

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
Highmark PAC of Highmark Inc.

ADDRESS (number and street) 1800 Center Street
Camp Hill PA 17089
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00302844 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 08 / 01 / 2024 through 08 / 31 / 2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Callenberger, Douglas, N.,

Signature of Treasurer Callenberger, Douglas, N., Date 09 / 12 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Highmark PAC of Highmark Inc.

Report Covering the Period: From: 08 / 01 / 2024 To: 08 / 31 / 2024

Table with 3 columns: Description, COLUMN A This Period, and COLUMN B Calendar Year-to-Date. Rows include Cash on Hand, Total Receipts, Total Disbursements, and Debts and Obligations.

[X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Highmark PAC of Highmark Inc.

Report Covering the Period: From: 08 / 01 / 2024 To: 08 / 31 / 2024

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	48515.69	226122.32
(ii) Unitemized	11295.92	137429.46
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	59811.61	363551.78
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	59811.61	363551.78
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1232.77	5612.02
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	61044.38	371663.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	61044.38	371663.80

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	30000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4750.00	87000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	24550.00	319950.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	29300.00	436950.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29300.00	436950.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	59811.61	363551.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59811.61	363551.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 367
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Abbott, Pat, K, ,

Mailing Address 1800 Center Street

City Camp Hill State PA Zip Code 17011-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Lead Architect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
08 / 02 / 2024
Transaction ID : 2024073102510-154

Amount of Each Receipt this Period
20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Abbott, Pat, K, ,

Mailing Address 1800 Center Street

City Camp Hill State PA Zip Code 17011-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Lead Architect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
08 / 16 / 2024
Transaction ID : 202408140259-153

Amount of Each Receipt this Period
20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Abbott, Pat, K, ,

Mailing Address 1800 Center Street

City Camp Hill State PA Zip Code 17011-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Lead Architect

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt
08 / 30 / 2024
Transaction ID : 202408280258-151

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Abebe Yohannes, Nebeyou, A, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) SVP Social Determinants of Health
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-749

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Abebe Yohannes, Nebeyou, A, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) SVP Social Determinants of Health
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-746

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Abebe Yohannes, Nebeyou, A, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) SVP Social Determinants of Health
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-744

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Adkins, Susan, M, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Director Investigations & Corporate Fr
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024

Transaction ID : 2024073102510-252

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Adkins, Susan, M, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Director Investigations & Corporate Fr
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024

Transaction ID : 202408140259-251

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Adkins, Susan, M, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Director Investigations & Corporate Fr
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024

Transaction ID : 202408280258-248

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 367
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Allen, Kenneth, J, ,

Mailing Address 1800 Center Street

City Camp Hill State PA Zip Code 17011-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health Occupation (for Individual) Manager Business Intelligence Applicat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt
08 / 02 / 2024
Transaction ID : 2024073102510-437

Amount of Each Receipt this Period
30.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Allen, Kenneth, J, ,

Mailing Address 1800 Center Street

City Camp Hill State PA Zip Code 17011-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health Occupation (for Individual) Manager Business Intelligence Applicat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt
08 / 16 / 2024
Transaction ID : 202408140259-436

Amount of Each Receipt this Period
30.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Allen, Kenneth, J, ,

Mailing Address 1800 Center Street

City Camp Hill State PA Zip Code 17011-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health Occupation (for Individual) Manager Business Intelligence Applicat

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
540.00

Date of Receipt
08 / 30 / 2024
Transaction ID : 202408280258-433

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:	PAGE 10 OF 367
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Allen, Roosevelt, , , DDS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Chief Dental Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-706
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Allen, Roosevelt, , , DDS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Chief Dental Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-703
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Allen, Roosevelt, , , DDS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Chief Dental Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-701
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 367
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Alloway, Lindsay, M, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Director IT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024

Transaction ID : 2024073102510-621

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Alloway, Lindsay, M, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Director IT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024

Transaction ID : 202408140259-618

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Alloway, Lindsay, M, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Director IT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024

Transaction ID : 202408280258-616

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Anderson, Melissa, M, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Chief Risk, Audit & Compliance Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3461.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-338

Amount of Each Receipt this Period
192.30

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Anderson, Melissa, M, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Chief Risk, Audit & Compliance Officer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3461.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-337

Amount of Each Receipt this Period
192.30

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Anderson, Melissa, M, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Chief Risk, Audit & Compliance Officer
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3461.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-334

Amount of Each Receipt this Period
192.30

Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.90
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ash, Kristin, E, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) VP Enterprise Executive & Strategy Co
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-367

Amount of Each Receipt this Period
30.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ash, Kristin, E, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) VP Enterprise Executive & Strategy Co
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-366

Amount of Each Receipt this Period
30.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ash, Kristin, E, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) VP Enterprise Executive & Strategy Co
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-363

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ashby, Lori, M, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) SVP Product Management & Experienc
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024

Transaction ID : 2024073102510-175

Amount of Each Receipt this Period
20.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ashby, Lori, M, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) SVP Product Management & Experienc
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024

Transaction ID : 202408140259-174

Amount of Each Receipt this Period
20.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ashby, Lori, M, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) SVP Product Management & Experienc
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024

Transaction ID : 202408280258-172

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Ashley, Brian, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Solution Portfolio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 214.50

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-198
 Amount of Each Receipt this Period 19.50
 Memo Item

B. Baker, Kristen, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) VP Operations HMIG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-156
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Baker, Kristen, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) VP Operations HMIG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-155
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	99.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Baker, Kristen, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) VP Operations HMIG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-153
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Baldwin, Erik, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Clinical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-696
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Baldwin, Erik, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Clinical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-694
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Ball, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Seneca St
 City Buffalo State NY Zip Code 14203-2734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Community Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-765
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Ball, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Seneca St
 City Buffalo State NY Zip Code 14203-2734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Community Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-761
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Ball, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Seneca St
 City Buffalo State NY Zip Code 14203-2734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Community Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-759
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Barad, Ashis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) Chief Digital Information Officer -AHN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-790
 Amount of Each Receipt this Period
 38.47
 Memo Item

B. Barad, Ashis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) Chief Digital Information Officer -AHN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-786
 Amount of Each Receipt this Period
 38.47
 Memo Item

C. Barad, Ashis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) Chief Digital Information Officer -AHN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-784
 Amount of Each Receipt this Period
 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Bauer, Jacqueline, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) General Counsel - AHN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-316
 Amount of Each Receipt this Period 192.30
 Memo Item

B. Bauer, Jacqueline, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) General Counsel - AHN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-315
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Bauer, Jacqueline, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) General Counsel - AHN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-312
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 367
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Baumiller, Joseph, P, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Regional Retail Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024

Transaction ID : 2024073102510-379

Amount of Each Receipt this Period
19.24

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Baumiller, Joseph, P, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Regional Retail Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024

Transaction ID : 202408140259-378

Amount of Each Receipt this Period
19.24

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Baumiller, Joseph, P, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Regional Retail Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
346.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024

Transaction ID : 202408280258-375

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	57.72
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Beaver, Kristin, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Internal Communications Cente
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-217
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Beaver, Kristin, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Internal Communications Cente
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-216
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Beaver, Kristin, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Internal Communications Cente
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-214
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Beck, Melinda, M, ,			Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-162
Mailing Address 1800 Center Street			Amount of Each Receipt this Period 20.00
City Camp Hill	State PA	Zip Code 17011-1741	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Highmark Inc		Occupation (for Individual) Director Client Management - PA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Beck, Melinda, M, ,			Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-161
Mailing Address 1800 Center Street			Amount of Each Receipt this Period 20.00
City Camp Hill	State PA	Zip Code 17011-1741	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Highmark Inc		Occupation (for Individual) Director Client Management - PA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Beck, Melinda, M, ,			Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-159
Mailing Address 1800 Center Street			Amount of Each Receipt this Period 20.00
City Camp Hill	State PA	Zip Code 17011-1741	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Highmark Inc		Occupation (for Individual) Director Client Management - PA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 360.00		

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:	PAGE 23 OF 367
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Beckman, Mitchell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Chief Development Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-804
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Beckman, Mitchell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Chief Development Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-800
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Beckman, Mitchell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Chief Development Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-798
 Amount of Each Receipt this Period
 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Behan, Brian, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Risk Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-427
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Behan, Brian, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Risk Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-426
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Behan, Brian, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Risk Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-423
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Beichner, Jodi, L, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) VP Product Development & Mgmt
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2024

Transaction ID : 2024073102510-438

Amount of Each Receipt this Period
40.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Beichner, Jodi, L, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) VP Product Development & Mgmt
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2024

Transaction ID : 202408140259-437

Amount of Each Receipt this Period
40.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Beichner, Jodi, L, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) VP Product Development & Mgmt
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2024

Transaction ID : 202408280258-434

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Belardi, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Integrated Risk & Compliance Soluti
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-295
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Belardi, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Integrated Risk & Compliance Solut
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-294
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Belardi, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Integrated Risk & Compliance Soluti
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-291
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Bellus, Sean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Health Plan Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-700
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Bellus, Sean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Health Plan Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-697
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Bellus, Sean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Health Plan Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-695
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Benedict, James, J., Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) President AHN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-645
 Amount of Each Receipt this Period 192.30
 Memo Item

B. Benedict, James, J., Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) President AHN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-642
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Benedict, James, J., Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) President AHN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-640
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Benevento, Anthony, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Segment President WPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2535.48

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-283
 Amount of Each Receipt this Period 140.86
 Memo Item

B. Benevento, Anthony, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Segment President WPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2535.48

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-282
 Amount of Each Receipt this Period 140.86
 Memo Item

C. Benevento, Anthony, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Segment President WPA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2535.48

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-279
 Amount of Each Receipt this Period 140.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	422.58
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Bennett, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) EVP Chief Stgy & Transform Ofc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-537
 Amount of Each Receipt this Period 192.30
 Memo Item

B. Bennett, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) EVP Chief Stgy & Transform Ofc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-535
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Bennett, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) EVP Chief Stgy & Transform Ofc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-532
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.90
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Benoit, Jeremiah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Western and Northeastern New Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 693.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-763
 Amount of Each Receipt this Period 38.50
 Memo Item

B. Benoit, Jeremiah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Western and Northeastern New Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 693.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-759
 Amount of Each Receipt this Period 38.50
 Memo Item

C. Benoit, Jeremiah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Western and Northeastern New Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 693.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-757
 Amount of Each Receipt this Period 38.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Berhe, Mehretab, G, ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-26
Mailing Address 8004 Bretz Dr		Amount of Each Receipt this Period 20.00
City Harrisburg	State PA	Memo Item <input type="checkbox"/>
Zip Code 17112-9748	FEC ID number of contributing federal political committee. C	
Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Manager IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Berhe, Mehretab, G, ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-25
Mailing Address 8004 Bretz Dr		Amount of Each Receipt this Period 20.00
City Harrisburg	State PA	Memo Item <input type="checkbox"/>
Zip Code 17112-9748	FEC ID number of contributing federal political committee. C	
Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Manager IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Berhe, Mehretab, G, ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-25
Mailing Address 8004 Bretz Dr		Amount of Each Receipt this Period 20.00
City Harrisburg	State PA	Memo Item <input type="checkbox"/>
Zip Code 17112-9748	FEC ID number of contributing federal political committee. C	
Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Manager IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Berry, David, A, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) VP Actuary Services
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-101

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Berry, David, A, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) VP Actuary Services
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-100

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Berry, David, A, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) VP Actuary Services
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-99

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Bertha, Christine, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Talent Engagement Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-318
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Bertha, Christine, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Talent Engagement Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-317
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Bertha, Christine, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Talent Engagement Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-314
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Billger, Aaron, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Internal & External Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-56
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Billger, Aaron, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Internal & External Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-55
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Billger, Aaron, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Internal & External Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-55
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Bleiler, Taylor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Community Affairs Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-679
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Bleiler, Taylor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Community Affairs Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-676
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Bleiler, Taylor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Community Affairs Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-674
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bloom, Stacey, E, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Strategy Analyst
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-306

Amount of Each Receipt this Period
12.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bloom, Stacey, E, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Strategy Analyst
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-303

Amount of Each Receipt this Period
12.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Boswell, Kenya, T, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) SVP Community Affairs
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2077.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-771

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	139.39
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Boswell, Kenya, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Community Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-767
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Boswell, Kenya, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Community Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-765
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Botti, Matthew, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Clinical Transformation Director, Deli
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 366.92

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-505
 Amount of Each Receipt this Period 20.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	251.28
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Botti, Matthew, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Clinical Transformation Director, Deli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.92

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-503
 Amount of Each Receipt this Period 20.50
 Memo Item

B. Botti, Matthew, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Clinical Transformation Director, Deli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.92

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-500
 Amount of Each Receipt this Period 20.50
 Memo Item

C. Brautigam, Jeffrey, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Lead Criminal Investigator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-705
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	61.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Brautigam, Jeffrey, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Lead Criminal Investigator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-702
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Brautigam, Jeffrey, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Lead Criminal Investigator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-700
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Braverman, Jennifer, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) Director AHN Business Operations - Vir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-331
 Amount of Each Receipt this Period 32.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	72.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Braverman, Jennifer, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) Director AHN Business Operations - Vir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-330
 Amount of Each Receipt this Period 32.00
 Memo Item

B. Braverman, Jennifer, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) Director AHN Business Operations - Vii
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-327
 Amount of Each Receipt this Period 32.00
 Memo Item

C. Brenneman, Dena, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Blue Card
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-21
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	84.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 367
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Brenneman, Dena, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Blue Card
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-20
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Brenneman, Dena, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Blue Card
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-20
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Bretz, Kenneth, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Client Management - PA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-193
 Amount of Each Receipt this Period 17.16
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.16
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Bretz, Kenneth, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Client Management - PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-192
 Amount of Each Receipt this Period 17.16
 Memo Item

B. Bretz, Kenneth, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Client Management - PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-190
 Amount of Each Receipt this Period 17.16
 Memo Item

C. Bridges, Ja'ron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP CFO Highmark Health Plans
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-673
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	134.32
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Bridges, Ja'ron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP CFO Highmark Health Plans
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-670
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Bridges, Ja'ron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP CFO Highmark Health Plans
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-668
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Brown, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Operational and Strategic Programs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-174
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Brown, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Operational and Strategic Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-173
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Brown, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Operational and Strategic Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-171
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Brown, Jessica, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Director Government Business Operatio
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-171
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Brown, Jessica, A, ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-170
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 40.00
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United Concordia Companies Inc	Occupation (for Individual) Director Government Business Operatic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Brown, Jessica, A, ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-168
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 40.00
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United Concordia Companies Inc	Occupation (for Individual) Director Government Business Operati	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Buell, Madeleine, , ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-220
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 12.00
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Product Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 216.00	

SUBTOTAL of Receipts This Page (optional).....▶	92.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Buell, Madeleine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Product Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-217
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Byers, Stacy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Digital Product & Design
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-167
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Byers, Stacy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Digital Product & Design
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-166
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	242.78
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Byers, Stacy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Digital Product & Design
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-164
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Callenberger, Douglas, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Sales - PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 830.88

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-228
 Amount of Each Receipt this Period 46.16
 Memo Item

C. Callenberger, Douglas, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Sales - PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 830.88

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-227
 Amount of Each Receipt this Period 46.16
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	207.71
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Callenberger, Douglas, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Sales - PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 830.88

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-224
 Amount of Each Receipt this Period 46.16
 Memo Item

B. Calloway, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Manager Enterprise Data Governance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-123
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Calloway, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Manager Enterprise Data Governance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-122
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	86.16
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 367

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Calloway, Shawn, , ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Manager Enterprise Data Governance
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024

Transaction ID : 202408280258-121

Amount of Each Receipt this Period
20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Calvert-Clegg, Heather, M, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Talent & Learning Facilitator
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024

Transaction ID : 2024073102510-547

Amount of Each Receipt this Period
19.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Calvert-Clegg, Heather, M, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Talent & Learning Facilitator
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024

Transaction ID : 202408140259-545

Amount of Each Receipt this Period
19.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	58.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Calvert-Clegg, Heather, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Talent & Learning Facilitator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-543
 Amount of Each Receipt this Period 19.00
 Memo Item

B. Campbell, Edward, J, , IV
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) VP Delivery Svcs & Implementat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-375
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Campbell, Edward, J, , IV
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) VP Delivery Svcs & Implementat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-374
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	99.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 367
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Campbell, Edward, J, , IV
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) VP Delivery Svcs & Implementat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-371
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Carbaugh, Kimberly, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Dir Health Benefits Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-41
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Carbaugh, Kimberly, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Dir Health Benefits Programs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-40
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 80.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:	PAGE 53 OF 367
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Carbaugh, Kimberly, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Dir Health Benefits Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-40
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Carlson, Jeffrey, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2570 Haymaker Rd
 City Monroeville State PA Zip Code 15146-3513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) Chief Operating Officer / 73
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-488
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Carlson, Jeffrey, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2570 Haymaker Rd
 City Monroeville State PA Zip Code 15146-3513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) Chief Operating Officer / 73
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-487
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.94
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Carlson, Jeffrey, J, ,			Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-484
Mailing Address 2570 Haymaker Rd			Amount of Each Receipt this Period 38.47
City Monroeville	State PA	Zip Code 15146-3513	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) West Penn Allegheny Health System		Occupation (for Individual) Chief Operating Officer / 73	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.46		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cartwright, Danine, M, ,			Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-110
Mailing Address 501 Penn Avenue			Amount of Each Receipt this Period 21.20
City Pittsburgh	State PA	Zip Code 15222-3224	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Highmark Inc		Occupation (for Individual) Strategy Development Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.60		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cartwright, Danine, M, ,			Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-109
Mailing Address 501 Penn Avenue			Amount of Each Receipt this Period 21.20
City Pittsburgh	State PA	Zip Code 15222-3224	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Highmark Inc		Occupation (for Individual) Strategy Development Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 381.60		

SUBTOTAL of Receipts This Page (optional).....▶	80.87
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 367
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Cartwright, Danine, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Strategy Development Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 381.60

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-108
 Amount of Each Receipt this Period 21.20
 Memo Item

