05/15/2024 10:54

**FEC** 

Only

# STATEMENT OF

PAGE 1 / 25

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Wellmark, Inc. PAC (WellPac) 1331 Grand Avenue ADDRESS (number and street) Sta. 5W570 (Check if address is changed) Des Moines 50309 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address geibb@wellmark.com is changed) Optional Second E-Mail Address siglerr@wellmark.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00342022 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Geib, Brandon,, Date 05 15 2024 Signature of Treasurer Geib, Brandon, . . NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate	
	Candidate Office Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, e	tc.) Party
	Political Action Committee (PAC):	
	(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	X Corporation Corporation w/o Capital Stock Labor Org	anization
	Membership Organization Trade Association Cooperative	/e
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1 C	

I	FEC Form 1 (Revised	02/2009)		Page <b>3</b>
٧	Vrite or Type Committee Nam	е		
	Wellmark, Inc. F	PAC (WellPac)		
6.	-	Organization, Affiliated Committee, Joint Fundraisi	ng Representati	ve, or Leadership PAC Sponsor
	Wellmark, Inc.			
	Mailing Address	1331 Grand Avenue		
		Sta. 5W570 		
		Des Moines	IA I	50309
		CITY ▲	STATE	▲ ZIP CODE ▲
	Relationship: X Connected	d Organization	undraising Represe	entative Leadership PAC Sponso
	, , , , , , , , , , , , , , , , , , ,			
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and	position of the per	son in possession of committee
	Sundstror	m, Scott, , ,		
	Full Name			
	Mailing Address	1331 Grand Avenue		
		Des Moines	,   IA	50309
		CITY A	STATE	▲ ZIP CODE ▲
	Title or Position ▼	5	Ontil	
	Govt Relations		none number	515 - 376 - 5537
8.	Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasur assistant treasurer).	er of the commit	ee; and the name and address of
	Full Name Geib, Bra	ndon, , ,		
	or freasurer	1331 Grand Avenue		
	Mailing Address			
		Des Moines	IA	50309
		CITY A	STATE	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Teleph	none number	515 - 376 - 4825

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Sundstrom, Scott, , ,	
Mailing Address	1331 Grand Avenue	
	Des Moines IA 50309	
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
VP Govt Relation	Telephone number 515 –	376
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hold xes or maintains funds.	s accounts, rents
Name of Bank, [	Depository, etc.	
	Bankers Trust	
Mailing Address	453 7th Street	
	Des Moines IA 50309	
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, [	Depository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

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

(h). Joint Fundrais	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint F CALIFORNIA POLITICAL ACTION COMN		e, or Leadership PAC Spons
BEOL SHILLD OF	LI L		
Mailing Address	50 BEALE STREET		
	17-C356		
	SAN FRANCISCO	CA	94105
Relationship:	CITY A	STATE A	ZIP CODE ▲
Designated Agent: Ident	tify by name, address (phone number – optiona	al)	
Pesignated Agent: Ident	tify by name, address (phone number – optiona	N)	
	tify by name, address (phone number – optiona	al)	
Full Name	tify by name, address (phone number – options	al)	
Full Name	tify by name, address (phone number – optional	al)	
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name Mailing Address  TITLE OR POSITIO	N ▼ CITY ▲	STATE A Telephone Number	
Full Name Mailing Address  TITLE OR POSITIO	CITY ▲  tories: List all banks or other depositories in w	STATE A Telephone Number	
Full Name  Mailing Address  TITLE OR POSITIO  Banks or Other Deposit safety deposit boxes or respectively.	CITY ▲  tories: List all banks or other depositories in w	STATE A Telephone Number	
Full Name Mailing Address  TITLE OR POSITIO	N ▼  CITY ▲  tories: List all banks or other depositories in water maintains funds.	STATE A Telephone Number	ts funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITIO  Banks or Other Deposit safety deposit boxes or related to the position of Bank,	N ▼  CITY ▲  tories: List all banks or other depositories in water maintains funds.	STATE A  Telephone Number  hich the committee deposi	ts funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITIO  Banks or Other Depositions afety deposit boxes or responsible to the position of Bank, Depository, etc.	CITY ▲  tories: List all banks or other depositories in water maintains funds.	STATE A  Telephone Number  hich the committee deposi	ts funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITIO  Banks or Other Depositions afety deposit boxes or responsible to the position of Bank, Depository, etc.	CITY ▲  tories: List all banks or other depositories in water maintains funds.	STATE A  Telephone Number  hich the committee deposi	ts funds, holds accounts, rents

