name			
Ma	ailing Address			
т	TILE OR POSITION		STATE A	ZIP CODE
L		1	ephone Number	

Name of Bank, Depository, etc.																							
Mailing Address																							
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5(g) or (h).	Joint	Fundraising	Participant:

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2.	FEC ID number
3.	FEC ID number C
4.	FEC ID number C

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Regence BLUEPAC

Mailing Address	330 9th Street SE				
	Washington			DC 200	03
Relationship:		CITY A		STATE A	ZIP CODE
Connected	Organization 🗶 Affiliat	ed Committee	Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																										
Mailing Address	L																									
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TITLE OR POSITION	▼					C	ידוכ	Y							S	TAT	Έź				ZIF	C C	OD	E		
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Mailing Address	L																						
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5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	C
2.	FEC ID number	C
3.	FEC ID number	C
4.	FEC ID number	C

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Wellmark, Incorporated PAC, WELL PAC

Mailing Address	636 Grand Avenue													
Mailing Address 636 Grand Avenue Station 13 Des Moines														
Mailing Address														
Relationship:		CITY 🔺		STATE A	ZIP CODE									
Connected	Organization 🗴 Affil	iated Committee	Joint Fundraisin	g Representative	Leadership PAC Sponsor									

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																					
Mailing Address																					
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Name of Bank, Depository, etc.											1			1									
Mailing Address																							
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FEC Form 1S (Revised 02/2017)	Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9
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5(g) or (h).	Joint Fundraising	Participant:			
1.				FEC ID number	C
2.				FEC ID number	C
3.				FEC ID number	C
4.				FEC ID number	С
		Organization, Affiliated Committee,			e, or Leadership PAC Sponsor
Blu	e Cross and Blu	ue Shield of Kansas Emplo	•		
Ν	Mailing Address	1133 Topeka Blvd			
		Topeka		KS	66629
F	Relationship:	CITY 🔺		STATE A	
	Connected	Organization X Affiliated Committee	e Joint F	undraising Representa	ative Leadership PAC Sponsor
8. Design	nated Agent: Identify	by name, address (phone number -	- optional)		
Ful	II Name				
Ma	illing Address				
ті	TLE OR POSITION	CITY A		STATE A	ZIP CODE
			Tele	phone Number	

Name of Bank, Depository, etc.																								
Mailing Address																								
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.	FEC ID number	С
2.	FEC ID number	C
3.	FEC ID number	C
4.	FEC ID number	C

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor BLUEPAC, Capital Blue Cross

<u> </u>			
Mailing Address	PO Box 60710 Elmerton Avenue		
	Harrisburg	PA 17106	
Relationship:	CITY A	STATE A ZIP	P CODE
Connected	Organization X Affiliated Committee	Joint Fundraising Representative	ership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name			
Mailing Address			
TITLE OR POSITION		STATE A	ZIP CODE
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Name of Bank, Depository, etc.	<u> </u>																					
Mailing Address																						
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FEC Form 1S (Revised 02/	2/2017) Optional Supplemental In for Lines 5(g) or (h), 6, 8		Page of 27
g)or(h). Joint Fundraisi	ing Participant:	_	
1.		FEC ID number	
2.		FEC ID number	
3.		FEC ID number	
4.		FEC ID number	
	d Organization, Affiliated Committee, Joint Fund		or Leadership PAC Sponsor
Mailing Address	1800 Center Street		
	Camp HIII		
Relationship:	CITY ▲	PA PA STATE ▲	17011 − − ZIP CODE ▲
Relationship:			
Relationship:			
Relationship:	CITY ▲ cITY ▲ red Organization		
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Relationship: Connecte Designated Agent: Identi Full Name	CITY ▲ cITY ▲ red Organization		

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. 9.

Name of Bank, Depository, etc.																							
Mailing Address																							
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5(g) or (h).	Joint Fundraising	Participant:		
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3.			FEC ID number	С
4.			FEC ID number	С
	-	Organization, Affiliated Committee, Joint Fundra ross Blue Shield Assn PAC	ising Representative	
	Mailing Address	1310 G Street NW		
		Washington		
	Relationship:		STATE 🔺	ZIP CODE
	Connected	Organization X Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. Desig	nated Agent: Identify	by name, address (phone number - optional)		
Fu	III Name			
M	ailing Address			
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Name of Bank, Depository, etc.																								
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1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
6. Name o	f Any Connected Organization, Affiliated Committee, Joint Fundrai	sing Representative	, or Leadership PAC Sponsor

Carefirst Associate	s Federal Politica	al Action Co	mmittee		
1					
Mailing Address	10455 Mill Run Circle				
	Owens Mills			MD	21117
Relationship:		CITY A		STATE A	ZIP CODE
Connected	Organization X Affilia	ated Committee	Joint Fundrais	ing Representative	Leadership PAC Sponsor

Designated Agent: Identify by name, address (phone number - optional) 8.