B. Castle, Brian, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) VP Business Technology & Service De
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-497
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Castle, Brian, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) VP Business Technology & Service Deli
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-495
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	101.20
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Castle, Brian, M, ,			Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-492
Mailing Address 501 Penn Avenue			Amount of Each Receipt this Period 40.00
City Pittsburgh	State PA	Zip Code 15222-3224	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 720.00	
Name of Employer (for Individual) HM Health Solutions Inc.		Occupation (for Individual) VP Business Technology & Service Del	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cato, Catherine, M, ,			Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-128
Mailing Address 501 Penn Avenue			Amount of Each Receipt this Period 25.00
City Pittsburgh	State PA	Zip Code 15222-3224	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 450.00	
Name of Employer (for Individual) Highmark Inc		Occupation (for Individual) Director Client Service - National Mar	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cato, Catherine, M, ,			Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-127
Mailing Address 501 Penn Avenue			Amount of Each Receipt this Period 25.00
City Pittsburgh	State PA	Zip Code 15222-3224	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 450.00	
Name of Employer (for Individual) Highmark Inc		Occupation (for Individual) Director Client Service - National Mar	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Cato, Catherine, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Client Service - National Mar
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-126
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Causer, Derek, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Clinical Pharmacy Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-472
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Causer, Derek, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Clinical Pharmacy Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-471
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Causer, Derek, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Clinical Pharmacy Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-468
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Chaganti, Kesava, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc Occupation (for Individual) Client Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-439
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Chaganti, Kesava, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc Occupation (for Individual) Client Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-438
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Chaganti, Kesava, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Client Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.92

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-435
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Clark, Christopher, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 232 W 25th St Protoco-SVHS
 City Erie State PA Zip Code 16544-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Saint Vincent Health Center Occupation (for Individual) Physician President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-486
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Clark, Christopher, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 232 W 25th St Protoco-SVHS
 City Erie State PA Zip Code 16544-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Saint Vincent Health Center Occupation (for Individual) Physician President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-485
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Clark, Christopher, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 232 W 25th St
 Protoco-SVHS
 City Erie State PA Zip Code 16544-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Saint Vincent Health Center Occupation (for Individual) Physician President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-482
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Clark, Jo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Endorsed LLC Occupation (for Individual) VP Value Based Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-651
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Clark, Jo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Endorsed LLC Occupation (for Individual) VP Value Based Care
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-648
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Clark, Jo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Endorsed LLC Occupation (for Individual) VP Value Based Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-646
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Clarke, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Chief Analytics Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2088.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-539
 Amount of Each Receipt this Period 116.00
 Memo Item

C. Clarke, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Chief Analytics Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2088.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-537
 Amount of Each Receipt this Period 116.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	282.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Clarke, Richard, , ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-534
Mailing Address 120 5th Avenue Place		Amount of Each Receipt this Period 116.00
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Health	Occupation (for Individual) SVP Chief Analytics Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2088.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Coggins, Clinton, M, ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-643
Mailing Address 501 Penn Avenue		Amount of Each Receipt this Period 15.00
City Pittsburgh	State PA	Zip Code 15222-3224
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Manager IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Coggins, Clinton, M, ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-640
Mailing Address 501 Penn Avenue		Amount of Each Receipt this Period 15.00
City Pittsburgh	State PA	Zip Code 15222-3224
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Manager IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional).....▶	146.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Coggins, Clinton, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Manager IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-638
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Coleman, Carolyn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) Regional Sales VP - HMIG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1376.82

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-244
 Amount of Each Receipt this Period 76.49
 Memo Item

C. Coleman, Carolyn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) Regional Sales VP - HMIG
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1376.82

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-243
 Amount of Each Receipt this Period 76.49
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	167.98
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Coleman, Carolyn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) Regional Sales VP - HMIG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1376.82

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-240
 Amount of Each Receipt this Period 76.49
 Memo Item

B. Colinear, Janine, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1386.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-196
 Amount of Each Receipt this Period 77.00
 Memo Item

C. Colinear, Janine, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1386.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-195
 Amount of Each Receipt this Period 77.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.49
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Colinear, Janine, K, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) SVP Finance
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1386.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-193

Amount of Each Receipt this Period
77.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Collins, Dana, F, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United Concordia Companies Inc	Occupation (for Individual) Cross Sell Business Solutions Consulta
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
397.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-290

Amount of Each Receipt this Period
22.08

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Collins, Dana, F, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United Concordia Companies Inc	Occupation (for Individual) Cross Sell Business Solutions Consulta
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
397.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-289

Amount of Each Receipt this Period
22.08

Memo Item

SUBTOTAL of Receipts This Page (optional).....	121.16
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Collins, Dana, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Cross Sell Business Solutions Consulta
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 397.44

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-286
 Amount of Each Receipt this Period 22.08
 Memo Item

B. Cook, Marie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Finance - Operations Margin I
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-574
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Cook, Marie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Finance - Operations Margin I
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-572
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	52.08
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Cook, Marie, , ,			Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-570
Mailing Address 501 Penn Avenue			Amount of Each Receipt this Period 15.00
City Pittsburgh	State PA	Zip Code 15222-3224	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 270.00	
Name of Employer (for Individual) Highmark Inc		Occupation (for Individual) Director Finance - Operations Margin I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Corbin, Kareem, G, ,			Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-445
Mailing Address 501 Penn Avenue			Amount of Each Receipt this Period 14.00
City Pittsburgh	State PA	Zip Code 15222-3224	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 252.00	
Name of Employer (for Individual) Highmark Inc		Occupation (for Individual) Segment President Small Group & Brok	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Corbin, Kareem, G, ,			Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-444
Mailing Address 501 Penn Avenue			Amount of Each Receipt this Period 14.00
City Pittsburgh	State PA	Zip Code 15222-3224	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 252.00	
Name of Employer (for Individual) Highmark Inc		Occupation (for Individual) Segment President Small Group & Brok	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	43.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:	PAGE 68 OF 367
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Corbin, Kareem, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Segment President Small Group & Brok
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-441
 Amount of Each Receipt this Period 14.00
 Memo Item

B. Crippen, Bryan, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Manager Provider Contract Modeling
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-208
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Crippen, Bryan, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Manager Provider Contract Modeling
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-207
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	54.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Crippen, Bryan, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Manager Provider Contract Modeling
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-205
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Cyprych, Amy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Market Strategy & Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-360
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Cyprych, Amy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Market Strategy & Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-359
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 367
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Cyprych, Amy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Market Strategy & Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-356
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Dabkowski, Donald, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Finance Planning & Analysis High
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-309
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Dabkowski, Donald, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Finance Planning & Analysis High
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-308
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Dabkowski, Donald, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Finance Planning & Analysis Highr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-305
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Dahms, Susan, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Delaware Ave
 City Wilmington State DE Zip Code 19801-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark BCBSD Inc. Occupation (for Individual) Director Client Management - DE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-557
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Dahms, Susan, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Delaware Ave
 City Wilmington State DE Zip Code 19801-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark BCBSD Inc. Occupation (for Individual) Director Client Management - DE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-555
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Dahms, Susan, M, ,			Date of Receipt
Mailing Address 800 Delaware Ave			<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2024"/>
City Wilmington	State DE	Zip Code 19801-1322	Transaction ID : 202408280258-553
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="15.00"/>
Name of Employer (for Individual) Highmark BCBSD Inc.		Occupation (for Individual) Director Client Management - DE	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Daley, Carleton, , ,			Date of Receipt
Mailing Address 120 5th Avenue Place			<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2024"/>
City Pittsburgh	State PA	Zip Code 15222-3099	Transaction ID : 2024073102510-805
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="192.30"/>
Name of Employer (for Individual) Highmark Health		Occupation (for Individual) Chief Financial Officer and Treasurer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3461.40"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Daley, Carleton, , ,			Date of Receipt
Mailing Address 120 5th Avenue Place			<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2024"/>
City Pittsburgh	State PA	Zip Code 15222-3099	Transaction ID : 202408140259-801
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="192.30"/>
Name of Employer (for Individual) Highmark Health		Occupation (for Individual) Chief Financial Officer and Treasurer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="3461.40"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="399.60"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Daley, Carleton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Chief Financial Officer and Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-799
 Amount of Each Receipt this Period 192.30
 Memo Item

B. Davis, Sherri, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 614 Market St
 City Parkersburg State WV Zip Code 26101-5146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark West Virginia Inc. Occupation (for Individual) Director Small Group Sales & Client Ma
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-517
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Davis, Sherri, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 614 Market St
 City Parkersburg State WV Zip Code 26101-5146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark West Virginia Inc. Occupation (for Individual) Director Small Group Sales & Client Ma
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-515
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	222.30
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Davis, Sherri, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 614 Market St
 City Parkersburg State WV Zip Code 26101-5146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark West Virginia Inc. Occupation (for Individual) Director Small Group Sales & Client Ma
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-512
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Dawkin, Melissa, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP HPO Commercial Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-20
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Dawkin, Melissa, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP HPO Commercial Markets
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-19
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Dawkin, Melissa, L, ,			Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-19		
Mailing Address 120 5th Avenue Place			Amount of Each Receipt this Period 20.00		
City Pittsburgh	State PA	Zip Code 15222-3099	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Highmark Inc		Occupation (for Individual) VP HPO Commercial Markets			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Decroo, Justin, L, ,			Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-339		
Mailing Address 501 Penn Avenue			Amount of Each Receipt this Period 12.00		
City Pittsburgh	State PA	Zip Code 15222-3224	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) HM Life Insurance Company		Occupation (for Individual) Director Actuarial Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 216.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Decroo, Justin, L, ,			Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-336		
Mailing Address 501 Penn Avenue			Amount of Each Receipt this Period 12.00		
City Pittsburgh	State PA	Zip Code 15222-3224	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) HM Life Insurance Company		Occupation (for Individual) Director Actuarial Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 216.00			

SUBTOTAL of Receipts This Page (optional).....▶	44.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Deluca, Corey, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Clinical & Specialty Pharmacy Servi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-225
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Deluca, Corey, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Clinical & Specialty Pharmacy Servi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-224
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Deluca, Corey, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Clinical & Specialty Pharmacy Servi
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-221
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Diccico, Maria, P, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Manager Complex Case Management
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
351.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2024

Transaction ID : 2024073102510-178

Amount of Each Receipt this Period
19.50

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Diccico, Maria, P, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Manager Complex Case Management
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
351.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2024

Transaction ID : 202408140259-177

Amount of Each Receipt this Period
19.50

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Diccico, Maria, P, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Manager Complex Case Management
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
351.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2024

Transaction ID : 202408280258-175

Amount of Each Receipt this Period
19.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	58.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dicuccio, Margaret, E, ,

Mailing Address 320 E North Ave
FI NW

City Pittsburgh State PA Zip Code 15212-4756

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) Chief Nursing Officer / 72

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
693.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-617

Amount of Each Receipt this Period
 38.50

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dicuccio, Margaret, E, ,

Mailing Address 320 E North Ave
FI NW

City Pittsburgh State PA Zip Code 15212-4756

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) Chief Nursing Officer / 72

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
693.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-614

Amount of Each Receipt this Period
 38.50

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dicuccio, Margaret, E, ,

Mailing Address 320 E North Ave
FI NW

City Pittsburgh State PA Zip Code 15212-4756

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) Chief Nursing Officer / 72

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
693.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-612

Amount of Each Receipt this Period
 38.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Direnna, Mary, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Manager Strategic Business Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-279
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Direnna, Mary, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Manager Strategic Business Operation:
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-278
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Direnna, Mary, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Manager Strategic Business Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-275
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Dolbin, David, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Senior Technology Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-65
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Dolbin, David, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Senior Technology Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-64
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Dolbin, David, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Senior Technology Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-64
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Donina, Charles, R, ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-269
Mailing Address 120 5th Avenue Place		Amount of Each Receipt this Period 115.39
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Health	Occupation (for Individual) SVP Risk Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2077.02	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Donina, Charles, R, ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-268
Mailing Address 120 5th Avenue Place		Amount of Each Receipt this Period 115.39
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Health	Occupation (for Individual) SVP Risk Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2077.02	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Donina, Charles, R, ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-265
Mailing Address 120 5th Avenue Place		Amount of Each Receipt this Period 115.39
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Health	Occupation (for Individual) SVP Risk Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2077.02	

SUBTOTAL of Receipts This Page (optional).....▶	346.17
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Doran, Thomas, A, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) President Highmark Health Plan
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-665

Amount of Each Receipt this Period
190.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Doran, Thomas, A, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) President Highmark Health Plan
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-662

Amount of Each Receipt this Period
190.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Doran, Thomas, A, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) President Highmark Health Plan
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-660

Amount of Each Receipt this Period
190.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	570.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Douglass, Daniel, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Lead Technology Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-394
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Douglass, Daniel, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Lead Technology Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-393
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Douglass, Daniel, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Lead Technology Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-390
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Duffield, Ellen, M, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) SVP Medicaid Segment & President Hig
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2024

Transaction ID : 2024073102510-720

Amount of Each Receipt this Period
192.30

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Duffield, Ellen, M, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) SVP Medicaid Segment & President Hi
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2024

Transaction ID : 202408140259-717

Amount of Each Receipt this Period
192.30

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Duffield, Ellen, M, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) SVP Medicaid Segment & President Hig
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2024

Transaction ID : 202408280258-715

Amount of Each Receipt this Period
192.30

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Duffy, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) SVP Virtual Health & Access
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-739
 Amount of Each Receipt this Period 38.50
 Memo Item

B. Duffy, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) SVP Virtual Health & Access
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-736
 Amount of Each Receipt this Period 38.50
 Memo Item

C. Duffy, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) SVP Virtual Health & Access
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-734
 Amount of Each Receipt this Period 38.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 86 OF 367
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Duronio, Carolyn, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) EVP Chief Legal Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-733
 Amount of Each Receipt this Period
 192.30
 Memo Item

B. Duronio, Carolyn, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) EVP Chief Legal Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-730
 Amount of Each Receipt this Period
 192.30
 Memo Item

C. Duronio, Carolyn, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) EVP Chief Legal Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-728
 Amount of Each Receipt this Period
 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dzimiera, Peter, E, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) SVP Living Health Technology Innovati
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2160.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2024

Transaction ID : 2024073102510-275

Amount of Each Receipt this Period
120.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dzimiera, Peter, E, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) SVP Living Health Technology Innovati
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2160.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2024

Transaction ID : 202408140259-274

Amount of Each Receipt this Period
120.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dzimiera, Peter, E, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) SVP Living Health Technology Innovati
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2160.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2024

Transaction ID : 202408280258-271

Amount of Each Receipt this Period
120.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	360.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Englert, Gregory, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 13th Street
 NW Suite 900 South
 City Washington State DC Zip Code 20005-3807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Federal Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 845.28

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-169
 Amount of Each Receipt this Period 46.96
 Memo Item

B. Englert, Gregory, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 13th Street
 NW Suite 900 South
 City Washington State DC Zip Code 20005-3807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Federal Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 845.28

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-168
 Amount of Each Receipt this Period 46.96
 Memo Item

C. Englert, Gregory, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 13th Street
 NW Suite 900 South
 City Washington State DC Zip Code 20005-3807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Federal Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 845.28

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-166
 Amount of Each Receipt this Period 46.96
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	140.88
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 367
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Erickson, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP UM Transformation & Operational E
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-716
 Amount of Each Receipt this Period 57.50
 Memo Item

B. Erickson, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP UM Transformation & Operational E
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-713
 Amount of Each Receipt this Period 57.50
 Memo Item

C. Erickson, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP UM Transformation & Operational E
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-711
 Amount of Each Receipt this Period 57.50
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 172.50
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 367
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Failor, Bobbie, J, ,

Mailing Address 1800 Center Street

City Camp Hill State PA Zip Code 17011-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Manager Customer Implementation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **08 / 02 / 2024**

Transaction ID : 2024073102510-82

Amount of Each Receipt this Period **20.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Failor, Bobbie, J, ,

Mailing Address 1800 Center Street

City Camp Hill State PA Zip Code 17011-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Manager Customer Implementation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **08 / 16 / 2024**

Transaction ID : 202408140259-81

Amount of Each Receipt this Period **20.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Failor, Bobbie, J, ,

Mailing Address 1800 Center Street

City Camp Hill State PA Zip Code 17011-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Manager Customer Implementation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **08 / 30 / 2024**

Transaction ID : 202408280258-80

Amount of Each Receipt this Period **20.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Farah, Tony, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) EVP Chief Medical & Clinical Transform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-457
 Amount of Each Receipt this Period
 192.30
 Memo Item

B. Farah, Tony, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) EVP Chief Medical & Clinical Transform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-456
 Amount of Each Receipt this Period
 192.30
 Memo Item

C. Farah, Tony, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) EVP Chief Medical & Clinical Transform
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-453
 Amount of Each Receipt this Period
 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Fawcett, James, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 614 Market St
 City Parkersburg State WV Zip Code 26101-5146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark West Virginia Inc. Occupation (for Individual) Segment President - WV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2088.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-253
 Amount of Each Receipt this Period 116.00
 Memo Item

B. Fawcett, James, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 614 Market St
 City Parkersburg State WV Zip Code 26101-5146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark West Virginia Inc. Occupation (for Individual) Segment President - WV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2088.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-252
 Amount of Each Receipt this Period 116.00
 Memo Item

C. Fawcett, James, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 614 Market St
 City Parkersburg State WV Zip Code 26101-5146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark West Virginia Inc. Occupation (for Individual) Segment President - WV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2088.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-249
 Amount of Each Receipt this Period 116.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	348.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Feczko, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Corp Develop, Investments and G
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-378
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Feczko, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Corp Develop, Investments and G
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-377
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Feczko, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Corp Develop, Investments and Gr
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-374
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	180.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Ferraro, Melissa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Talent Engagement Lead & Labor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2550.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-143
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Ferraro, Melissa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Talent Engagement Lead & Labor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2550.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-142
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Fickie, Matthew, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-689
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	315.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fickie, Matthew, R, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Senior Medical Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-686

Amount of Each Receipt this Period
15.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fickie, Matthew, R, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Senior Medical Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-684

Amount of Each Receipt this Period
15.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fitzgerald, Jeffrey, D, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director Ancillary Provider Strategy
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-302

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Fitzgerald, Jeffrey, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Ancillary Provider Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-301
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Fitzgerald, Jeffrey, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Ancillary Provider Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-298
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Fitzpatrick, Thomas, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Commercial Business Segment Pr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1890.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-137
 Amount of Each Receipt this Period 105.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Fitzpatrick, Thomas, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Commercial Business Segment Pr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1890.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-136
 Amount of Each Receipt this Period 105.00
 Memo Item