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

(h). <b>Joint Fundrais</b>	ng raiticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
-	d Organization, Affiliated Committee, Joint Fun		
Mailing Address	19 NORTH MAIN STREET		
	WILKES BARRE	PA	18711
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Jo  fy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Spo
		int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Ident		int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Ident		int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Ident	fy by name, address (phone number – optional)		
Designated Agent: Ident	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Spo
Designated Agent: Ident  Full Name  Mailing Address	fy by name, address (phone number – optional)		
Designated Agent: Ident  Full Name	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION Agents or Other Depositions of Bank, Depository, etc.	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which anintains funds.	STATE A  Telephone Number	ZIP CODE A

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

(h). Joint Fundrais	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
-	d Organization, Affiliated Committee, Joint Fo		
Mailing Address	INTERSTATE 20 AT ALPINE ROAD		
	COLUMBIA	SC SC	29219
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Full Name			
Full Name			
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A	STATE A Telephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITIO	ories: List all banks or other depositories in whaintains funds.	Telephone Number	s funds, holds accounts, rent
Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or not be boxed and the boxes of the boxes	ories: List all banks or other depositories in whaintains funds.	Telephone Number	s funds, holds accounts, rent
Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or not boxes or not boxes. It is a second to the control of Bank, be pository, etc.	ories: List all banks or other depositories in whaintains funds.	Telephone Number	s funds, holds accounts, rent
Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or not boxes or not boxes. It is a second to the control of Bank, be pository, etc.	ories: List all banks or other depositories in whaintains funds.	Telephone Number	s funds, holds accounts, rent

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

	ing Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint		ve, or Leadership PAC Spons
PREMERA BLUE C	ROSS POLITICIAL ACTION COMMITTE	E/PREMERA PAC	
Mailing Address	7001 220TH STREET SW		
	MOUNTLAKE TERRACE	WA	98043
Relationship:	CITY A	STATE <b>A</b>	ZIP CODE ▲
Designated Agent: Ident	ify by name, address (phone number – optior	al)	
Full Name	ify by name, address (phone number – optior	al)	
	ify by name, address (phone number – option	al)	
Full Name	ify by name, address (phone number – option	al)	
Full Name	ify by name, address (phone number – option	al)	
Full Name	CITY A	al)  STATE	ZIP CODE A
Full Name   _   _    Mailing Address  TITLE OR POSITIO	CITY A		ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY A	STATE ▲ Telephone Number	
Full Name Mailing Address  TITLE OR POSITION	CITY ▲  Cories: List all banks or other depositories in v	STATE ▲ Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit	CITY ▲  **Ories: List all banks or other depositories in variations funds.	STATE A  Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite tafety deposit boxes or not be safety.	CITY ▲  Cories: List all banks or other depositories in vinaintains funds.	STATE A  Telephone Number	its funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not be boxes or not be boxes. Depository, etc.	CITY ▲  Cories: List all banks or other depositories in vinaintains funds.	STATE A  Telephone Number	its funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not be boxes or not be boxes. Depository, etc.	CITY ▲  Cories: List all banks or other depositories in vinaintains funds.	STATE A  Telephone Number	its funds, holds accounts, rents