Full Name																												
Mailing Address																												
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5(g)or(h). Joint Fur	ndraising Participar	nt:			
1.			FEC ID	number	С
2.			FEC ID	number	С
3.			FEC ID	number	С
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-	-	on, Affiliated Committee, Joint I			
Mailing Addre	ess 330 East	Randolph Street			
	Chicago				60601
Relationship:		CITY 🔺		STATE A	ZIP CODE 🔺
C	onnected Organizatio	n X Affiliated Committee	Joint Fundraising	Representa	tive Leadership PAC Sponsor
8. Designated Agent	: Identify by name, a	address (phone number – option	al)		
Full Name					
Mailing Address	s				
TITLE OR PO	SITION V	CITY A	\$		ZIP CODE

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.

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Name of Bank, Depository, etc.																						
Mailing Address																						
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3.						FEC	D ID number	С			
4.						FEC	C ID number	С			
	of Any Connected C deral CAREPAC	-				-	Representati	ve, or L	.eadersh	ip PAC S _l	oonsor
ſ	Mailing Address	401 Park Dr	ive								
		Boston					MA		02115	-	
F	Relationship:		(STATE		ZI	P CODE	
	_			d Committee	Jo	int Fundra	sing Represer	ntative	Lead	lership PA	C Spons
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safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.																					
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3.		FEC ID number	
4.		FEC ID number	
-	Organization, Affiliated Committee, Joint Fundra ue Shield of MI PAC	ising Representative, o	r Leadership PAC Sponsor
Mailing Address	602 West Ionia		
	Lansing	MI	48933
Relationship:		STATE A	ZIP CODE
Connected	Organization X Affiliated Committee Joint	Fundraising Representative	Leadership PAC Sponsor
8. Designated Agent: Identify	by name, address (phone number - optional)		
Full Name			

Full Name																											
Mailing Address	L																							1			
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5(g) or (h).	Joint Fundraising	Participant:		
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4			FEC ID number	
	-	rganization, Affiliated Committee, Joint Fundrais		
	Mailing Address	PO Box 13466		
		Phoenix	AZ	85002
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected 0	Drganization X Affiliated Committee	undraising Representativ	e Leadership PAC Sponsor

Designated Agent: Identify by name, address (phone number - optional) 8.

Full Name				
Mailing Address				
TITLE OR POSITION	•	CITY A	STATE 🔺	ZIP CODE
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Name of Bank, Depository, etc.																												1	
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g) or (h). Joint Fundraising	g Participant:	-	
1.		FEC ID number	C
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3.		FEC ID number	C
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fundrue Shield of Kansas City Federal PA		or Leadership PAC Sponso
Mailing Address	2301 Main		
	Kansas City		64108
Relationship:	CITY 🔺	STATE A	ZIP CODE
Connected	Organization X Affiliated Committee Joint	EFundraising Representat	ive Leadership PAC Spor
Designated Agent: Identify	by name, address (phone number - optional)		
Full Name			
Mailing Address			
		STATE A	
TITLE OR POSITION	•		

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. 9.

Name of Bank, Depository, etc.																								
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з. 🗆		FEC ID number	С
4.		FEC ID number	С
	of Any Connected Organization, Affiliated Committee, Joint Fundrais e Cross and Blue Shield of NE PAC	sing Representative	, or Leadership PAC Sponsor

Mailing Address	7261 Mercy Road	
	Omaha NE 68180 - - -	
Relationship:	CITY STATE ZIP CODE	
Connecte	Organization 🗴 Affiliated Committee 🗌 Joint Fundraising Representative 🗌 Leadership PAC Sponso	or

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name			
Mailing Address			
TITLE OR POSITION		STATE A	ZIP CODE
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Name of Bank, Depository, etc.																							
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6. Name o	f Any Connected Organization, Affiliated Committee, Joint Fundrais	sing Representative	or Leadership PAC S