B. Fitzpatrick, Thomas, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Commercial Business Segment Pi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1890.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-135
 Amount of Each Receipt this Period 105.00
 Memo Item

C. Flemmens, Craig, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Strategic Partnerships and Sa
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-91
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	235.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 367
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Flemmens, Craig, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Strategic Partnerships and Sa
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-90
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Flemmens, Craig, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Strategic Partnerships and Sa
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-89
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Fletcher, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Regional Director Client Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-769
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Fletcher, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Regional Director Client Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-765
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Fletcher, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Regional Director Client Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-763
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Florian, Laura, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Manager Customer Implementation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-136
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 100 OF 367
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Florian, Laura, J, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh State PA Zip Code 15222-3099

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Manager Customer Implementation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2024
Transaction ID : 202408140259-135

Amount of Each Receipt this Period
20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Florian, Laura, J, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh State PA Zip Code 15222-3099

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Manager Customer Implementation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2024
Transaction ID : 202408280258-134

Amount of Each Receipt this Period
20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Flowers, Theresa, M, ,

Mailing Address 19 N Main St

City Wilkes Barre State PA Zip Code 18711-0300

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Business Analyst Consultant

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2024
Transaction ID : 2024073102510-591

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Flowers, Theresa, M, ,		Date of Receipt										
Mailing Address 19 N Main St		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>16</td> <td></td> <td>2024</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		16		2024
M M M	/	D D D	/	Y Y Y Y Y Y								
08		16		2024								
City Wilkes Barre	State PA	Zip Code 18711-0300										
FEC ID number of contributing federal political committee. C		Transaction ID : 202408140259-589										
Name of Employer (for Individual) Highmark Inc		Amount of Each Receipt this Period 20.00										
Occupation (for Individual) Business Analyst Consultant		<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Flowers, Theresa, M, ,		Date of Receipt										
Mailing Address 19 N Main St		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>30</td> <td></td> <td>2024</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		30		2024
M M M	/	D D D	/	Y Y Y Y Y Y								
08		30		2024								
City Wilkes Barre	State PA	Zip Code 18711-0300										
FEC ID number of contributing federal political committee. C		Transaction ID : 202408280258-587										
Name of Employer (for Individual) Highmark Inc		Amount of Each Receipt this Period 20.00										
Occupation (for Individual) Business Analyst Consultant		<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Follett, Sandra, O, ,		Date of Receipt										
Mailing Address 1800 Center Street		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>02</td> <td></td> <td>2024</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		02		2024
M M M	/	D D D	/	Y Y Y Y Y Y								
08		02		2024								
City Camp Hill	State PA	Zip Code 17011-1741										
FEC ID number of contributing federal political committee. C		Transaction ID : 2024073102510-796										
Name of Employer (for Individual) HM Health Solutions Inc.		Amount of Each Receipt this Period 20.00										
Occupation (for Individual) Epic Systems Analyst		<input type="checkbox"/> Memo Item										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 360.00											

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Follett, Sandra, O, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Epic Systems Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-792
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Follett, Sandra, O, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Epic Systems Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-790
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Foster, Nicole, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Operational Excellence
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-709
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Foster, Nicole, L, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director Operational Excellence
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2024

Transaction ID : 202408140259-706

Amount of Each Receipt this Period
20.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Foster, Nicole, L, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director Operational Excellence
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2024

Transaction ID : 202408280258-704

Amount of Each Receipt this Period
20.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fowler, Angela, R, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Supervisor Member Services
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
342.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2024

Transaction ID : 2024073102510-680

Amount of Each Receipt this Period
19.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	59.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Fowler, Angela, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Supervisor Member Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-677
 Amount of Each Receipt this Period 19.00
 Memo Item

B. Fowler, Angela, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Supervisor Member Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-675
 Amount of Each Receipt this Period 19.00
 Memo Item

C. Freeman, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Government Affairs Representati
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 461.64

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-809
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	76.47
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Freeman, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Government Affairs Representat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.64

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-805
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Freeman, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Government Affairs Representa
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.64

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-803
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Fries, Richard, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) VP Finance AHN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-619
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.94
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 106 OF 367
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Fries, Richard, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) VP Finance AHN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-616
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Fries, Richard, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) VP Finance AHN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-614
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Galardy, Ellen, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP and President Federal Business
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-211
 Amount of Each Receipt this Period 38.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	78.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Galardy, Ellen, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP and President Federal Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-210
 Amount of Each Receipt this Period 38.50
 Memo Item

B. Galardy, Ellen, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP and President Federal Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-208
 Amount of Each Receipt this Period 38.50
 Memo Item

C. Gard, Alan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Underwriting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-808
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	227.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Gard, Alan, , ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-804
Mailing Address 501 Penn Avenue		Amount of Each Receipt this Period 150.00
City Pittsburgh	State PA	Zip Code 15222-3224
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) SVP Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gard, Alan, , ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-802
Mailing Address 501 Penn Avenue		Amount of Each Receipt this Period 150.00
City Pittsburgh	State PA	Zip Code 15222-3224
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) SVP Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Garrity, Sean, T, ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-465
Mailing Address 420 East North Ave		Amount of Each Receipt this Period 15.00
City Pittsburgh	State PA	Zip Code 15212-4734
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Allegheny Clinic	Occupation (for Individual) Institute Finance Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional).....▶	315.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Garrity, Sean, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 East North Ave
 City Pittsburgh State PA Zip Code 15212-4734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Clinic Occupation (for Individual) Institute Finance Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-464
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Garrity, Sean, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 East North Ave
 City Pittsburgh State PA Zip Code 15212-4734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Clinic Occupation (for Individual) Institute Finance Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-461
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Gaughan, Kristen, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 N Main St
 City Wilkes Barre State PA Zip Code 18711-0300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Counsel - Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-592
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Gaughan, Kristen, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 N Main St
 City Wilkes Barre State PA Zip Code 18711-0300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Counsel - Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-590
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Gaughan, Kristen, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 N Main St
 City Wilkes Barre State PA Zip Code 18711-0300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Counsel - Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-588
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Gleixner, Christopher, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Internal Business Systems Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-324
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	52.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Gleixner, Christopher, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Internal Business Systems Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-321
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Glindeman, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Senior Product Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-103
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Glindeman, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Senior Product Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-102
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	62.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Glindeman, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Senior Product Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-101
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Glinka, Joseph, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) HealthChoices Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-314
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Glinka, Joseph, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) HealthChoices Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-313
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Glinka, Joseph, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) HealthChoices Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-310
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Golden, Catherine, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 614 Market St
 City Parkersburg State WV Zip Code 26101-5146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark West Virginia Inc Occupation (for Individual) Director Provider Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.50

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-528
 Amount of Each Receipt this Period 19.25
 Memo Item

C. Golden, Catherine, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 614 Market St
 City Parkersburg State WV Zip Code 26101-5146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark West Virginia Inc Occupation (for Individual) Director Provider Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.50

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-526
 Amount of Each Receipt this Period 19.25
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	68.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Golden, Catherine, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 614 Market St
 City Parkersburg State WV Zip Code 26101-5146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark West Virginia Inc. Occupation (for Individual) Director Provider Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.50

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-523
 Amount of Each Receipt this Period 19.25
 Memo Item

B. Gombocz, Diane, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Underwriting Operations Excel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-75
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Gombocz, Diane, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Underwriting Operations Excel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-74
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	79.25
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Gombocz, Diane, B, ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-73
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 30.00
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director Underwriting Operations Excel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Grada, Doreen, R, ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-418
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 15.00
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) HM Life Insurance Company	Occupation (for Individual) Excess Risk Managed Care Clinician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Grada, Doreen, R, ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-417
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 15.00
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) HM Life Insurance Company	Occupation (for Individual) Excess Risk Managed Care Clinician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Grada, Doreen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) Excess Risk Managed Care Clinician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-414
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Graham, Todd, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Delaware Ave
 City Wilmington State DE Zip Code 19801-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark BCBS D Inc. Occupation (for Individual) VP Medicaid Markets CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-560
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Graham, Todd, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Delaware Ave
 City Wilmington State DE Zip Code 19801-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark BCBS D Inc. Occupation (for Individual) VP Medicaid Markets CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-558
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	55.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Graham, Todd, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Delaware Ave
 City Wilmington State DE Zip Code 19801-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark BCBSD Inc. Occupation (for Individual) VP Medicaid Markets CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-556
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Gray, Tricia, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Sales Enablement Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-69
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Gray, Tricia, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Sales Enablement Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-68
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Gray, Tricia, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Sales Enablement Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-68
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Graziano, Patricia, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Senior Risk & Compliance Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-330
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Graziano, Patricia, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Senior Risk & Compliance Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-329
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	95.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Graziano, Patricia, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Senior Risk & Compliance Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-326
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Greenstreet, Rhonda, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) VP Sales Strategy & Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-460
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Greenstreet, Rhonda, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) VP Sales Strategy & Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-459
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Greenstreet, Rhonda, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) VP Sales Strategy & Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-456
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Gregg, Amber, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-622
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Gregg, Amber, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Strategy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-619
 Amount of Each Receipt this Period 39.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	98.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Gregg, Amber, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-617
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Gregory, Suzanne, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Case & Disease Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-238
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Gregory, Suzanne, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Case & Disease Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-237
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	77.48
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Gregory, Suzanne, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Case & Disease Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-234
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Gurreri, Lonnie, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Senior Project Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-423
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Gurreri, Lonnie, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Senior Project Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-422
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	59.24
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Gurreri, Lonnie, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Senior Project Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-419
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Haddock, Joseph, E, , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 N Main St
 City Wilkes Barre State PA Zip Code 18711-0300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Segment President EPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2160.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-793
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Haddock, Joseph, E, , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 N Main St
 City Wilkes Barre State PA Zip Code 18711-0300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Segment President EPA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2160.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-789
 Amount of Each Receipt this Period 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	260.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Haddock, Joseph, E, , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 N Main St
 City Wilkes Barre State PA Zip Code 18711-0300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Segment President EPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2160.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-787
 Amount of Each Receipt this Period 120.00
 Memo Item

B. Handy, Kristen, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Solution Portfolio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-480
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Handy, Kristen, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Solution Portfolio
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-479
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Handy, Kristen, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Solution Portfolio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-476
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Hanlon, Karen, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Chief Operating Officer - Highmark Hea
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-344
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Hanlon, Karen, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Chief Operating Officer - Highmark Hea
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-343
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	399.60
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hanlon, Karen, L, ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024
Mailing Address 120 5th Avenue Place		Transaction ID : 202408280258-340
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Chief Operating Officer - Highmark Hea	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3461.40	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hardt, Kathleen, A, ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024
Mailing Address 120 5th Avenue Place		Transaction ID : 2024073102510-489
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Manager Enterprise Insurance & Risk M	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hardt, Kathleen, A, ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024
Mailing Address 120 5th Avenue Place		Transaction ID : 202408140259-488
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Manager Enterprise Insurance & Risk M	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	232.30
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Hardt, Kathleen, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Manager Enterprise Insurance & Risk M
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-485
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Hays, Alexander, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Executive Client Manager - PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.30

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-405
 Amount of Each Receipt this Period 13.85
 Memo Item

C. Hays, Alexander, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Executive Client Manager - PA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.30

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-404
 Amount of Each Receipt this Period 13.85
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	47.70
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Hays, Alexander, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Executive Client Manager - PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.30

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-401
 Amount of Each Receipt this Period 13.85
 Memo Item

B. Heasley, Annette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-160
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Heasley, Annette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Program Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-159
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	43.85
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 129 OF 367
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Heasley, Annette, , ,

Mailing Address 120 5th Avenue Place

City Pittsburgh State PA Zip Code 15222-3099

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health Occupation (for Individual) Program Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt **08 / 30 / 2024**

Transaction ID : 202408280258-157

Amount of Each Receipt this Period 15.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Heiskell, Cynthia, L, ,

Mailing Address 1800 Center Street

City Camp Hill State PA Zip Code 17011-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark West Virginia Inc. Occupation (for Individual) Director Commercial Provider Contract

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt **08 / 02 / 2024**

Transaction ID : 2024073102510-525

Amount of Each Receipt this Period 30.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Heiskell, Cynthia, L, ,

Mailing Address 1800 Center Street

City Camp Hill State PA Zip Code 17011-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark West Virginia Inc. Occupation (for Individual) Director Commercial Provider Contract

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 540.00

Date of Receipt **08 / 16 / 2024**

Transaction ID : 202408140259-523

Amount of Each Receipt this Period 30.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 130 OF 367
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Heiskell, Cynthia, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark West Virginia Inc. Occupation (for Individual) Director Commercial Provider Contract
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-520
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Hermansen, Amanda, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Product Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-98
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Hermansen, Amanda, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Product Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-97
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

70.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hermansen, Amanda, L, ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-96
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 20.00
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Senior Product Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Herzog, Lori, , ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-803
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 100.00
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) TPA Segment President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Herzog, Lori, , ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-799
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 100.00
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) TPA Segment President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional).....	220.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Herzog, Lori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) TPA Segment President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-797
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Hilton Phillips, Tija, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 899.10

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-18
 Amount of Each Receipt this Period 49.95
 Memo Item

C. Hilton Phillips, Tija, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Regulatory Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 899.10

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-17
 Amount of Each Receipt this Period 49.95
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	199.90
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Hilton Phillips, Tija, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 899.10

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-17
 Amount of Each Receipt this Period 49.95
 Memo Item

B. Hipkiss, Thomas, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12311 Perry Hwy
 City Wexford State PA Zip Code 15090-8344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-620
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Hipkiss, Thomas, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12311 Perry Hwy
 City Wexford State PA Zip Code 15090-8344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) Chief Financial Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-617
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	89.95
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Hipkiss, Thomas, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12311 Perry Hwy
 City Wexford State PA Zip Code 15090-8344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-615
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Holder, Jacqueline, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Clinical Transformation Physician Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-783
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Holder, Jacqueline, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Clinical Transformation Physician Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-779
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Holder, Jacqueline, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Clinical Transformation Physician Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-777
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Holmberg, David, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) President & CEO Highmark Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-254
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Holmberg, David, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) President & CEO Highmark Health
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-253
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.60
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 136 OF 367
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Holmberg, David, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) President & CEO Highmark Health
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2024

Transaction ID : 202408280258-250

Amount of Each Receipt this Period
192.30

Memo Item

B. Holmes, Kerry, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director Claims
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2024

Transaction ID : 2024073102510-58

Amount of Each Receipt this Period
25.00

Memo Item

C. Holmes, Kerry, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director Claims
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2024

Transaction ID : 202408140259-57

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	242.30
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Holmes, Kerry, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-57
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Holtz, Theresa, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Regional VP Sales, Service & National
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-94
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Holtz, Theresa, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Regional VP Sales, Service & National
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-93
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	95.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Holtz, Theresa, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Regional VP Sales, Service & National
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-92
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Hoot, Kacey, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Project & Program Manageme
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-421
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Hoot, Kacey, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Project & Program Managemen
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-420
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Hoot, Kacey, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Project & Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-417
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Houck, Michael, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Manager Provider Business Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-104
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Houck, Michael, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Manager Provider Business Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-103
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	55.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Houck, Michael, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Manager Provider Business Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-102
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Howe, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc Occupation (for Individual) Lead Enterprise Architect
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-68
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Howe, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc Occupation (for Individual) Lead Enterprise Architect
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-67
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Howe, Jeffrey, A, ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-67
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 20.00
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Lead Enterprise Architect	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hummel, Donald, K, , Jr		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-29
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 25.81
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Senior IT Infrastructure Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 464.58	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hummel, Donald, K, , Jr		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-28
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 25.81
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Senior IT Infrastructure Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 464.58	

SUBTOTAL of Receipts This Page (optional).....▶	71.62
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hummel, Donald, K, , Jr		Date of Receipt
Mailing Address 1800 Center Street		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2024"/>
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 202408280258-28
Name of Employer (for Individual) HM Health Solutions Inc.		Amount of Each Receipt this Period <input type="text" value="25.81"/>
Occupation (for Individual) Senior IT Infrastructure Analyst		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="464.58"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hunter, Donna, W, ,		Date of Receipt
Mailing Address 1800 Center Street		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2024"/>
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2024073102510-15
Name of Employer (for Individual) United Concordia Companies Inc		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) VP Strategic Business Development		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hunter, Donna, W, ,		Date of Receipt
Mailing Address 1800 Center Street		<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2024"/>
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 202408140259-14
Name of Employer (for Individual) United Concordia Companies Inc		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) VP Strategic Business Development		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="125.81"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Hunter, Donna, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) VP Strategic Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-14
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Ice, Brian, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) Chief Revenue Cycle Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-618
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Ice, Brian, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) Chief Revenue Cycle Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-615
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Ice, Brian, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) Chief Revenue Cycle Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-613
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Janeway, Timothy, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Director Product & Technology Solutior
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.78

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-432
 Amount of Each Receipt this Period 41.71
 Memo Item

C. Janeway, Timothy, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Director Product & Technology Solution
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.78

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-431
 Amount of Each Receipt this Period 41.71
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	98.42
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Janeway, Timothy, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Director Product & Technology Solution
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-428
 Amount of Each Receipt this Period
 41.71
 Memo Item