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

	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	2 NORTH JACKSON STREET		
	SUITE 202		
	MONTGOMERY	AL	36104
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Full Name			
Full Name L			
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A	STATE  Telephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION	ories: List all banks or other depositories in whi aintains funds.	Telephone Number	s funds, holds accounts, rents
Mailing Address  TITLE OR POSITION  Banks or Other Deposites a position of Bank, Depository, etc.	ories: List all banks or other depositories in whi aintains funds.	Telephone Number	s funds, holds accounts, rents

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

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	I Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spon
BLUE CROSS BLUI	SHIELD OF MICHIGAN PAC		
Mailing Address	602 W. IONIA		
	LANSING	MI MI	48933
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization X Affiliated Committee Jof fy by name, address (phone number – optional)	oint Fundraising Represent	Leadership TAO O
		Jili Tulidiaising Tiepresein	Leadership PAC Sp
esignated Agent: Ident			
esignated Agent: Ident			
esignated Agent: Ident			
esignated Agent: Ident	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds.	STATE A  Telephone Number	ZIP CODE A

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

Page \_\_\_ **of** 25\_

	sing Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	ed Organization, Affiliated Committee, Joint Fundr		
Mailing Address	P.O. BOX 6936  4800 DEERWOOD CAMPUS PARKWY, DC3-4		
Relationship:	JACKSONVILLE  CITY	STATE A	32236 ZIP CODE ▲
Conne	cted Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Spo
Designated Agent: Ide	ntify by name, address (phone number - optional)		
Designated Agent: Ider  Full Name  Mailing Address	ntify by name, address (phone number – optional)		
Full Name	ntify by name, address (phone number – optional)		
Full Name	ntify by name, address (phone number – optional)		
Full Name Line Mailing Address	CITY A	STATE A	ZIP CODE A
Full Name	DN ▼ CITY ▲	STATE A	ZIP CODE A
Full Name	ON ▼  CITY ▲  Sitories: List all banks or other depositories in which maintains funds.	elephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depose safety deposit boxes or Name of Bank, Depository, etc.	ON ▼  CITY ▲  Sitories: List all banks or other depositories in which maintains funds.	elephone Numberthe committee deposit	s funds, holds accounts, rents

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

1.							
1.				FEC ID	number	C	
2. 🔟				FEC ID	number	С	
3.				FEC ID	number	С	
4.				FEC ID	number	C	
Name of	Any Connected	Organization, Affi	iliated Committee, Joint	Fundraising Rep	resentative	e, or Leadership PAC	Spons
BLUE	CROSS AND B	SLUE SHIELD O	F KANSAS, INC. EMP	LOYEE PAC			
Mail	ing Address	1133 SW TOPE	KA BLVD.				
		CC:855 - B3					
		TOPEKA			KS	66629	
			CITY A		STATE 🛦	ZIP COI	DE 🛦
			Affiliated Committee s (phone number – option	Joint Fundraising	Representa	ative Leadership	PAC Sp
	Connected				Representa	ative Leadership	PAC Sp
esignate	Connected				Representa	Leadership	PAC Sp
<b>Designate</b> Full Na	Connected day and Agent: Identify				Representa	ative Leadership	PAC Sp
<b>esignate</b> Full Na	Connected day and Agent: Identify				Representa	ative Leadership	PAC Spi
Pesignate Full Na	Connected day and Agent: Identify	by name, addres		nal)	Representa	Leadership  Leadership	