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Blue Cross and Blue Shield of NC Employees PAC

		inployees i /			
Mailing Address	5901 Chapel Hill Road				
	Box 2291				
	Durham			NC 2770	02 -
Relationship:		CITY A		STATE A	ZIP CODE
Connected	Organization X Affilia	ted Committee	Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name				
Mailing Address				
TITLE OR POSITION	•	CITY A	STATE A	ZIP CODE
		Telep	hone Number	

Name of Bank, Depository, etc.																								
Mailing Address	L																							
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5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Blue Shield of California PAC

Mailing Address	50 Beale Street													
	San Francisco			CA 9410	05									
Relationship:		CITY 🔺		STATE A	ZIP CODE									
Connected	Connected Organization 🗴 Affiliated Committee													

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name			
Mailing Address			
TITLE OR POSITION		STATE A	ZIP CODE
	Te	ephone Number	

Name of Bank, Depository, etc.	<u> </u>																						
Mailing Address																							
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5(g)	or(h). Joint Fundraising	Participant:		
	1.		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	
	4.		FEC ID number C	
6.	=	Organization, Affiliated Committee, Joint Fundra	ising Representative, or Leadership F	PAC Sponsor
		ue Shield of AL PAC		1
	Mailing Address	2 North Jackson Street Suite 2		
		Montgomery	AL 36104]-[]
	Relationship:		STATE A ZIP C	
	Connected	Organization X Affiliated Committee Joint	Fundraising Representative	nip PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			1
	J			
	TITLE OR POSITION		STATE A ZIP CO	DE 🔺
			ephone Number]-[

Name of Bank, Depository, etc.																						
Mailing Address																						
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	Joint Fundraising	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 Fundrais Blue Cross of NE Pennsylvania)	ing Representativ	e, or Leadership PAC Sponsor
Ν	Mailing Address	19 North Main Street		
		Wilkes Barre	PA	18711
F	Relationship:	CITY A	STATE A	ZIP CODE
	Connected	Organization X Affiliated Committee Joint Fu	Indraising Represent	ative Leadership PAC Sponsor
8. Design		Organization X Affiliated Committee Joint Fu	Indraising Represent	ative Leadership PAC Sponsor
			Indraising Represent	ative Leadership PAC Sponsor
Ful	nated Agent: Identify		Indraising Represent	Leadership PAC Sponsor
Ful	nated Agent: Identify		Indraising Represent	Leadership PAC Sponsor
Ful	nated Agent: Identify		Indraising Represent	Leadership PAC Sponsor
Ful Ma	nated Agent: Identify	by name, address (phone number – optional)	Indraising Represent	ative
Ful Ma	nated Agent: Identify	by name, address (phone number – optional)		

Name of Bank, Depository, etc.																												
Mailing Address																												
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5(g)	or(h). Joint Fundraising	g Participant:		
	1		FEC ID number	
	2.		FEC ID number C	
	3.		FEC ID number	
	4.		FEC ID number	
6.	-	Organization, Affiliated Committee, Joint Fundra dence Blue Cross PAC	aising Representative, or L	Leadership PAC Sponsor
		1901 Market Street		
	Mailing Address			
		Philidelphia		19103
	Relationship:	CITY A	STATE A	ZIP CODE
	Connected	Organization X Affiliated Committee Joint	Fundraising Representative	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		-
	TITLE OR POSITION		STATE A	
		1	ephone Number] – [] – [

Name of Bank, Depository, etc.																								
Mailing Address																								
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5(g) or (h).	Joint Fundraising	J Participant:		
1			FEC ID number	С
2	2.		FEC ID number	C
3	3.		FEC ID number	C
4	L		FEC ID number	С
	-	Organization, Affiliated Committee, Joint Fundra ue Shield of SC Federal Programs P/		e, or Leadership PAC Sponsor
	Mailing Address	Interstate 20 at Alpine Road		
		Columbia		29219
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Sponsor
8. Desi	gnated Agent: Identify	by name, address (phone number - optional)		
F	Full Name			
1	Mailing Address			
	TITLE OR POSITION		STATE A	ZIP CODE
l			ephone Number	

Name of Bank, Depository, etc.								1																
Mailing Address	L																							
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5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	С
2.	FEC ID number	С
3.	FEC ID number	С
4	FEC ID number	С

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Premera Blue Cross PAC

Mailing Address	7001 220th Street SW		
	Mountlake Terrace	WA	98043
Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
Connected	Organization X Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name				
Mailing Address				
TITLE OR POSITION	•	CITY A	STATE A	ZIP CODE
		Telep	hone Number	

Name of Bank, Depository, etc.																					
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