B. Jara, Raul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) Director Reinsurance Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-407
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Jara, Raul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) Director Reinsurance Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-406
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	91.71
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Jara, Raul, , ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-403
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 25.00
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) HM Life Insurance Company	Occupation (for Individual) Director Reinsurance Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Johnson, Lars, A, ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-223
Mailing Address 501 Penn Avenue		Amount of Each Receipt this Period 25.00
City Pittsburgh	State PA	Zip Code 15222-3224
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director Actuarial Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Johnson, Lars, A, ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-222
Mailing Address 501 Penn Avenue		Amount of Each Receipt this Period 25.00
City Pittsburgh	State PA	Zip Code 15222-3224
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director Actuarial Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Johnson, Lars, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Actuarial Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-219
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Johnson, Marcus, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc Occupation (for Individual) SVP Enterprise Integration & Scaling o
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-579
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Johnson, Marcus, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc Occupation (for Individual) SVP Enterprise Integration & Scaling o
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-577
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Johnson, Marcus, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) SVP Enterprise Integration & Scaling o
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-575
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Jones, David, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Solution Portfolio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-652
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Jones, David, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Solution Portfolio
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-649
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Jones, David, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Solution Portfolio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-647
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Jones, Heidi, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 614 Market St
 City Parkersburg State WV Zip Code 26101-5146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark West Virginia Inc. Occupation (for Individual) Manager Business Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-521
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Jones, Heidi, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 614 Market St
 City Parkersburg State WV Zip Code 26101-5146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark West Virginia Inc. Occupation (for Individual) Manager Business Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-519
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Jones, Heidi, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 614 Market St
 City Parkersburg State WV Zip Code 26101-5146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark West Virginia Inc. Occupation (for Individual) Manager Business Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-516
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Jones, Kelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Senior Risk Partner - Compliance Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-779
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Jones, Kelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Senior Risk Partner - Compliance Office
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-775
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	55.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Jones, Kelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Senior Risk Partner - Compliance Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-773
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Jula, Richard, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Encounters Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-692
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Jula, Richard, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Encounters Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-689
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Jula, Richard, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Encounters Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-687
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Kale, Amit, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Social Determinants of Health Strat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-789
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Kale, Amit, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Social Determinants of Health Strat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-785
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Kale, Amit, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Social Determinants of Health Strat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-783
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Kapoor, Gaurav, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) VP Delivery Svcs & Implementat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-691
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Kapoor, Gaurav, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) VP Delivery Svcs & Implementat
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-688
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	116.94
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Kapoor, Gaurav, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) VP Delivery Svcs & Implementat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-686
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Kassab, Kelly, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 575 Coal Valley Road
 City Jefferson Hills State PA Zip Code 15025-3730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jefferson Regional Medical Center Occupation (for Individual) Chief Operating Officer / 73
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-626
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Kassab, Kelly, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 575 Coal Valley Road
 City Jefferson Hills State PA Zip Code 15025-3730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jefferson Regional Medical Center Occupation (for Individual) Chief Operating Officer / 73
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-623
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Kassab, Kelly, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 575 Coal Valley Road
 City Jefferson Hills State PA Zip Code 15025-3730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jefferson Regional Medical Center Occupation (for Individual) Chief Operating Officer / 73
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-621
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Kavanaugh, Thomas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Deputy General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2130.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-777
 Amount of Each Receipt this Period 135.00
 Memo Item

C. Kavanaugh, Thomas, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Deputy General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2130.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-773
 Amount of Each Receipt this Period 135.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	308.47
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 156 OF 367
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Kavanaugh, Thomas, D, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) SVP Deputy General Counsel
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2130.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024

Transaction ID : 202408280258-771

Amount of Each Receipt this Period
135.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Kiesinger, Michael, T, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Manager IT Dental Solutions
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024

Transaction ID : 2024073102510-514

Amount of Each Receipt this Period
22.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Kiesinger, Michael, T, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Manager IT Dental Solutions
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024

Transaction ID : 202408140259-512

Amount of Each Receipt this Period
22.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	179.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Kiesinger, Michael, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Manager IT Dental Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-509
 Amount of Each Receipt this Period 22.00
 Memo Item

B. Kintzer, Nicole, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Manager IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-53
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Kintzer, Nicole, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Manager IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-52
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.48
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Kintzer, Nicole, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Manager IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-52
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Kleinman, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) EVP, Chief Human Resources Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-498
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Kleinman, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) EVP, Chief Human Resources Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-496
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	403.84
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Kleinman, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) EVP, Chief Human Resources Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-493
 Amount of Each Receipt this Period 192.30
 Memo Item

B. Knier, Caleb, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP CFO Government Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-213
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Knier, Caleb, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP CFO Government Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-212
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	222.30
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 160 OF 367
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Knier, Caleb, L, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) VP CFO Government Markets
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024

Transaction ID : 202408280258-210

Amount of Each Receipt this Period
15.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Knight, Daniela, , ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Director Talent Engagement
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024

Transaction ID : 2024073102510-751

Amount of Each Receipt this Period
40.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Knight, Daniela, , ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Director Talent Engagement
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024

Transaction ID : 202408140259-748

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	95.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Knight, Daniela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Talent Engagement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-746
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Kosar, Lynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2570 Haymaker Rd
 City Monroeville State PA Zip Code 15146-3513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) Chief Nursing Officer Forbes Hospital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-728
 Amount of Each Receipt this Period 38.50
 Memo Item

C. Kosar, Lynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2570 Haymaker Rd
 City Monroeville State PA Zip Code 15146-3513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) Chief Nursing Officer Forbes Hospital
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-725
 Amount of Each Receipt this Period 38.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	117.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Kosar, Lynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2570 Haymaker Rd
 City Monroeville State PA Zip Code 15146-3513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) Chief Nursing Officer Forbes Hospital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-723
 Amount of Each Receipt this Period 38.50
 Memo Item

B. Kunkel, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Manager IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-45
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Kunkel, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Manager IT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-44
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	76.98
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kunkel, John, M, ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-44
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 19.24
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Manager IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.32	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kwolek, Kimberley, , ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-381
Mailing Address 501 Penn Avenue		Amount of Each Receipt this Period 18.00
City Pittsburgh	State PA	Zip Code 15222-3224
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Senior Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kwolek, Kimberley, , ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-380
Mailing Address 501 Penn Avenue		Amount of Each Receipt this Period 18.00
City Pittsburgh	State PA	Zip Code 15222-3224
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Senior Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 324.00	

SUBTOTAL of Receipts This Page (optional).....▶	55.24
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Kwolek, Kimberley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Senior Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-377
 Amount of Each Receipt this Period 18.00
 Memo Item

B. Landers, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 614 Market St
 City Parkersburg State WV Zip Code 26101-5146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark West Virginia Inc. Occupation (for Individual) VP Medicaid Markets CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-268
 Amount of Each Receipt this Period 45.00
 Memo Item

C. Landers, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 614 Market St
 City Parkersburg State WV Zip Code 26101-5146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark West Virginia Inc. Occupation (for Individual) VP Medicaid Markets CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-267
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	108.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Landers, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 614 Market St
 City Parkersburg State WV Zip Code 26101-5146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark West Virginia Inc. Occupation (for Individual) VP Medicaid Markets CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-264
 Amount of Each Receipt this Period 45.00
 Memo Item

B. Larkins-Pettigrew, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) SVP Enterprise Chief Clinical Diversit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 830.70

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-743
 Amount of Each Receipt this Period 46.15
 Memo Item

C. Larkins-Pettigrew, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) SVP Enterprise Chief Clinical Diversit
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 830.70

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-740
 Amount of Each Receipt this Period 46.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	137.30
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Larkins-Pettigrew, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) SVP Enterprise Chief Clinical Diversit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 830.70

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-738
 Amount of Each Receipt this Period 46.15
 Memo Item

B. Laughlin, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP HR Tech and Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2088.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-535
 Amount of Each Receipt this Period 116.00
 Memo Item

C. Laughlin, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP HR Tech and Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2088.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-533
 Amount of Each Receipt this Period 116.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	278.15
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Laughlin, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP HR Tech and Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2088.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-530
 Amount of Each Receipt this Period
 116.00
 Memo Item

B. Laurent, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Internal/External Communications -
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-571
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Laurent, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Internal/External Communications -
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-569
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	156.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Laurent, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Internal/External Communications -
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-567
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Lavallee, Terese, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Caring Foundation Occupation (for Individual) VP Highmark Caring Foundation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 433.80

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-180
 Amount of Each Receipt this Period 24.10
 Memo Item

C. Lavallee, Terese, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Caring Foundation Occupation (for Individual) VP Highmark Caring Foundation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 433.80

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-179
 Amount of Each Receipt this Period 24.10
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	68.20
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Lavalley, Terese, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Caring Foundation Occupation (for Individual) VP Highmark Caring Foundation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 433.80

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-177
 Amount of Each Receipt this Period 24.10
 Memo Item

B. Law, Timothy, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) CMO Highmark Inc., VP of Integrated C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-711
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Law, Timothy, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) CMO Highmark Inc., VP of Integrated C
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-708
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	104.10
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Law, Timothy, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) CMO Highmark Inc., VP of Integrated C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-706
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Lawrence, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Corporate Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-806
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Lawrence, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Corporate Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-802
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	270.78
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Lawrence, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Corporate Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-800
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Lawrence, Kevin Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4401 Penn Ave
 City Pittsburgh State PA Zip Code 15224-1334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) President HMIG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-687
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Lawrence, Kevin Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4401 Penn Ave
 City Pittsburgh State PA Zip Code 15224-1334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) President HMIG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-684
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	315.39
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Lawrence, Kevin Mark, , ,

Mailing Address 4401 Penn Ave

City Pittsburgh	State PA	Zip Code 15224-1334
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Life Insurance Company	Occupation (for Individual) President HMIG
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-682

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Leiper, Michael, J, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director Performance & Strategy
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-354

Amount of Each Receipt this Period
20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Leiper, Michael, J, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director Performance & Strategy
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-353

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 173 OF 367
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Leiper, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Performance & Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-350
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Lejeune, Keith, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Allegheny Center
 City Pittsburgh State PA Zip Code 15212-5255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) SVP Research & Innovation Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-310
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Lejeune, Keith, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Allegheny Center
 City Pittsburgh State PA Zip Code 15212-5255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) SVP Research & Innovation Lead
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-309
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	96.94
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Lejeune, Keith, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Allegheny Center
 City Pittsburgh State PA Zip Code 15212-5255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) SVP Research & Innovation Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-306
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Levenoskie, David, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 N Main St
 City Wilkes Barre State PA Zip Code 18711-0300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Provider Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-600
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Lewis, Lee, E, , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Business Inclusion Program
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-768
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	76.95
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Lewis, Lee, E, , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Business Inclusion Program
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-764
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Lewis, Lee, E, , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Business Inclusion Program
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-762
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Lightner, Timothy, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Product Strategy & Portfolio Develo
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 363.42

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-332
 Amount of Each Receipt this Period 20.19
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	58.67
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Lightner, Timothy, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Product Strategy & Portfolio Develo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 363.42

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-331
 Amount of Each Receipt this Period 20.19
 Memo Item

B. Lightner, Timothy, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Product Strategy & Portfolio Develo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 363.42

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-328
 Amount of Each Receipt this Period 20.19
 Memo Item

C. Little, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Strategic Partnership Growth
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-140
 Amount of Each Receipt this Period 12.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	52.88
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Little, Christopher, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Strategic Partnership Growth
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-139
 Amount of Each Receipt this Period 12.50
 Memo Item

B. Little, Thomas, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP National Labor Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-263
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Little, Thomas, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP National Labor Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-262
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	52.50
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Little, Thomas, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP National Labor Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-259
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Lorence, Michelle, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Senior Risk Partner - Compliance Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-294
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Lorence, Michelle, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Senior Risk Partner - Compliance Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-293
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Lorence, Michelle, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Senior Risk Partner - Compliance Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-290
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Lucotch, Brian, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) President enGen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2160.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-746
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Lucotch, Brian, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) President enGen
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2160.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-743
 Amount of Each Receipt this Period 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	260.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Lucotch, Brian, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) President enGen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2160.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-741
 Amount of Each Receipt this Period
 120.00
 Memo Item

B. Luden, Susan, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Financial Investigations & Pr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-350
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Luden, Susan, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Financial Investigations & Pr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-349
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	170.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 181 OF 367
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Luden, Susan, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Financial Investigations & Pr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-346
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Mack, Darla, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Manager Clinical Strategy - Market Fac
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-99
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Mack, Darla, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Manager Clinical Strategy - Market Fac
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-98
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Mack, Darla, A, ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-97
Mailing Address 501 Penn Avenue		Amount of Each Receipt this Period 20.00
City Pittsburgh	State PA	Zip Code 15222-3224
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Manager Clinical Strategy - Market Fac	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mackrell, James, , ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-805
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 50.00
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Regional VP Sales - PA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Magliocco, Michelle, L, ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-345
Mailing Address 501 Penn Avenue		Amount of Each Receipt this Period 19.24
City Pittsburgh	State PA	Zip Code 15222-3224
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 346.32	

SUBTOTAL of Receipts This Page (optional).....	89.24
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Magliocco, Michelle, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-344
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Magliocco, Michelle, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-341
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Malec, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) CEO enGen & Enterprise Technology &
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-712
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.78
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Malec, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) CEO enGen & Enterprise Technology &
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-709
 Amount of Each Receipt this Period 192.30
 Memo Item

B. Malec, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) CEO enGen & Enterprise Technology &
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-707
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Mammarella, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Market Segment Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-730
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	403.84
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Mammarella, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Market Segment Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-727
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Mammarella, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Market Segment Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-725
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Marche', Sarah, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Pharmacy & Business Growth Exe
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-384
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	88.48
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Marche', Sarah, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Pharmacy & Business Growth Exe
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-383
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Marche', Sarah, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Pharmacy & Business Growth Exe
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-380
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Marousis, Demetrios, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Enterprise Behavioral Health
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-660
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Marousis, Demetrios, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Enterprise Behavioral Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-657
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Marousis, Demetrios, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Enterprise Behavioral Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-655
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Marpoe, Kevin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Investment Management and E
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-106
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Marpo, Kevin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Investment Management and E
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-105
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Marpo, Kevin, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Investment Management and E
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-104
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Mary, Michael, V, , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Manager Sales - Direct Pay
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-170
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 189 OF 367
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Mary, Michael, V, , Jr

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Manager Sales - Direct Pay
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024

Transaction ID : 202408140259-169

Amount of Each Receipt this Period
20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Mary, Michael, V, , Jr

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Manager Sales - Direct Pay
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024

Transaction ID : 202408280258-167

Amount of Each Receipt this Period
20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Marze, Michael, P, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director Enrollment & Billing
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024

Transaction ID : 2024073102510-326

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Marze, Michael, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Enrollment & Billing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-325
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Marze, Michael, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Enrollment & Billing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-322
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Matoney, Joy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Diversified Businesses & Growth Pla
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-203
 Amount of Each Receipt this Period 38.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	78.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Matoney, Joy, M, ,			Date of Receipt
Mailing Address 120 5th Avenue Place			MM / DD / YYYY 08 / 16 / 2024
City Pittsburgh	State PA	Zip Code 15222-3099	Transaction ID : 202408140259-202
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 38.50
Name of Employer (for Individual) Highmark Inc		Occupation (for Individual) VP Diversified Businesses & Growth Pl	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 693.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Matoney, Joy, M, ,			Date of Receipt
Mailing Address 120 5th Avenue Place			MM / DD / YYYY 08 / 30 / 2024
City Pittsburgh	State PA	Zip Code 15222-3099	Transaction ID : 202408280258-200
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 38.50
Name of Employer (for Individual) Highmark Inc		Occupation (for Individual) VP Diversified Businesses & Growth Pl	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 693.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Matthews, Alex, D, ,			Date of Receipt
Mailing Address 120 5th Avenue Place			MM / DD / YYYY 08 / 16 / 2024
City Pittsburgh	State PA	Zip Code 15222-3099	Transaction ID : 202408140259-369
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 12.00
Name of Employer (for Individual) Highmark Health		Occupation (for Individual) Senior Community Affairs Specialist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 216.00		

SUBTOTAL of Receipts This Page (optional).....▶	89.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Matthews, Alex, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Senior Community Affairs Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-366
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Mayer, Joseph, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Pharmacist - Case & Disease Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-565
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Mayer, Joseph, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Pharmacist - Case & Disease Managem
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-563
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	36.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:	PAGE 193 OF 367
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Mayhugh, Amber, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 614 Market St
 City Parkersburg State WV Zip Code 26101-5146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-523
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Mayhugh, Amber, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 614 Market St
 City Parkersburg State WV Zip Code 26101-5146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-521
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Mayhugh, Amber, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 614 Market St
 City Parkersburg State WV Zip Code 26101-5146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-518
 Amount of Each Receipt this Period 39.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	117.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. McAfee, Janae, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Producer Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-509
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. McAfee, Janae, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Producer Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-507
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. McAfee, Janae, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Producer Admin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-504
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. McAlister, Catherine, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Manager Corporate Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-435
 Amount of Each Receipt this Period 25.00
 Memo Item

B. McAlister, Catherine, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Manager Corporate Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-434
 Amount of Each Receipt this Period 25.00
 Memo Item

C. McAlister, Catherine, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Manager Corporate Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-431
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. McCabe, John, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2198 E Camelback Rd
 Ste 260
 City Phoenix State AZ Zip Code 85016-4770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) Regional Sales VP - HMIG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-737
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. McCabe, John, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2198 E Camelback Rd
 Ste 260
 City Phoenix State AZ Zip Code 85016-4770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) Regional Sales VP - HMIG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-734
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. McCabe, John, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2198 E Camelback Rd
 Ste 260
 City Phoenix State AZ Zip Code 85016-4770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) Regional Sales VP - HMIG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-732
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. McDowell, Julia, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Artificial Intelligence Program Lea
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 691.56

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-434
 Amount of Each Receipt this Period 38.42
 Memo Item

B. McDowell, Julia, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Artificial Intelligence Program Lea
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 691.56

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-433
 Amount of Each Receipt this Period 38.42
 Memo Item

C. McDowell, Julia, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Artificial Intelligence Program Lea
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 691.56

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-430
 Amount of Each Receipt this Period 38.42
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.26
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. McGuirk, Karen, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-42
 Amount of Each Receipt this Period 17.00
 Memo Item

B. McGuirk, Karen, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-41
 Amount of Each Receipt this Period 17.00
 Memo Item

C. McGuirk, Karen, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-41
 Amount of Each Receipt this Period 17.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	51.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. McKenzie, Kathleen, , ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-572
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 38.50
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) VP Community Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 693.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McKenzie, Kathleen, , ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-570
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 38.50
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) VP Community Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 693.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. McKenzie, Kathleen, , ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-568
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 38.50
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) VP Community Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 693.00	

SUBTOTAL of Receipts This Page (optional).....▶	115.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. McKeown, Kerri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 N Main St
 City Wilkes Barre State PA Zip Code 18711-0300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Sales, Client Management & A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-604
 Amount of Each Receipt this Period 19.24
 Memo Item

B. McKeown, Kerri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 N Main St
 City Wilkes Barre State PA Zip Code 18711-0300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Sales, Client Management & A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-601
 Amount of Each Receipt this Period 19.24
 Memo Item