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

	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
		,	
Name of Any Connecte	d Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
FED CAREPAC, TH	E BLUE CROSS AND BLUE SHIELD OF M	ASSACHUSETTS POL	ITICAL ACTION COMMITT
	<u> </u>		1 1 1 1 1 1 1 1 1 1
Mailing Address	401 PARK DRIVE		
	LANDMARK CENTER		
	BOSTON		02215
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Designated Agent: Ident	ify by name, address (phone number - optional		
Full Name			
Full Name	<u> </u>		
Full Name L			
		CTATE A	7IR CODE A
	CITY A	STATE A	ZIP CODE A
Mailing Address  TITLE OR POSITIO	CITY A	STATE   Telephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITIO	tories: List all banks or other depositories in wh	Telephone Number	
Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or necessity and the safety deposit boxes or necessity deposity de	tories: List all banks or other depositories in wh	Telephone Number	
Mailing Address  TITLE OR POSITIO	tories: List all banks or other depositories in whaintains funds.	Telephone Numberich the committee deposit	
Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or new part of Bank,	tories: List all banks or other depositories in whaintains funds.	Telephone Numberich the committee deposit	s funds, holds accounts, rents
Mailing Address  TITLE OR POSITION  Banks or Other Deposition boxes or not be boxed boxes or not be boxed boxes.	tories: List all banks or other depositories in whaintains funds.	Telephone Numberich the committee deposit	s funds, holds accounts, rents
Mailing Address  TITLE OR POSITION  Banks or Other Deposition boxes or not be boxes or not be boxes or not be boxes. Depository, etc.	tories: List all banks or other depositories in whaintains funds.	Telephone Numberich the committee deposit	s funds, holds accounts, rents

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

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	I Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spons
HEALTH CARE SER	RVICE CORPORATION EMPLOYEES' POL	ITICAL ACTION COM	MMITTEE
Mailing Address	300 E. RANDOLPH		
	LEGAL DEPT.		
	CHICAGO	IL	60601
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		int Fundraising Represent	ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Spo
Connecte  Connecte  Designated Agent: Identi	ed Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization X Affiliated Committee Jo		
Connecte  Designated Agent: Identi  Full Name	Affiliated Committee Jo	int Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee Jo		
Connecte  Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee Journal J	STATE A Telephone Number	ZIP CODE A
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or make the safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	Affiliated Committee Journal J	STATE A  Telephone Number	ZIP CODE A

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

ng Participant:		
	FEC ID number	С
_		
POST OFFICE BOX 13466		
PHOENIX		85002
CITY A	STATE ▲	ZIP CODE ▲
I		
CITY ▲	STATE ▲	ZIP CODE A
	Telephone Number	
pries: List all banks or other depositories in whaintains funds.	Telephone Number	s funds, holds accounts, rents
pries: List all banks or other depositories in whaintains funds.	Telephone Numberich the committee deposit	s funds, holds accounts, rents
	Organization, Affiliated Committee, Joint Full MENT COMMITTEE-THE POLITICAL ACTIVE POST OFFICE BOX 13466  PHOENIX  CITY   Affiliated Committee  J  Affiliated Committee	FEC ID number

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

(h). <b>Joint Fundrais</b>	ng Participant:		
1.		FEC ID number	er C
2		FEC ID numbe	er C
3.		FEC ID numbe	er C
4.		FEC ID numbe	er C
Name of Any Connecte	l Organization, Affiliated Committee, Joint	Fundraising Benresenta	itiva or Lazdarshin PAC Snons
THE REGENCE GR			invo, or Educationip FAC oponio
Mailing Address	330 9TH ST. SE		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
	ed Organization X Affiliated Committee  fy by name, address (phone number – option	Joint Fundraising Repres	entative Leadership PAC Spo
Designated Agent: Ident			entative Leadership PAC Spo
Designated Agent: Ident			entative Leadership PAC Spo
Designated Agent: Ident			entative Leadership PAC Spo
Designated Agent: Ident	fy by name, address (phone number – option	nal)	
Designated Agent: Ident	fy by name, address (phone number – option		
Designated Agent: Ident  Full Name    Mailing Address	fy by name, address (phone number – option	nal)	
Designated Agent: Ident  Full Name	fy by name, address (phone number – option  CITY   CITY   ories: List all banks or other depositories in naintains funds.	STATE 4	ZIP CODE A  osits funds, holds accounts, rents
Pesignated Agent: Ident Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposites afety deposit boxes or not be and the composite of Bank, Depository, etc.	fy by name, address (phone number – option  CITY   CITY   ories: List all banks or other depositories in naintains funds.	STATE A Telephone Number	ZIP CODE A  osits funds, holds accounts, rents