C. McKeown, Kerri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 N Main St
 City Wilkes Barre State PA Zip Code 18711-0300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Sales, Client Management & Ac
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-599
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	57.72
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Mehta, Arpit, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 E North Ave
 FINW
 City Pittsburgh State PA Zip Code 15212-4756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) Director Pharmacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-618
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Mehta, Kimberly, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Provider Implementation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-624
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Mehta, Kimberly, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Provider Implementation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-621
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	59.24
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Mehta, Kimberly, R, ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024
Mailing Address 120 5th Avenue Place		Transaction ID : 202408280258-619
City Pittsburgh	State PA	
Zip Code 15222-3099		Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) VP Provider Implementation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Melleby, Kyra, A, ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024
Mailing Address 1800 Center Street		Transaction ID : 2024073102510-117
City Camp Hill	State PA	
Zip Code 17011-1741		Amount of Each Receipt this Period 45.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Sales Executive - PA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Melleby, Kyra, A, ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024
Mailing Address 1800 Center Street		Transaction ID : 202408140259-116
City Camp Hill	State PA	
Zip Code 17011-1741		Amount of Each Receipt this Period 45.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Sales Executive - PA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 810.00	

SUBTOTAL of Receipts This Page (optional).....▶	110.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Melleby, Kyra, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Sales Executive - PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-115
 Amount of Each Receipt this Period 45.00
 Memo Item

B. Merlino, Anna, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc Occupation (for Individual) Manager Business Platform
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-274
 Amount of Each Receipt this Period 11.44
 Memo Item

C. Meyer, Bruce, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Western PA Market President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-799
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	248.74
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Meyer, Bruce, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Western PA Market President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-795
 Amount of Each Receipt this Period 192.30
 Memo Item

B. Meyer, Bruce, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Western PA Market President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-793
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Miceli, Lisa, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Business Process Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-289
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	399.60
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Miceli, Lisa, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Business Process Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-288
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Miceli, Lisa, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Business Process Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-285
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Michalski, Dawn, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Population Health Clinical Strategy Le
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-396
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Michalski, Dawn, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Population Health Clinical Strategy Le
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-395
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Michalski, Dawn, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Population Health Clinical Strategy Le
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-392
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Miller, Alexis, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Government Business Segment Pr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-391
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Miller, Alexis, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Government Business Segment P
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-390
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Miller, Alexis, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Government Business Segment P
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-387
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Miller, Chad, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) VP Partnerships
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-81
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Miller, Chad, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) VP Partnerships
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-80
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Miller, Chad, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) VP Partnerships
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-79
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Miller, Christine, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Director Client Portfolio Delivery
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-183
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Miller, Christine, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Director Client Portfolio Delivery
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-182
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Miller, Christine, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Director Client Portfolio Delivery
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-180
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Miller, Ellen, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Business Systems Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 436.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-502
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Miller, Ellen, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Business Systems Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 436.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-500
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Miller, Ellen, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Business Systems Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 436.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-497
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Miller, Holly, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Enterprise Risk Strategy, HH & AH
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2490.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-129
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Miller, Holly, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Enterprise Risk Strategy, HH & AH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2490.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-128
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Miller, Holly, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Enterprise Risk Strategy, HH & AH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2490.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-127
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Miller, Sharon, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Enterprise Effectiveness
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-343
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	338.47
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Miller, Sharon, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Enterprise Effectiveness
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-342
 Amount of Each Receipt this Period
 38.47
 Memo Item

B. Miller, Sharon, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Enterprise Effectiveness
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-339
 Amount of Each Receipt this Period
 38.47
 Memo Item

C. Mishizen, David, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Decision Support Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-144
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	96.94
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Mishizen, David, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Decision Support Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-143
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Mishizen, David, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Decision Support Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-141
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Moriello, Nicholas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Delaware Ave
 City Wilmington State DE Zip Code 19801-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark BCBSD Inc. Occupation (for Individual) Segment President DE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-704
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	155.39
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Moriello, Nicholas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Delaware Ave
 City Wilmington State DE Zip Code 19801-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark BCBSD Inc. Occupation (for Individual) Segment President DE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-701
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Moriello, Nicholas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Delaware Ave
 City Wilmington State DE Zip Code 19801-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark BCBSD Inc. Occupation (for Individual) Segment President DE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-699
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Morris, Edward, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Actuarial Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-366
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.78
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Morris, Edward, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Actuarial Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-365
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Morris, Edward, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Actuarial Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-362
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Murlatt, Deana, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Manager Data Analytics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-87
 Amount of Each Receipt this Period 22.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	62.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Murlatt, Deana, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Manager Data Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-86
 Amount of Each Receipt this Period 22.50
 Memo Item

B. Murlatt, Deana, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Manager Data Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-85
 Amount of Each Receipt this Period 22.50
 Memo Item

C. Musler, Katherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP HP Risk Mgmt & Provider Network
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2150.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-722
 Amount of Each Receipt this Period 135.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	180.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Musler, Katherine, , ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-719
Mailing Address 120 5th Avenue Place		Amount of Each Receipt this Period 135.00
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) SVP HP Risk Mgmt & Provider Network	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2150.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Musler, Katherine, , ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-717
Mailing Address 120 5th Avenue Place		Amount of Each Receipt this Period 135.00
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) SVP HP Risk Mgmt & Provider Network	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2150.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Myers, Terri, , ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-707
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 20.00
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Senior Instructional Designer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	290.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Myers, Terri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Senior Instructional Designer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-704
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Myers, Terri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Senior Instructional Designer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-702
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Nagy, Richard, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Allegheny Center
 City Pittsburgh State PA Zip Code 15212-5255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) VP Managed Care Contracting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-625
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Nagy, Richard, T, ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-622
Mailing Address 4 Allegheny Center		Amount of Each Receipt this Period 40.00
City Pittsburgh	State PA	Zip Code 15212-5255
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) West Penn Allegheny Health System	Occupation (for Individual) VP Managed Care Contracting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Nagy, Richard, T, ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-620
Mailing Address 4 Allegheny Center		Amount of Each Receipt this Period 40.00
City Pittsburgh	State PA	Zip Code 15212-5255
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) West Penn Allegheny Health System	Occupation (for Individual) VP Managed Care Contracting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Nave, Mark, W, ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-487
Mailing Address 120 5th Avenue Place		Amount of Each Receipt this Period 115.00
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) SVP Strategy Growth and Business Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2070.00	

SUBTOTAL of Receipts This Page (optional).....▶	195.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Nave, Mark, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Strategy Growth and Business De
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2070.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-486
 Amount of Each Receipt this Period
 115.00
 Memo Item

B. Nave, Mark, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Strategy Growth and Business De
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2070.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-483
 Amount of Each Receipt this Period
 115.00
 Memo Item

C. Neil, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Enterprise Internal Comms, Intellig
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 810.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-573
 Amount of Each Receipt this Period
 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 221 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Neil, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Enterprise Internal Comms, Intellig
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-571
 Amount of Each Receipt this Period 45.00
 Memo Item

B. Neil, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Enterprise Internal Comms, Intellig
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-569
 Amount of Each Receipt this Period 45.00
 Memo Item

C. Nickol, Pamela, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Manager Risk & Compliance Managemen
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 428.40

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-337
 Amount of Each Receipt this Period 23.80
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	113.80
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Nickol, Pamela, S, ,		Date of Receipt
Mailing Address 1800 Center Street		<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2024"/>
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 202408140259-336
Name of Employer (for Individual) Highmark Health		Amount of Each Receipt this Period <input type="text" value="23.80"/>
Occupation (for Individual) Manager Risk & Compliance Managem		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="428.40"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Nickol, Pamela, S, ,		Date of Receipt
Mailing Address 1800 Center Street		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2024"/>
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 202408280258-333
Name of Employer (for Individual) Highmark Health		Amount of Each Receipt this Period <input type="text" value="23.80"/>
Occupation (for Individual) Manager Risk & Compliance Managem		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="428.40"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Niebel, Danielle, A, ,		Date of Receipt
Mailing Address 120 5th Avenue Place		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2024"/>
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2024073102510-642
Name of Employer (for Individual) Highmark Health		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Occupation (for Individual) Director Financial Accounting & Report		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="249.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="62.60"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Niebel, Danielle, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Financial Accounting & Report
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-639
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Niebel, Danielle, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Financial Accounting & Report
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-637
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Nussbaum, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 E North Ave
 FI NW
 City Pittsburgh State PA Zip Code 15212-4756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) Chief Operating Officer / 73
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-677
 Amount of Each Receipt this Period 39.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 69.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 224 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Nussbaum, Mark, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 320 E North Ave
FI NW

City Pittsburgh State PA Zip Code 15212-4756

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) Chief Operating Officer / 73

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 702.00

Date of Receipt 08 / 16 / 2024

Transaction ID : 202408140259-674

Amount of Each Receipt this Period 39.00

Memo Item

B. Nussbaum, Mark, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 320 E North Ave
FI NW

City Pittsburgh State PA Zip Code 15212-4756

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) Chief Operating Officer / 73

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 702.00

Date of Receipt 08 / 30 / 2024

Transaction ID : 202408280258-672

Amount of Each Receipt this Period 39.00

Memo Item

C. O'Donnell, Kristen, L, ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 5th Avenue Place

City Pittsburgh State PA Zip Code 15222-3099

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Integrated Provider Partnersh

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 02 / 2024

Transaction ID : 2024073102510-93

Amount of Each Receipt this Period 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	98.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. O'Donnell, Kristen, L, ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-92
Mailing Address 120 5th Avenue Place		Amount of Each Receipt this Period 20.00
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director Integrated Provider Partnersh	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. O'Donnell, Kristen, L, ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-91
Mailing Address 120 5th Avenue Place		Amount of Each Receipt this Period 20.00
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director Integrated Provider Partnersh	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. O'Shane, Graig, T, ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-449
Mailing Address 120 5th Avenue Place		Amount of Each Receipt this Period 38.47
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Health	Occupation (for Individual) VP Corporate Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 692.46	

SUBTOTAL of Receipts This Page (optional).....▶	78.47
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 226 OF 367
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. O'Shane, Graig, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Corporate Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-448
 Amount of Each Receipt this Period 38.47
 Memo Item

B. O'Shane, Graig, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Corporate Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-445
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Oglan, Marcia, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) AHN CHRO & SVP Enterprise HR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-540
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 151.94
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 227 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Oglan, Marcia, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) AHN CHRO & SVP Enterprise HR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-538
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Oglan, Marcia, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) AHN CHRO & SVP Enterprise HR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-535
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Onorato, Daniel, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) EVP Chief Corporate Affairs Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-249
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	342.30
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Onorato, Daniel, A, ,			Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-248		
Mailing Address 120 5th Avenue Place			Amount of Each Receipt this Period 192.30		
City Pittsburgh	State PA	Zip Code 15222-3099	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Highmark Health		Occupation (for Individual) EVP Chief Corporate Affairs Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3461.40			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Onorato, Daniel, A, ,			Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-245		
Mailing Address 120 5th Avenue Place			Amount of Each Receipt this Period 192.30		
City Pittsburgh	State PA	Zip Code 15222-3099	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Highmark Health		Occupation (for Individual) EVP Chief Corporate Affairs Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3461.40			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Orner, John, , ,			Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-775		
Mailing Address 1800 Center Street			Amount of Each Receipt this Period 125.00		
City Camp Hill	State PA	Zip Code 17011-1741	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Highmark Health		Occupation (for Individual) Chief Investment Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 2250.00			

SUBTOTAL of Receipts This Page (optional).....	509.60
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Orner, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Chief Investment Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-771
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Orner, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Chief Investment Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-769
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Ortsey, Carrie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Talent Development & Modernization
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-708
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	269.24
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Ortsey, Carrie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Talent Development & Modernizatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-705
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Ortsey, Carrie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Talent Development & Modernizatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-703
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Padden, Patrick, T, , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3031 Walton Road
 City Plymouth Meeting State PA Zip Code 19462-2369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) Director Regional Sales 2 - HMIG
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-368
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	73.48
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Padden, Patrick, T, , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3031 Walton Road
 City Plymouth Meeting State PA Zip Code 19462-2369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) Director Regional Sales 2 - HMIG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-367
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Padden, Patrick, T, , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3031 Walton Road
 City Plymouth Meeting State PA Zip Code 19462-2369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) Director Regional Sales 2 - HMIG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-364
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Palmer, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP HPO Federal Markets
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-697
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 232 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Palmer, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP HPO Federal Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-694
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Palmer, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP HPO Federal Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-692
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Palmer, Thomas, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) SVP Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-358
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Palmer, Thomas, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) SVP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-357
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Palmer, Thomas, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) SVP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-354
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Parker, Brian, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) Chief Quality and Learning Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2088.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-650
 Amount of Each Receipt this Period 116.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	266.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Parker, Brian, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) Chief Quality and Learning Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2088.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-647
 Amount of Each Receipt this Period 116.00
 Memo Item

B. Parker, Brian, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Health Network Occupation (for Individual) Chief Quality and Learning Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2088.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-645
 Amount of Each Receipt this Period 116.00
 Memo Item

C. Parker, Dwayne, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Delaware Ave
 City Wilmington State DE Zip Code 19801-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark BCBSD Inc. Occupation (for Individual) VP Operations, Strategic Solutions & D
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-585
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 235 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Parker, Dwayne, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Delaware Ave
 City Wilmington State DE Zip Code 19801-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark BCBSD Inc. Occupation (for Individual) VP Operations, Strategic Solutions & D
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-583
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Parker, Dwayne, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Delaware Ave
 City Wilmington State DE Zip Code 19801-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark BCBSD Inc. Occupation (for Individual) VP Operations, Strategic Solutions & D
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-581
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Parker, Lynette, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Strategic Programs & Operatio
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.24

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-63
 Amount of Each Receipt this Period 32.68
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	72.68
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 236 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Parker, Lynette, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Strategic Programs & Operatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-62
 Amount of Each Receipt this Period 32.68
 Memo Item

B. Parker, Lynette, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Strategic Programs & Operatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-62
 Amount of Each Receipt this Period 32.68
 Memo Item

C. Patrick, Justine, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Chief Privacy Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-782
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	105.36
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 237 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Patrick, Justine, S, ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-778
Mailing Address 120 5th Avenue Place		Amount of Each Receipt this Period 40.00
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Chief Privacy Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Patrick, Justine, S, ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-776
Mailing Address 120 5th Avenue Place		Amount of Each Receipt this Period 40.00
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Chief Privacy Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Perri, Leilyn, A, ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-168
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 15.00
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Director Public Relations Center of Ex	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional).....▶	95.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 238 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Perri, Leilyn, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Public Relations Center of Ex
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-167
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Perri, Leilyn, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Public Relations Center of Ex
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-165
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Perry, Mark, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Western and Northeastern New Occupation (for Individual) Senior Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-764
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	49.24
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Perry, Mark, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Western and Northeastern New Occupation (for Individual) Senior Medical Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 346.32

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-760
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Perry, Mark, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Western and Northeastern New Occupation (for Individual) Senior Medical Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 346.32

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-758
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Perry, Stephen, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Value Based Operations and Ar
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 346.32

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-690
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.72
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 240 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Perry, Stephen, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Value Based Operations and A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-687
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Perry, Stephen, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Value Based Operations and A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-685
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Peters, David, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Facilities & Project Managemen
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 761.58

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-606
 Amount of Each Receipt this Period 42.31
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.79
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 241 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Peters, David, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Facilities & Project Managemem
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 761.58

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-603
 Amount of Each Receipt this Period 42.31
 Memo Item

B. Peters, David, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Facilities & Project Managemem
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 761.58

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-601
 Amount of Each Receipt this Period 42.31
 Memo Item

C. Pinkerton, Kimberly, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) VP National Sales & Service
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-351
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	124.62
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 242 OF 367
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Pinkerton, Kimberly, R, ,

Mailing Address 1800 Center Street

City Camp Hill State PA Zip Code 17011-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) VP National Sales & Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **08 / 16 / 2024**

Transaction ID : 202408140259-350

Amount of Each Receipt this Period **40.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Pinkerton, Kimberly, R, ,

Mailing Address 1800 Center Street

City Camp Hill State PA Zip Code 17011-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) VP National Sales & Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **08 / 30 / 2024**

Transaction ID : 202408280258-347

Amount of Each Receipt this Period **40.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Pisula, Bethany, L, ,

Mailing Address 501 Penn Avenue

City Pittsburgh State PA Zip Code 15222-3224

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) Director Event Planning & Promotion

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **08 / 02 / 2024**

Transaction ID : 2024073102510-508

Amount of Each Receipt this Period **15.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **95.00**

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 243 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Pisula, Bethany, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) Director Event Planning & Promotion
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-506
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Pisula, Bethany, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) Director Event Planning & Promotion
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-503
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Plants, Michael, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Manager Software Engineering (Digital)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-292
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	55.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 244 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Plants, Michael, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Manager Software Engineering (Digital)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-291
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Plants, Michael, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Manager Software Engineering (Digital)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-288
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Pomocky, Kurt, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Program Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-243
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 245 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Pomocky, Kurt, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-242
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Pomocky, Kurt, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Program Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-239
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Price, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 S Jackson Ave
 City Bellevue State PA Zip Code 15202-3428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Social Determinants of Health
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-748
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 246 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Price, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 S Jackson Ave
 City Bellevue State PA Zip Code 15202-3428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Social Determinants of Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-745
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Price, Jeffrey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 S Jackson Ave
 City Bellevue State PA Zip Code 15202-3428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Social Determinants of Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-743
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Price, Pamela, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Delaware Ave
 City Wilmington State DE Zip Code 19801-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Government Affairs Representati
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-506
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 247 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Price, Pamela, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Delaware Ave
 City Wilmington State DE Zip Code 19801-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Government Affairs Representat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-504
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Price, Pamela, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Delaware Ave
 City Wilmington State DE Zip Code 19801-1322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Government Affairs Representa
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-501
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Pszeniczny, Laura, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 N Main St
 City Wilkes Barre State PA Zip Code 18711-0300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Client Manager - PA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-607
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 248 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Pszeniczny, Laura, A, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 16 / 2024 Transaction ID : 202408140259-604		
Mailing Address 19 N Main St			Amount of Each Receipt this Period 20.00		
City Wilkes Barre	State PA	Zip Code 18711-0300	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 360.00		
Name of Employer (for Individual) Highmark Inc		Occupation (for Individual) Senior Client Manager - PA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pszeniczny, Laura, A, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 30 / 2024 Transaction ID : 202408280258-602		
Mailing Address 19 N Main St			Amount of Each Receipt this Period 20.00		
City Wilkes Barre	State PA	Zip Code 18711-0300	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 360.00		
Name of Employer (for Individual) Highmark Inc		Occupation (for Individual) Senior Client Manager - PA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Radevski, Amy, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 02 / 2024 Transaction ID : 2024073102510-122		
Mailing Address 501 Penn Avenue			Amount of Each Receipt this Period 19.24		
City Pittsburgh	State PA	Zip Code 15222-3224	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 346.32		
Name of Employer (for Individual) Highmark Health		Occupation (for Individual) Director Portfolio Management	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	59.24
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 249 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Radevski, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Portfolio Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-121
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Radevski, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Portfolio Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-120
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Radovanic, Martin, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Pasquerilla Plz
 City Johnstown State PA Zip Code 15901-1999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Client Manager - PA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-298
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	78.48
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 250 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Radovanic, Martin, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Pasquerilla Plz
 City Johnstown State PA Zip Code 15901-1999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Client Manager - PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-297
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Radovanic, Martin, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Pasquerilla Plz
 City Johnstown State PA Zip Code 15901-1999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Client Manager - PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-294
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Rager, Sherri, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Complex Case Manager RN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-402
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	92.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 251 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Rager, Sherri, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Complex Case Manager RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-399
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Ramos, Wilfredo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Corp Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-555
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Ramos, Wilfredo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Corp Communications
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-553
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	242.78
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 252 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Ramos, Wilfredo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Corp Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-551
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Rayball, William, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP - Government Quality
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-467
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Rayball, William, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP - Government Quality
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-466
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	165.39
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 253 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Rayball, William, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP - Government Quality
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-463
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Reece, Neil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP CFO Diversified Businesses
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-686
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Reece, Neil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP CFO Diversified Businesses
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-683
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 254 OF 367
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Reece, Neil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP CFO Diversified Businesses
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-681
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Rhenish, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP COO Health Plan Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-311
 Amount of Each Receipt this Period
 130.00
 Memo Item

C. Rhenish, Matthew, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP COO Health Plan Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-310
 Amount of Each Receipt this Period
 130.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	285.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 255 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Rhenish, Matthew, J, ,			Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-307		
Mailing Address 120 5th Avenue Place			Amount of Each Receipt this Period 130.00		
City Pittsburgh	State PA	Zip Code 15222-3099	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 2340.00		
Name of Employer (for Individual) Highmark Inc		Occupation (for Individual) SVP COO Health Plan Operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rhine, Tiffany, N, ,			Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-398		
Mailing Address 1800 Center Street			Amount of Each Receipt this Period 20.00		
City Camp Hill	State PA	Zip Code 17011-1741	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 360.00		
Name of Employer (for Individual) United Concordia Companies Inc		Occupation (for Individual) Director New Distribution Channels	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Rhine, Tiffany, N, ,			Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-397		
Mailing Address 1800 Center Street			Amount of Each Receipt this Period 20.00		
City Camp Hill	State PA	Zip Code 17011-1741	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 360.00		
Name of Employer (for Individual) United Concordia Companies Inc		Occupation (for Individual) Director New Distribution Channels	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....▶	170.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 256 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Rhine, Tiffany, N, ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024
Mailing Address 1800 Center Street		Transaction ID : 202408280258-394
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) United Concordia Companies Inc	Occupation (for Individual) Director New Distribution Channels	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rice, Deborah, L, ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024
Mailing Address 120 5th Avenue Place		Transaction ID : 2024073102510-234
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) CEO Diversified Businesses & Chief G	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Rice, Deborah, L, ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024
Mailing Address 120 5th Avenue Place		Transaction ID : 202408140259-233
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) CEO Diversified Businesses & Chief Gr	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 3600.00	

SUBTOTAL of Receipts This Page (optional).....▶	420.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 257 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Rice, Deborah, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) CEO Diversified Businesses & Chief Gr
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-230
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Riegel, Glenn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc Occupation (for Individual) Manager IT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-154
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Riegel, Glenn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc Occupation (for Individual) Manager IT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-152
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	224.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 258 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Riffle, Christopher, M, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) VP Provider Contracting & Relations
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-356

Amount of Each Receipt this Period
20.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Riffle, Christopher, M, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) VP Provider Contracting & Relations
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-355

Amount of Each Receipt this Period
20.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Riffle, Christopher, M, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) VP Provider Contracting & Relations
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-352

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 259 OF 367
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Riley, Stewart, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark BCBSD Inc. Occupation (for Individual) Director Small Group Sales & Client Ma
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-273
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Riley, Stewart, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark BCBSD Inc. Occupation (for Individual) Director Small Group Sales & Client Ma
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-272
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Riley, Stewart, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark BCBSD Inc. Occupation (for Individual) Director Small Group Sales & Client Ma
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-269
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 260 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Riner, Craig, R, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) EVP Chief Marketing Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2667.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2024

Transaction ID : 2024073102510-552

Amount of Each Receipt this Period
192.30

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Riner, Craig, R, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) EVP Chief Marketing Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2667.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2024

Transaction ID : 202408140259-550

Amount of Each Receipt this Period
192.30

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Riner, Craig, R, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) EVP Chief Marketing Officer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2667.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2024

Transaction ID : 202408280258-548

Amount of Each Receipt this Period
192.30

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 261 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Roesing, Megan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) National & Key Account Service Execut
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-195
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Roesing, Megan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) National & Key Account Service Execut
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-194
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Roesing, Megan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) National & Key Account Service Executi
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-192
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 262 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Rogers, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Seneca St
 City Buffalo State NY Zip Code 14203-2734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Public Relations Center of Ex
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-757
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Rogers, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Seneca St
 City Buffalo State NY Zip Code 14203-2734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Public Relations Center of Ex
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-753
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Rogers, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Seneca St
 City Buffalo State NY Zip Code 14203-2734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Public Relations Center of Ex
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-751
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 263 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Rollins-Fitch, Karen, , ,			Date of Receipt
Mailing Address 1800 Center Street			<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2024"/>
City Camp Hill	State PA	Zip Code 17011-1741	Transaction ID : 2024073102510-742
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer (for Individual) Highmark Inc		Occupation (for Individual) Director Corporate Social Responsibili	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="346.32"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rollins-Fitch, Karen, , ,			Date of Receipt
Mailing Address 1800 Center Street			<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2024"/>
City Camp Hill	State PA	Zip Code 17011-1741	Transaction ID : 202408140259-739
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer (for Individual) Highmark Inc		Occupation (for Individual) Director Corporate Social Responsibili	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="346.32"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Rollins-Fitch, Karen, , ,			Date of Receipt
Mailing Address 1800 Center Street			<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2024"/>
City Camp Hill	State PA	Zip Code 17011-1741	Transaction ID : 202408280258-737
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer (for Individual) Highmark Inc		Occupation (for Individual) Director Corporate Social Responsibili	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="346.32"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="57.72"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 264 OF 367
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Ross, Beth, M, ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-462
Mailing Address 120 5th Avenue Place		Amount of Each Receipt this Period 100.00
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Health	Occupation (for Individual) SVP Total Rewards	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ross, Beth, M, ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-461
Mailing Address 120 5th Avenue Place		Amount of Each Receipt this Period 100.00
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Health	Occupation (for Individual) SVP Total Rewards	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ross, Beth, M, ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-458
Mailing Address 120 5th Avenue Place		Amount of Each Receipt this Period 100.00
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Health	Occupation (for Individual) SVP Total Rewards	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 265 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ross, Nancy, A, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Strategic Partner Client Executive
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024

Transaction ID : 2024073102510-266

Amount of Each Receipt this Period
21.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ross, Nancy, A, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Strategic Partner Client Executive
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024

Transaction ID : 202408140259-265

Amount of Each Receipt this Period
21.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ross, Nancy, A, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Strategic Partner Client Executive
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024

Transaction ID : 202408280258-262

Amount of Each Receipt this Period
21.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	63.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 266 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Rubino, Mark, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2580 Haymaker Rd
 Prof Office Bldg #2, Suite 302
 City Monroeville State PA Zip Code 15146-3518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Clinic Occupation (for Individual) Physician President / 74
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-616
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Rubino, Mark, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2580 Haymaker Rd
 Prof Office Bldg #2, Suite 302
 City Monroeville State PA Zip Code 15146-3518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Clinic Occupation (for Individual) Physician President / 74
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-613
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Rubino, Mark, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2580 Haymaker Rd
 Prof Office Bldg #2, Suite 302
 City Monroeville State PA Zip Code 15146-3518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Clinic Occupation (for Individual) Physician President / 74
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-611
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 267 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Russo, Andrea, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Manager Client Project Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-44
 Amount of Each Receipt this Period 19.50
 Memo Item

B. Russo, Andrea, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Manager Client Project Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-43
 Amount of Each Receipt this Period 19.50
 Memo Item

C. Russo, Andrea, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Manager Client Project Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-43
 Amount of Each Receipt this Period 19.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	58.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 268 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ryan, Stephanie, A, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Director Business & Operations Strateg
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-299

Amount of Each Receipt this Period
19.24

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ryan, Stephanie, A, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Director Business & Operations Strateg
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-298

Amount of Each Receipt this Period
19.24

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ryan, Stephanie, A, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Director Business & Operations Strateg
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
346.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-295

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.72
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 269 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Sahni, Ish, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Community Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.44

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-670
 Amount of Each Receipt this Period 23.08
 Memo Item

B. Sahni, Ish, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Community Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.44

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-667
 Amount of Each Receipt this Period 23.08
 Memo Item

C. Sahni, Ish, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Community Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.44

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-665
 Amount of Each Receipt this Period 23.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	69.24
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 270 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Salomonsen, Steven, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Care Manager RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-512
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Salomonsen, Steven, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Care Manager RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-510
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Salomonsen, Steven, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Care Manager RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-507
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.72
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 271 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Samczak, Michael, , ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-702
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 19.24
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Director Solution Portfolio	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.32	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Samczak, Michael, , ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-699
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 19.24
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Director Solution Portfolio	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.32	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Samczak, Michael, , ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-697
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 19.24
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Director Solution Portfolio	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 346.32	

SUBTOTAL of Receipts This Page (optional).....▶	57.72
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 272 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Sanders, Manda, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Retention & Retail Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-130
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Sanders, Manda, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Retention & Retail Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-129
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Sanders, Manda, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Retention & Retail Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-128
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 273 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Sarniak, William, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Market Lead Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-114
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Sarniak, William, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Market Lead Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-113
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Sarniak, William, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Market Lead Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-112
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 274 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sass, Thomas, , ,

Mailing Address 1 Seneca St

City Buffalo	State NY	Zip Code 14203-2734
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) VP Medicare Sales
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-756

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sass, Thomas, , ,

Mailing Address 1 Seneca St

City Buffalo	State NY	Zip Code 14203-2734
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) VP Medicare Sales
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-752

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sass, Thomas, , ,

Mailing Address 1 Seneca St

City Buffalo	State NY	Zip Code 14203-2734
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) VP Medicare Sales
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-750

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 275 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Saula, Tracy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Chief Product & Experience Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2160.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-119
 Amount of Each Receipt this Period 120.00
 Memo Item

B. Saula, Tracy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Chief Product & Experience Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2160.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-118
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Saula, Tracy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Chief Product & Experience Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2160.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-117
 Amount of Each Receipt this Period 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	360.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 276 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Savolskis, Brian, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Business and Operation Strate
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-536
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Savolskis, Brian, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Business and Operation Strate
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-534
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Savolskis, Brian, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Business and Operation Strate
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-531
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 277 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Sawyer, Amy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Health Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-671
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Sawyer, Amy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Health Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-668
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Sawyer, Amy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Health Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-666
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 278 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Scheib, Jeffrey, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) VP Actuary Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-5
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Scheib, Jeffrey, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) VP Actuary Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-5
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Scheib, Jeffrey, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) VP Actuary Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-5
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 279 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Schell, Mary, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Client Manager - Senior Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-48
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Schell, Mary, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Client Manager - Senior Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-47
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Schell, Mary, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Senior Client Manager - Senior Markets
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-47
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 280 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Schoonmaker, Lori, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) National Business President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1795.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-280
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Schoonmaker, Lori, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) National Business President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1795.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-279
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Schoonmaker, Lori, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) National Business President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1795.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-276
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 281 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Scioscia, Eugene, A, , Jr			Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-615
Mailing Address 120 5th Avenue Place			Amount of Each Receipt this Period 20.00
City Pittsburgh	State PA	Zip Code 15222-3099	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 360.00	
Name of Employer (for Individual) Allegheny Health Network		Occupation (for Individual) Chief Patient Experience Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Scioscia, Eugene, A, , Jr			Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-612
Mailing Address 120 5th Avenue Place			Amount of Each Receipt this Period 20.00
City Pittsburgh	State PA	Zip Code 15222-3099	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 360.00	
Name of Employer (for Individual) Allegheny Health Network		Occupation (for Individual) Chief Patient Experience Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Scioscia, Eugene, A, , Jr			Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-610
Mailing Address 120 5th Avenue Place			Amount of Each Receipt this Period 20.00
City Pittsburgh	State PA	Zip Code 15222-3099	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 360.00	
Name of Employer (for Individual) Allegheny Health Network		Occupation (for Individual) Chief Patient Experience Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 282 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Semelsberger, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2570 Haymaker Rd
 City Monroeville State PA Zip Code 15146-3513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2160.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-781
 Amount of Each Receipt this Period 120.00
 Memo Item

B. Semelsberger, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2570 Haymaker Rd
 City Monroeville State PA Zip Code 15146-3513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2160.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-777
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Semelsberger, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2570 Haymaker Rd
 City Monroeville State PA Zip Code 15146-3513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2160.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-775
 Amount of Each Receipt this Period 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	360.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 283 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Shade, James, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) SVP Prof Affrs & Dntl Ntwrk Op
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-79
 Amount of Each Receipt this Period
 75.00
 Memo Item

B. Shade, James, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) SVP Prof Affrs & Dntl Ntwrk Op
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-78
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. Shade, James, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) SVP Prof Affrs & Dntl Ntwrk Op
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-77
 Amount of Each Receipt this Period
 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 284 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Sharma, Priyanka, , ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-362
Mailing Address 501 Penn Avenue		Amount of Each Receipt this Period 15.00
City Pittsburgh	State PA	Zip Code 15222-3224
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) HM Life Insurance Company	Occupation (for Individual) Director HMIG Strategy & Project Mana	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sharma, Priyanka, , ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-361
Mailing Address 501 Penn Avenue		Amount of Each Receipt this Period 15.00
City Pittsburgh	State PA	Zip Code 15222-3224
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) HM Life Insurance Company	Occupation (for Individual) Director HMIG Strategy & Project Mana	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sharma, Priyanka, , ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-358
Mailing Address 501 Penn Avenue		Amount of Each Receipt this Period 15.00
City Pittsburgh	State PA	Zip Code 15222-3224
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) HM Life Insurance Company	Occupation (for Individual) Director HMIG Strategy & Project Mana	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 285 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Shearer, David, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Segment Strategy & Value Realizati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-369
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Shearer, David, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Segment Strategy & Value Realizat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-368
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Shearer, David, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Segment Strategy & Value Realizati
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-365
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 286 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sheikh, Hussainy, Z, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) VP Integration Delivery
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024

Transaction ID : 2024073102510-461

Amount of Each Receipt this Period
20.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sheikh, Hussainy, Z, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) VP Integration Delivery
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024

Transaction ID : 202408140259-460

Amount of Each Receipt this Period
20.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sheikh, Hussainy, Z, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) VP Integration Delivery
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024

Transaction ID : 202408280258-457

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 287 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shellard, Edward, , ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United Concordia Companies Inc	Occupation (for Individual) President UCD
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-785

Amount of Each Receipt this Period
150.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shellard, Edward, , ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United Concordia Companies Inc	Occupation (for Individual) President UCD
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-781

Amount of Each Receipt this Period
150.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shellard, Edward, , ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United Concordia Companies Inc	Occupation (for Individual) President UCD
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-779

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 288 OF 367
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Shipley, Michael, B, ,

Mailing Address 1800 Center Street

City Camp Hill State PA Zip Code 17011-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director EG Account Retention

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2024
Transaction ID : 2024073102510-659

Amount of Each Receipt this Period
20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Shipley, Michael, B, ,

Mailing Address 1800 Center Street

City Camp Hill State PA Zip Code 17011-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director EG Account Retention

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2024
Transaction ID : 202408140259-656

Amount of Each Receipt this Period
20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Shipley, Michael, B, ,

Mailing Address 1800 Center Street

City Camp Hill State PA Zip Code 17011-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director EG Account Retention

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2024
Transaction ID : 202408280258-654

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 289 OF 367
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Shook, Kurtis, S, ,

Mailing Address 1800 Center Street

City Camp Hill State PA Zip Code 17011-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) VP Client Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt
08 / 02 / 2024

Transaction ID : 2024073102510-72

Amount of Each Receipt this Period
42.50

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Shook, Kurtis, S, ,

Mailing Address 1800 Center Street

City Camp Hill State PA Zip Code 17011-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) VP Client Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt
08 / 16 / 2024

Transaction ID : 202408140259-71

Amount of Each Receipt this Period
42.50

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Shook, Kurtis, S, ,

Mailing Address 1800 Center Street

City Camp Hill State PA Zip Code 17011-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) VP Client Exec

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt
08 / 30 / 2024

Transaction ID : 202408280258-70

Amount of Each Receipt this Period
42.50

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **127.50**

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 290 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Shoop, Judy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark BCBSD Inc. Occupation (for Individual) Senior Business Process Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-562
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Shoop, Judy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark BCBSD Inc. Occupation (for Individual) Senior Business Process Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-560
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Shoop, Judy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark BCBSD Inc. Occupation (for Individual) Senior Business Process Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-558
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 291 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sieg, Thomas, N, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) VP Delivery Svcs & Implementat
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
810.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-500

Amount of Each Receipt this Period
45.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sieg, Thomas, N, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) VP Delivery Svcs & Implementat
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
810.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-498