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

Page \_\_\_ **of** 25\_

1.						
ا ۵				FEC II	0 number	C
2. 🔃				FEC II	0 number	С
3. 🗔				FEC II	0 number	С
4. 🔲				FEC II	0 number	C
	-		ffiliated Committee, Joint			re, or Leadership PAC Spons
Mai	ling Address	PO BOX 6071	0			
		HARRISBURG	<b>.</b> 		PA	17106
			CITY ▲		STATE A	ZIP CODE ▲
			X Affiliated Committee	Joint Fundraising	g Represent	tative Leadership PAC Sp
<b>Designate</b> Full N	Connecte ed Agent: Identif				g Represent	Leadership PAC Sp
<b>Designate</b> Full N	Connecte				g Represent	Leadership PAC Sp
<b>Designate</b> Full N	Connecte ed Agent: Identif				g Represent	Leadership PAC Sp
Designate Full N Mailin	Connecte  ed Agent: Identif  lame	y by name, addre	ss (phone number – option	nal)		
Designate Full N Mailin	Connecte ed Agent: Identif	y by name, addre		nal)	STATE A	Leadership PAC Sp

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

h). <b>Joint Fundraisi</b>	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fund		
BLUE CROSS AND	BLUE SHIELD OF NEBRASKA POLITICAL	. ACTION COMMITTI	EE (BLUEPAC)
Mailing Address	7261 MERCY ROAD		
,	PO BOX 3248		
	OMAHA	NE	68180
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		nt Fundraising Represent	Leadership PAC Sp
	Affiliated Committee Joing Joi	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	by by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address	by by name, address (phone number – optional)  CITY		
esignated Agent: Identification Full Name	by by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	by by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	by by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	by by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A

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

	aising Participant:			
1.			FEC ID number	r C
2.			FEC ID number	r C
3.			FEC ID number	r C
4.			FEC ID number	r C
ame of Any Connec	cted Organization,	Affiliated Committee, Joint	Fundraising Representat	tive, or Leadership PAC Spor
CAREFIRST BLU	JECROSS BLUES	SHIELD ASSOCIATES' FE	EDERAL PAC	
I				
Mailing Address	10455 MILL	RUN CIRCLE		
	ı OWINGS MI	LL 	MD	21117
	ected Organization	CITY A  X Affiliated Committee  ress (phone number – option	STATE Joint Fundraising Represental)	
Conn	ected Organization	X Affiliated Committee	Joint Fundraising Represe	
Connesignated Agent: Id	ected Organization	X Affiliated Committee	Joint Fundraising Represe	
esignated Agent: Id	ected Organization	X Affiliated Committee	Joint Fundraising Represe	
esignated Agent: Id	ected Organization	X Affiliated Committee	Joint Fundraising Represe	
esignated Agent: Id  Full Name  Mailing Address	ected Organization entify by name, add	Affiliated Committee  ress (phone number – option	Joint Fundraising Represe	Leadership PAC S
esignated Agent: Id	ected Organization entify by name, add	X Affiliated Committee	Joint Fundraising Represe	Leadership PAC S

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

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
_	d Organization, Affiliated Committee, Joint		ve, or Leadership PAC Sponso
BLUE CROSS AND	BLUE SHIELD OF KANSAS CITY FED	ERAL PAC	
Mailing Address	ONE PERSHING SQUARE		
3	2301 MAIN STREET		
	KANSAS CITY	MO	64108
Relationship:	CITY ▲	STATE A	ZIP CODE A
п.	ed Organization X Affiliated Committee	Joint Fundraising Represe	ntative Leadership PAC Spor
Full Name	<u> </u>		
Full Name			
Mailing Address	CITY	STATE A	ZIP CODE A
	CITY A	STATE A	ZIP CODE A
Mailing Address  TITLE OR POSITION	CITY A	STATE A Telephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION	N ▼		ZIP CODE A
Mailing Address  TITLE OR POSITIO	ories: List all banks or other depositories in	Telephone Number	
Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or necessity.	ories: List all banks or other depositories in	Telephone Number	
Mailing Address  TITLE OR POSITION	ories: List all banks or other depositories in naintains funds.	Telephone Number	sits funds, holds accounts, rents
Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not boxes or not boxes.	ories: List all banks or other depositories in naintains funds.	Telephone Number	sits funds, holds accounts, rents
Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not be boxes or not be boxes. Depository, etc.	ories: List all banks or other depositories in naintains funds.	Telephone Number	sits funds, holds accounts, rents
Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not be boxes or not be boxes. Depository, etc.	ories: List all banks or other depositories in naintains funds.	Telephone Number	sits funds, holds accounts, rents