Amount of Each Receipt this Period
45.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sieg, Thomas, N, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) VP Delivery Svcs & Implementat
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
810.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-495

Amount of Each Receipt this Period
45.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	135.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 292 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Sinneway, Bridget, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Executive Client Manager - PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-311
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Sinneway, Bridget, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Executive Client Manager - PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-308
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Slavic, Sarah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Senior Provider Integration Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-628
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	44.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 293 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Slavic, Sarah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Senior Provider Integration Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-625
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Slavic, Sarah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Senior Provider Integration Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-623
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Smith, Judith, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP National Markets Administration & O
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 265.32

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-339
 Amount of Each Receipt this Period 14.74
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	54.74
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 294 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Smith, Judith, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP National Markets Administration & C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.32

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-338
 Amount of Each Receipt this Period 14.74
 Memo Item

B. Smith, Judith, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP National Markets Administration & C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.32

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-335
 Amount of Each Receipt this Period 14.74
 Memo Item

C. Smith, Kristen, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Director Provider Network Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-59
 Amount of Each Receipt this Period 18.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	47.48
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 295 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Smith, Kristen, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Director Provider Network Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-58
 Amount of Each Receipt this Period 18.00
 Memo Item

B. Smith, Kristen, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Director Provider Network Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-58
 Amount of Each Receipt this Period 18.00
 Memo Item

C. Smith, Ryan, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) SVP Clients & Growth
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-503
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	76.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 296 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Smith, Ryan, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) SVP Clients & Growth
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-501
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Smith, Ryan, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) SVP Clients & Growth
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-498
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Smith, Tracy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Senior Risk Strategy Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-750
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 297 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Smith, Tracy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Senior Risk Strategy Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-747
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Smith, Tracy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Senior Risk Strategy Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-745
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Snell, Carmen, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Seneca St
 City Buffalo State NY Zip Code 14203-2734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Deputy General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 615.52

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-752
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	78.47
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 298 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Snyder, Marissa, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Manager Clinical Informatics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-714
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Snyder, Marissa, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Manager Clinical Informatics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-711
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Snyder, Marissa, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Manager Clinical Informatics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-709
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	57.72
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 299 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Sowell, Tyler, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Growth Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-719
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Sowell, Tyler, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Growth Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-716
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Sowell, Tyler, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Growth Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-714
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 300 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Spears, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Brand & Creative, Head of Tonic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-731
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Spears, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Brand & Creative, Head of Tonic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-728
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Spears, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Brand & Creative, Head of Tonic
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-726
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 301 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Stephens, Melissa, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Business Transformation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-202
 Amount of Each Receipt this Period 38.50
 Memo Item

B. Stephens, Melissa, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Business Transformation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-201
 Amount of Each Receipt this Period 38.50
 Memo Item

C. Stephens, Melissa, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) SVP Business Transformation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-199
 Amount of Each Receipt this Period 38.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 302 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stine, Mark, A, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Manager Data Analytics
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
855.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-102

Amount of Each Receipt this Period
47.55

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stine, Mark, A, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Manager Data Analytics
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
855.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-101

Amount of Each Receipt this Period
47.55

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stine, Mark, A, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Manager Data Analytics
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
855.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-100

Amount of Each Receipt this Period
47.55

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	142.65
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 303 OF 367
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Stuart, Aubrey, D, ,

Mailing Address 1800 Center Street

City Camp Hill State PA Zip Code 17011-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Strategy Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt **08 / 02 / 2024**

Transaction ID : 2024073102510-755

Amount of Each Receipt this Period **19.24**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Stuart, Aubrey, D, ,

Mailing Address 1800 Center Street

City Camp Hill State PA Zip Code 17011-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Strategy Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt **08 / 16 / 2024**

Transaction ID : 202408140259-751

Amount of Each Receipt this Period **19.24**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Stuart, Aubrey, D, ,

Mailing Address 1800 Center Street

City Camp Hill State PA Zip Code 17011-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Strategy Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt **08 / 30 / 2024**

Transaction ID : 202408280258-749

Amount of Each Receipt this Period **19.24**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **57.72**

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:	PAGE 304 OF 367
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Stupakis, Nick, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Home and Community Svcs LLC Occupation (for Individual) VP Commercial Services HCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-582
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Stupakis, Nick, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Home and Community Svcs LLC Occupation (for Individual) VP Commercial Services HCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-580
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Stupakis, Nick, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Home and Community Svcs LLC Occupation (for Individual) VP Commercial Services HCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-578
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 305 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sullivan, Patrick, T, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Manager IT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2024

Transaction ID : 2024073102510-145

Amount of Each Receipt this Period
20.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sullivan, Patrick, T, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Manager IT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2024

Transaction ID : 202408140259-144

Amount of Each Receipt this Period
20.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sullivan, Patrick, T, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Manager IT
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2024

Transaction ID : 202408280258-142

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 306 OF 367
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Sykes, Jamila, , ,

Mailing Address 120 5th Avenue Place

City Pittsburgh State PA Zip Code 15222-3099

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Provider Data & Reimb Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.17

Date of Receipt
MM / DD / YYYY
08 / 02 / 2024
Transaction ID : 2024073102510-726

Amount of Each Receipt this Period
38.47

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Sykes, Jamila, , ,

Mailing Address 120 5th Avenue Place

City Pittsburgh State PA Zip Code 15222-3099

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Provider Data & Reimb Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.17

Date of Receipt
MM / DD / YYYY
08 / 16 / 2024
Transaction ID : 202408140259-723

Amount of Each Receipt this Period
38.47

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Sykes, Jamila, , ,

Mailing Address 120 5th Avenue Place

City Pittsburgh State PA Zip Code 15222-3099

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Provider Data & Reimb Ops

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
423.17

Date of Receipt
MM / DD / YYYY
08 / 30 / 2024
Transaction ID : 202408280258-721

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.41

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 307 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Talarek, Clayton, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Lead Underwriter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-346
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Talarek, Clayton, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Lead Underwriter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-345
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Talarek, Clayton, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Lead Underwriter
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-342
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 308 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Taylor, Betsy, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-190
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Taylor, Betsy, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-189
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Taylor, Betsy, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-187
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 309 OF 367
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Taylor-Oross, Deidre, , ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Senior Project Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2024

Transaction ID : 2024073102510-672

Amount of Each Receipt this Period
35.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Taylor-Oross, Deidre, , ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Senior Project Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2024

Transaction ID : 202408140259-669

Amount of Each Receipt this Period
35.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Taylor-Oross, Deidre, , ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Senior Project Manager
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2024

Transaction ID : 202408280258-667

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	105.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 310 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thomas, Gabrielle, , ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Senior Project Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024

Transaction ID : 2024073102510-674

Amount of Each Receipt this Period
13.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thomas, Gabrielle, , ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Senior Project Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024

Transaction ID : 202408140259-671

Amount of Each Receipt this Period
13.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thomas, Gabrielle, , ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Senior Project Manager
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024

Transaction ID : 202408280258-669

Amount of Each Receipt this Period
13.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	39.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 311 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thomas, Jeffery, A, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Manager Strategy & Execution
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
353.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-576

Amount of Each Receipt this Period
38.47

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thomas, Jeffery, A, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Manager Strategy & Execution
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
353.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-574

Amount of Each Receipt this Period
38.47

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thomas, Jeffery, A, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Manager Strategy & Execution
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
353.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-572

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 312 OF 367
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Thomas, Joellen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Business Process Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-9
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Torek, Dina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Customer Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-738
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Torek, Dina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Customer Service
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-735
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 53.48
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 313 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Torek, Dina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Customer Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-733
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Tornabene, Lee, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-478
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Tornabene, Lee, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-477
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	99.24
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 314 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Tornabene, Lee, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-474
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Torquato, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Team Manager Technology Administra
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-363
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Torquato, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Team Manager Technology Administrati
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-362
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 315 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Torquato, John, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Team Manager Technology Administrat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-359
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Troia, Sandra, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Telesales & Channel Operatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.96

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-133
 Amount of Each Receipt this Period 24.22
 Memo Item

C. Troia, Sandra, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Telesales & Channel Operatio
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 435.96

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-132
 Amount of Each Receipt this Period 24.22
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	68.44
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 316 OF 367		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Troia, Sandra, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Telesales & Channel Operator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.96

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-131
 Amount of Each Receipt this Period 24.22
 Memo Item

B. Tropeano, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 Union Meeting Rd
 City Blue Bell State PA Zip Code 19422-1952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Segment President SEPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2088.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-801
 Amount of Each Receipt this Period 116.00
 Memo Item

C. Tropeano, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 Union Meeting Rd
 City Blue Bell State PA Zip Code 19422-1952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Segment President SEPA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2088.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-797
 Amount of Each Receipt this Period 116.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	256.22
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 317 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Tropeano, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 Union Meeting Rd
 City Blue Bell State PA Zip Code 19422-1952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Segment President SEPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2088.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-795
 Amount of Each Receipt this Period 116.00
 Memo Item

B. Tuthill JR, William, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Market Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-541
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Tuthill JR, William, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Market Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-539
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	156.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 318 OF 367
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Tuthill JR, William, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP Market Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-536
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Uber, Derek, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Manager Project Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-285
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Uber, Derek, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Manager Project Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-284
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	104.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 319 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Uber, Derek, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Manager Project Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-281
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Van Eeden, Annette, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Client Management - PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-92
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Van Eeden, Annette, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Client Management - PA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-91
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	82.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 320 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Van Eeden, Annette, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Client Management - PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-90
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Van Zandt, Peter, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Administrative Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 519.12

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-10
 Amount of Each Receipt this Period 28.84
 Memo Item

C. Van Zandt, Peter, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Administrative Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 519.12

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-9
 Amount of Each Receipt this Period 28.84
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	77.68
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 321 OF 367
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Van Zandt, Peter, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) Director Administrative Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 519.12

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-9
 Amount of Each Receipt this Period 28.84
 Memo Item

B. Vandenburg, Mari, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Health Programs & Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-381
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Vandenburg, Mari, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Health Programs & Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-378
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 52.84
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 322 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Venkata, Pavan Kumar, S, ,			Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-485		
Mailing Address 501 Penn Avenue			Amount of Each Receipt this Period 20.00		
City Pittsburgh	State PA	Zip Code 15222-3224	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) HM Health Solutions Inc.		Occupation (for Individual) Director Platform Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Venkata, Pavan Kumar, S, ,			Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-484		
Mailing Address 501 Penn Avenue			Amount of Each Receipt this Period 20.00		
City Pittsburgh	State PA	Zip Code 15222-3224	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) HM Health Solutions Inc.		Occupation (for Individual) Director Platform Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Venkata, Pavan Kumar, S, ,			Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-481		
Mailing Address 501 Penn Avenue			Amount of Each Receipt this Period 20.00		
City Pittsburgh	State PA	Zip Code 15222-3224	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) HM Health Solutions Inc.		Occupation (for Individual) Director Platform Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 360.00			

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 323 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Vincent, David, B, ,			Date of Receipt
Mailing Address 4800 Friendship Ave			<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2024"/>
City Pittsburgh	State PA	Zip Code 15224-1722	Transaction ID : 2024073102510-578
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="40.00"/>
Name of Employer (for Individual) HM Health Solutions Inc.		Occupation (for Individual) Team Manager Infrastructure	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="720.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Vincent, David, B, ,			Date of Receipt
Mailing Address 4800 Friendship Ave			<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2024"/>
City Pittsburgh	State PA	Zip Code 15224-1722	Transaction ID : 202408140259-576
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="40.00"/>
Name of Employer (for Individual) HM Health Solutions Inc.		Occupation (for Individual) Team Manager Infrastructure	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="720.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Vincent, David, B, ,			Date of Receipt
Mailing Address 4800 Friendship Ave			<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2024"/>
City Pittsburgh	State PA	Zip Code 15224-1722	Transaction ID : 202408280258-574
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="40.00"/>
Name of Employer (for Individual) HM Health Solutions Inc.		Occupation (for Individual) Team Manager Infrastructure	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="720.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 324 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Vincent, Thomas, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Strategic Enablement & Intelligence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-206
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Vincent, Thomas, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Strategic Enablement & Intelligence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-205
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Vincent, Thomas, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Health Occupation (for Individual) VP Strategic Enablement & Intelligence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-203
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 325 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Wagner, Debra, J, ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-392
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 20.00
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Manager IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wagner, Debra, J, ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-391
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 20.00
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Manager IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Wagner, Debra, J, ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-388
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 20.00
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Manager IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 326 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Walsh, Gerald, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 N Main St
 City Wilkes Barre State PA Zip Code 18711-0300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Provider Contracting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-612
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Walsh, Gerald, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 N Main St
 City Wilkes Barre State PA Zip Code 18711-0300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Provider Contracting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-609
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Walsh, Gerald, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 N Main St
 City Wilkes Barre State PA Zip Code 18711-0300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) SVP Provider Contracting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-607
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 327 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Walsh, Ryan, P, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director Market Segment Finance
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-139

Amount of Each Receipt this Period
15.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Walsh, Ryan, P, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director Market Segment Finance
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-138

Amount of Each Receipt this Period
15.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Walsh, Ryan, P, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director Market Segment Finance
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-137

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 328 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Walter, Mark, D, ,
 Mailing Address 1 Seneca St
 City Buffalo State NY Zip Code 14203-2734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Western and Northeastern New Occupation (for Individual) Director of Sales and Client Managemer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 693.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-753
 Amount of Each Receipt this Period 38.50
 Memo Item

B. Walter, Mark, D, ,
 Mailing Address 1 Seneca St
 City Buffalo State NY Zip Code 14203-2734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Western and Northeastern New Occupation (for Individual) Director of Sales and Client Managemer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 693.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-749
 Amount of Each Receipt this Period 38.50
 Memo Item

C. Walter, Mark, D, ,
 Mailing Address 1 Seneca St
 City Buffalo State NY Zip Code 14203-2734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Western and Northeastern New Occupation (for Individual) Director of Sales and Client Managemer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 693.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-747
 Amount of Each Receipt this Period 38.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 329 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Wanovich, Robert, , ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-322
Mailing Address 501 Penn Avenue		Amount of Each Receipt this Period 75.00
City Pittsburgh	State PA	Zip Code 15222-3224
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) VP Ancillary Prov Strat & Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wanovich, Robert, , ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-321
Mailing Address 501 Penn Avenue		Amount of Each Receipt this Period 75.00
City Pittsburgh	State PA	Zip Code 15222-3224
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) VP Ancillary Prov Strat & Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Wanovich, Robert, , ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-318
Mailing Address 501 Penn Avenue		Amount of Each Receipt this Period 75.00
City Pittsburgh	State PA	Zip Code 15222-3224
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) VP Ancillary Prov Strat & Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1350.00	

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 330 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Warfel, Michael, G, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) SVP Government Affairs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2024

Transaction ID : 2024073102510-80

Amount of Each Receipt this Period
192.30

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Warfel, Michael, G, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) SVP Government Affairs
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2024

Transaction ID : 202408140259-79

Amount of Each Receipt this Period
192.30

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Warfel, Michael, G, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) SVP Government Affairs
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2024

Transaction ID : 202408280258-78

Amount of Each Receipt this Period
192.30

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 331 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Warga, Jan, L, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Client Manager - PA
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-565

Amount of Each Receipt this Period
13.47

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Warga, Jan, L, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Client Manager - PA
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-563

Amount of Each Receipt this Period
13.47

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Warga, Jan, L, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Client Manager - PA
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
242.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-561

Amount of Each Receipt this Period
13.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.41
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 332 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Washburn, Joan, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Friendship Ave
 City Pittsburgh State PA Zip Code 15224-1722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Clinic Occupation (for Individual) Institute Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-631
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Washburn, Joan, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Friendship Ave
 City Pittsburgh State PA Zip Code 15224-1722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Clinic Occupation (for Individual) Institute Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-628
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Washburn, Joan, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Friendship Ave
 City Pittsburgh State PA Zip Code 15224-1722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allegheny Clinic Occupation (for Individual) Institute Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-626
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 333 OF 367
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Weaver, Joy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) Director Cost Accounting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-627
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Weaver, Joy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) Director Cost Accounting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-624
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Weaver, Joy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Penn Allegheny Health System Occupation (for Individual) Director Cost Accounting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-622
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 334 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Wheeler, Shane, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Software Product Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-365
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Wheeler, Shane, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Software Product Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-364
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Wheeler, Shane, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Software Product Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-361
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)	PAGE 335 OF 367
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. White, Brian, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Product Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2024

Transaction ID : 2024073102510-404

Amount of Each Receipt this Period
13.50

Memo Item

B. White, Brian, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Product Manager
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2024

Transaction ID : 202408140259-403

Amount of Each Receipt this Period
13.50

Memo Item

C. White, Brian, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) Product Manager
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
239.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2024

Transaction ID : 202408280258-400

Amount of Each Receipt this Period
13.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 336 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Whiting, Donald, M, ,			Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-450		
Mailing Address 120 5th Avenue Place			Amount of Each Receipt this Period 96.25		
City Pittsburgh	State PA	Zip Code 15222-3099	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1732.50		
Name of Employer (for Individual) Allegheny Health Network		Occupation (for Individual) President, Physician Organization & CM	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Whiting, Donald, M, ,			Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-449		
Mailing Address 120 5th Avenue Place			Amount of Each Receipt this Period 96.25		
City Pittsburgh	State PA	Zip Code 15222-3099	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1732.50		
Name of Employer (for Individual) Allegheny Health Network		Occupation (for Individual) President, Physician Organization & CM	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Whiting, Donald, M, ,			Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-446		
Mailing Address 120 5th Avenue Place			Amount of Each Receipt this Period 96.25		
City Pittsburgh	State PA	Zip Code 15222-3099	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1732.50		
Name of Employer (for Individual) Allegheny Health Network		Occupation (for Individual) President, Physician Organization & CM	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	288.75
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 337 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wickert, Stephanie, E, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) VP Strategic Programs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024

Transaction ID : 2024073102510-653

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wickert, Stephanie, E, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) VP Strategic Programs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024

Transaction ID : 202408140259-650

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wickert, Stephanie, E, ,

Mailing Address 120 5th Avenue Place

City Pittsburgh	State PA	Zip Code 15222-3099
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Health	Occupation (for Individual) VP Strategic Programs
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024

Transaction ID : 202408280258-648

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 338 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Wigal, Linda, B, ,			Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-516
Mailing Address 614 Market St			Amount of Each Receipt this Period 39.00
City Parkersburg	State WV	Zip Code 26101-5146	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Highmark West Virginia Inc.		Occupation (for Individual) Regional VP Sales - WV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 702.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wigal, Linda, B, ,			Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-514
Mailing Address 614 Market St			Amount of Each Receipt this Period 39.00
City Parkersburg	State WV	Zip Code 26101-5146	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Highmark West Virginia Inc.		Occupation (for Individual) Regional VP Sales - WV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 702.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Wigal, Linda, B, ,			Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-511
Mailing Address 614 Market St			Amount of Each Receipt this Period 39.00
City Parkersburg	State WV	Zip Code 26101-5146	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Highmark West Virginia Inc.		Occupation (for Individual) Regional VP Sales - WV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 702.00		

SUBTOTAL of Receipts This Page (optional).....▶	117.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 339 OF 367
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Wilden, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) SVP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-305
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Wilden, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) SVP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-304
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Wilden, Gregory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Penn Avenue
 City Pittsburgh State PA Zip Code 15222-3224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Life Insurance Company Occupation (for Individual) SVP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-301
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 340 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winchell, Timothy, K, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Client Services Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-163

Amount of Each Receipt this Period
21.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winchell, Timothy, K, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Client Services Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-162

Amount of Each Receipt this Period
21.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winchell, Timothy, K, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HM Health Solutions Inc.	Occupation (for Individual) Client Services Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-160

Amount of Each Receipt this Period
21.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	63.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 341 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Witman, Michael, S, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Internal Business Systems Analyst
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
271.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-524

Amount of Each Receipt this Period
16.35

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Witman, Michael, S, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Internal Business Systems Analyst
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
271.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-522

Amount of Each Receipt this Period
16.35

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Witman, Michael, S, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Internal Business Systems Analyst
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
271.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-519

Amount of Each Receipt this Period
16.35

Memo Item

SUBTOTAL of Receipts This Page (optional).....	49.05
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 342 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Wojnaroski, Lindsay, A, ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-554
Mailing Address 501 Penn Avenue		Amount of Each Receipt this Period 30.00
City Pittsburgh	State PA	Zip Code 15222-3224
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director MA Member Retention & Satisf	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wojnaroski, Lindsay, A, ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-552
Mailing Address 501 Penn Avenue		Amount of Each Receipt this Period 30.00
City Pittsburgh	State PA	Zip Code 15222-3224
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director MA Member Retention & Satisf	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Wojnaroski, Lindsay, A, ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-550
Mailing Address 501 Penn Avenue		Amount of Each Receipt this Period 30.00
City Pittsburgh	State PA	Zip Code 15222-3224
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director MA Member Retention & Satisf	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 540.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 343 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Wojnaroski, Stephen, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Political Engagement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.70

Date of Receipt **08 / 02 / 2024**
Transaction ID : 2024073102510-454
 Amount of Each Receipt this Period 27.00
 Memo Item

B. Wojnaroski, Stephen, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Political Engagement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.70

Date of Receipt **08 / 16 / 2024**
Transaction ID : 202408140259-453
 Amount of Each Receipt this Period 27.00
 Memo Item

C. Wojnaroski, Stephen, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 5th Avenue Place
 City Pittsburgh State PA Zip Code 15222-3099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) Director Political Engagement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.70

Date of Receipt **08 / 30 / 2024**
Transaction ID : 202408280258-450
 Amount of Each Receipt this Period 27.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	81.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 344 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Woodward, Frances, A, ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-682
Mailing Address 120 5th Avenue Place		Amount of Each Receipt this Period 115.39
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Health	Occupation (for Individual) VP Deputy General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2077.02	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Woodward, Frances, A, ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-679
Mailing Address 120 5th Avenue Place		Amount of Each Receipt this Period 115.39
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Health	Occupation (for Individual) VP Deputy General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2077.02	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Woodward, Frances, A, ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-677
Mailing Address 120 5th Avenue Place		Amount of Each Receipt this Period 115.39
City Pittsburgh	State PA	Zip Code 15222-3099
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Health	Occupation (for Individual) VP Deputy General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2077.02	

SUBTOTAL of Receipts This Page (optional).....	346.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 345 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Woodward, Sharon, A, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Manager Knowledge Management
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2024

Transaction ID : 2024073102510-4

Amount of Each Receipt this Period
38.47

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Woodward, Sharon, A, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Manager Knowledge Management
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2024

Transaction ID : 202408140259-4

Amount of Each Receipt this Period
38.47

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Woodward, Sharon, A, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Manager Knowledge Management
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2024

Transaction ID : 202408280258-4

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 346 OF 367
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Wright, Alfred, J, ,

Mailing Address **1 Seneca St**

City **Buffalo** State **NY** Zip Code **14203-2734**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **Highmark Western and Northeastern New** Occupation (for Individual) **Director Government Affairs**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt
08 / 02 / 2024
Transaction ID : 2024073102510-760

Amount of Each Receipt this Period
19.24

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Wright, Alfred, J, ,

Mailing Address **1 Seneca St**

City **Buffalo** State **NY** Zip Code **14203-2734**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **Highmark Western and Northeastern New** Occupation (for Individual) **Director Government Affairs**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt
08 / 16 / 2024
Transaction ID : 202408140259-756

Amount of Each Receipt this Period
19.24

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Wright, Alfred, J, ,

Mailing Address **1 Seneca St**

City **Buffalo** State **NY** Zip Code **14203-2734**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **Highmark Western and Northeastern New** Occupation (for Individual) **Director Government Affairs**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt
08 / 30 / 2024
Transaction ID : 202408280258-754

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **57.72**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 347 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Wright, Daniel, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Chief Operating Officer UCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-76
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Wright, Daniel, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Chief Operating Officer UCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-75
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Wright, Daniel, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Chief Operating Officer UCD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-74
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 348 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Wright, Elena, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Senior Strategy Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 359.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : 2024073102510-116
 Amount of Each Receipt this Period
 19.96
 Memo Item

B. Wright, Elena, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Senior Strategy Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 359.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : 202408140259-115
 Amount of Each Receipt this Period
 19.96
 Memo Item

C. Wright, Elena, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) Senior Strategy Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 359.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024
Transaction ID : 202408280258-114
 Amount of Each Receipt this Period
 19.96
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	59.88
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 349 OF 367
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wright, Kristie, R, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Manager Appeals
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2024

Transaction ID : 2024073102510-507

Amount of Each Receipt this Period
15.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wright, Kristie, R, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Manager Appeals
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2024

Transaction ID : 202408140259-505

Amount of Each Receipt this Period
15.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wright, Kristie, R, ,

Mailing Address 1800 Center Street

City Camp Hill	State PA	Zip Code 17011-1741
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Manager Appeals
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2024

Transaction ID : 202408280258-502

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 350 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Wyszomierski, Stephen, , ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : 2024073102510-744
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 40.00
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director, Market Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wyszomierski, Stephen, , ,		Date of Receipt MM / DD / YYYY 08 / 16 / 2024 Transaction ID : 202408140259-741
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 40.00
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director, Market Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Wyszomierski, Stephen, , ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : 202408280258-739
Mailing Address 1800 Center Street		Amount of Each Receipt this Period 40.00
City Camp Hill	State PA	Zip Code 17011-1741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) Director, Market Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 720.00	

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 351 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Yantis, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP State Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-614
 Amount of Each Receipt this Period 192.30
 Memo Item

B. Yantis, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP State Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-611
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Yantis, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Highmark Inc Occupation (for Individual) VP State Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-609
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 352 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yarnell, Eric, J, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) VP Clinical & Specialty Pharmacy Servi
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024

Transaction ID : 2024073102510-448

Amount of Each Receipt this Period
38.47

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yarnell, Eric, J, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) VP Clinical & Specialty Pharmacy Servi
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024

Transaction ID : 202408140259-447

Amount of Each Receipt this Period
38.47

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yarnell, Eric, J, ,

Mailing Address 501 Penn Avenue

City Pittsburgh	State PA	Zip Code 15222-3224
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highmark Inc	Occupation (for Individual) VP Clinical & Specialty Pharmacy Servi
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024

Transaction ID : 202408280258-444

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 353 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Zellinger, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) VP Product Development & Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt
 08 / 02 / 2024
Transaction ID : 2024073102510-778
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Zellinger, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) VP Product Development & Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt
 08 / 16 / 2024
Transaction ID : 202408140259-774
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Zellinger, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HM Health Solutions Inc. Occupation (for Individual) VP Product Development & Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.46

Date of Receipt
 08 / 30 / 2024
Transaction ID : 202408280258-772
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 354 OF 367
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Zuck, Jonathan, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Director Strategic Partnerships
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 02 / 2024
Transaction ID : 2024073102510-224
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Zuck, Jonathan, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Director Strategic Partnerships
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2024
Transaction ID : 202408140259-223
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Zuck, Jonathan, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Center Street
 City Camp Hill State PA Zip Code 17011-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Concordia Companies Inc Occupation (for Individual) Director Strategic Partnerships
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2024
Transaction ID : 202408280258-220
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	48515.69

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 355 OF 367
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

A. Citizens Bank

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4101 Carlisle Pike

City Camp Hill	State PA	Zip Code 17011
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5612.02

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 30 / 2024

Transaction ID : 20D90A0FDF8943A98D8D

Amount of Each Receipt this Period
1.07

Memo Item

Interest

B. Citizens Bank

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4101 Carlisle Pike

City Camp Hill	State PA	Zip Code 17011
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5612.02

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 30 / 2024

Transaction ID : 850CF2DF2D4C4D0FB061

Amount of Each Receipt this Period
1231.70

Memo Item

Reinvested Dividends

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1232.77
TOTAL This Period (last page this line number only).....	1232.77

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

A. Carol For Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	2	4

Mailing Address 228 S Washington St
Ste 115

FEC Identification Number

C C00653220

Transaction ID : F0954879862

Amount of Each Disbursement this Period

1500.00

Memo Item

City Alexandria

State VA

Zip Code 22314

Purpose of Disbursement
2024 General

011
Category/
Type

Candidate Name

Miller, Carol, Devine, ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: WV District: 01

Full Name (Last, First, Middle Initial)

B. Cut The Bull PAC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	2	4

Mailing Address 228 S Washington St
Ste 115

FEC Identification Number

C C00691626

Transaction ID : 6CC38C93C6I

Amount of Each Disbursement this Period

1000.00

Memo Item

City Alexandria

State VA

Zip Code 22314

Purpose of Disbursement
2024 Contribution

011
Category/
Type

Candidate Name

Cut The Bull PAC

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) Contribution

State: District:

Full Name (Last, First, Middle Initial)

C. Meuser For Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	4

Mailing Address PO Box 183

FEC Identification Number

C C00654723

Transaction ID : C914B37DE5

Amount of Each Disbursement this Period

1000.00

Memo Item

City Hudson

State WI

Zip Code 54016

Purpose of Disbursement
2024 General

011
Category/
Type

Candidate Name

Meuser, Daniel, P., ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: PA District: 09

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

A. Rvfpac

Mailing Address 824 S Millledge Ave
Ste 101

City Athens State GA Zip Code 30605

Purpose of Disbursement
2024 Contribution

011
Category/
Type

Candidate Name

Rvfpac

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2024

FEC Identification Number

C C00689208

Transaction ID : 76856CCF90f

Amount of Each Disbursement this Period

1250.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1250.00

TOTAL This Period (last page this line number only)..... ▶

4750.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Highmark PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

A. Bellmon for PA

Mailing Address 702 N 3rd Street, PMB 400

City Philadelphia State PA Zip Code 19123

Purpose of Disbursement
Nonfederal Contribution

011
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2024

FEC Identification Number

C
Transaction ID : D5B705DD35
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Building a Stronger Pennsylvania

Mailing Address Attn.: Colleen Weldon
300 N. 2nd Street

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement
Nonfederal Contribution

011
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		08		2024

FEC Identification Number

C
Transaction ID : 38622F7502C
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Elect Jim Rigby

Mailing Address 1340 Franklin Street

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Nonfederal Contribution

011
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		08		2024

FEC Identification Number

C
Transaction ID : 2D9E10E6F0
Amount of Each Disbursement this Period
150.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1650.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

A. Elect Parke Wentling

Mailing Address 304 Mercer Road

City
Greenville

State
PA

Zip Code
16125

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : E736C6E2D4

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends for Morgan Cephas

Mailing Address 5899 Lancaster Ave

City
Philadelphia

State
PA

Zip Code
19131

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : 30809168D19

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Aaron Bernstine

Mailing Address 254 State Route 168

City
New Galilee

State
PA

Zip Code
16141

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : 03A67295A8

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

3	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

A. Friends of Arvind Venkat

Mailing Address 10675 Perry Hwy #489

City
Wexford

State
PA

Zip Code
15090

Purpose of Disbursement

Nonfederal Contribution

011

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : 0C1B109984

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Daniel Camp III

Mailing Address PO Box 262

City
Beaver

State
PA

Zip Code
15009

Purpose of Disbursement

Nonfederal Contribution

011

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : 4A427891746

Amount of Each Disbursement this Period

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Devlin Robinson

Mailing Address P.O. Box 712

City
Bridgeville

State
PA

Zip Code
15017

Purpose of Disbursement

Nonfederal Contribution

011

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : 4624DD092E

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

3	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

A. Friends of Devlin Robinson

Mailing Address P.O. Box 712

City
Bridgeville

State
PA

Zip Code
15017

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2024

FEC Identification Number

C [REDACTED]

Transaction ID : 0AA27FAB6C

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Jen Dintini

Mailing Address PO Box 27

City
Monroeville

State
PA

Zip Code
15146

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		08		2024

FEC Identification Number

C [REDACTED]

Transaction ID : FB9E7E5705I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Joe Pittman

Mailing Address PO Box 382

City
Indiana

State
PA

Zip Code
15701

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2024

FEC Identification Number

C [REDACTED]

Transaction ID : CDEECF68D

Amount of Each Disbursement this Period

500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2000.00

TOTAL This Period (last page this line number only)..... ▶

--

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

A. Friends of Josh Bashline

Mailing Address 130 S 4th Avenue

City
Clarion

State
PA

Zip Code
16214

Purpose of Disbursement
Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	2	4

FEC Identification Number

C
Transaction ID : 212940F554F

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Kim Ward

Mailing Address PO Box 203

City
Greensburg

State
PA

Zip Code
15601

Purpose of Disbursement
Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	2	4

FEC Identification Number

C
Transaction ID : 842227B63FC

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Martina White

Mailing Address PO Box 16041

City
Philadelphia

State
PA

Zip Code
19114

Purpose of Disbursement
Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	2	4

FEC Identification Number

C
Transaction ID : EE234DD16E

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1	0	5	0	.	0	0
---	---	---	---	---	---	---

--	--	--	--	--	--	--

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

A. Friends of Marty Flynn

Mailing Address 1633 REAR DOROTHY ST

City
SCRANTON

State
PA

Zip Code
18504-1107

Purpose of Disbursement
Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	8			2	0	2	4		

FEC Identification Number

C

Transaction ID : 0018A8396B4

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Nick Miller

Mailing Address P.O. Box 1799

City
Allentown

State
PA

Zip Code
18105

Purpose of Disbursement
Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	2			2	0	2	4		

FEC Identification Number

C

Transaction ID : 9C2E2377E89

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Steve Malagari

Mailing Address PO Box 1712

City
Lansdale

State
PA

Zip Code
19446

Purpose of Disbursement
Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	1			2	0	2	4		

FEC Identification Number

C

Transaction ID : 7A4EBE980F

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with 29 selected

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NAME OF COMMITTEE (In Full)
Highmark PAC of Highmark Inc.

Form A: Gaydos for PA. Includes fields for Name, Address, Date of Disbursement (08/01/2024), FEC ID, Transaction ID (EFE84728643), and Amount (300.00).

Form B: House Republican Campaign Committee. Includes fields for Name, Address, Date of Disbursement (08/01/2024), FEC ID, Transaction ID (2713DC2E10C), and Amount (1000.00).

Form C: Jay Costa for State Senate. Includes fields for Name, Address, Date of Disbursement (08/08/2024), FEC ID, Transaction ID (96BC580C4C), and Amount (1150.00).

SUBTOTAL of Disbursements This Page (optional) 2450.00
TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

A. Joe D for PA

Mailing Address P.O. Box 151

City
Mount Wolf

State
PA

Zip Code
17347

Purpose of Disbursement
Nonfederal Contribution

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2024

FEC Identification Number

C

Transaction ID : 4D33A6C433I

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Republican House Leadership PAC

Mailing Address 2151 S. Dupont Hwy

City
Dover

State
DE

Zip Code
19901

Purpose of Disbursement
Nonfederal Contribution

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2024

FEC Identification Number

C

Transaction ID : FFC0BA5CD#

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Stats for State Representative

Mailing Address 1613 Salem Lane

City
Quakerstown

State
PA

Zip Code
18951

Purpose of Disbursement
Nonfederal Contribution

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2024

FEC Identification Number

C

Transaction ID : 1D8B170C7C

Amount of Each Disbursement this Period

300.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

800.00

--

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

A. Taxpayers for Torren

Mailing Address 282 West King St., 1st Floor

City
Abbottstown

State
PA

Zip Code
17301

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought:

House

Senate

President

Disbursement For:

Primary General

Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : D07C2C0E12

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. The Friends of Jeff Olsommer

Mailing Address PO Box 1001

City
Greentown

State
PA

Zip Code
18426

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought:

House

Senate

President

Disbursement For:

Primary General

Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : 1B7BBF013A

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. The Friends of Joe McAndrew

Mailing Address 1712 Outlook Drive

City
Verona

State
PA

Zip Code
15147

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought:

House

Senate

President

Disbursement For:

Primary General

Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : B521C27BD3

Amount of Each Disbursement this Period

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1	0	5	0	0	0	0	0	0	0
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--	--	--	--	--	--	--	--	--	--

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Highmark PAC of Highmark Inc.

Full Name (Last, First, Middle Initial)

A. Wayne Langerholc for Senate

Mailing Address 311 Salmon Ave

City
Johnstown

State
PA

Zip Code
15904

Purpose of Disbursement
Nonfederal Contribution

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2024

FEC Identification Number

C
Transaction ID : 49DFC16A0B
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

500.00
24550.00