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

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	I Organization, Affiliated Committee, Joint Furth PAC OF HIGHMARK INC.	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address	1800 CENTER STREET		
Relationship:	CAMP HILL	PA PA	17089 - L
Helationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee July fy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi			ative Leadersnip PAC Spo
Designated Agent: Identi			ative Leadersnip PAC Spo
Designated Agent: Identi			Leadersnip PAC Spo
Designated Agent: Identi	fy by name, address (phone number – optional)		ZIP CODE A
Pesignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)		
Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in white anintains funds.	STATE A  Telephone Number	ZIP CODE A
Pesignated Agent: Identic Full Name	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in white paintains funds.	STATE A  Telephone Number	ZIP CODE A  ts funds, holds accounts, rents
Pesignated Agent: Identic Full Name	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in white paintains funds.	STATE A  Telephone Number	ZIP CODE A  ts funds, holds accounts, rents

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

	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	d Organization, Affiliated Committee, Joint	Fundraising Representativ	re, or Leadership PAC Sponso
BLUE CROSS AND	BLUE SHIELD OF NORTH CAROLINA	EMPLOYEE POLITICAI	ACTION COMMITTEE
Mailing Address	P.O. BOX 2291		
-			
	DURHAM	, NC	27702
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization X Affiliated Committee	Joint Fundraising Represen	
Full Name			
Mailing Address			
	CITY A	STATE A	ZIP CODE A
Mailing Address  TITLE OR POSITION	CITY A	STATE   Telephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION	<b>√</b>	1	ZIP CODE A
Mailing Address  TITLE OR POSITION	ories: List all banks or other depositories in v	Telephone Number	
Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or many services.	ories: List all banks or other depositories in v	Telephone Number	
Mailing Address  TITLE OR POSITION	ories: List all banks or other depositories in variations funds.	Telephone Number	ts funds, holds accounts, rents
Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or management of Bank,	ories: List all banks or other depositories in variations funds.	Telephone Number	ts funds, holds accounts, rents
Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in variations funds.	Telephone Number	ts funds, holds accounts, rents
Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in variations funds.	Telephone Number	ts funds, holds accounts, rents

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

(h). <b>Joint Fundrais</b>	sing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
-	ed Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Sponso
Mailing Address	1360 S. BERETANIA ST.		1
	#200		
Relationship:	HONOLULU  CITY	STATE A	96814 ZIP CODE ▲
Connec	ted Organization X Affiliated Committee	oint Fundraising Representa	ative Leadership PAC Spo
Full Name			
			1 1 1
TITLE OR POSITIO	ON ▼	STATE ▲	ZIP CODE ▲
TITLE OR POSITIO	CITY ▲	STATE   Telephone Number	ZIP CODE <b>A</b>
	tories: List all banks or other depositories in whimaintains funds.	Telephone Number	s funds, holds accounts, rents
Banks or Other Depositions of Bank, Depository, etc.	tories: List all banks or other depositories in whimaintains funds.	Telephone Number	s funds, holds accounts, rents

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

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
BLUEPAC - BLUE C	CROSS BLUE SHIELD ASSOCIATION PAC		
Mailing Address	750 9th Street NW		
	Washington	DC	20001
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Join  fy by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Sp
		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadersnip PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadersnip PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadersnip PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which naintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A

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

	_	25	
Page	of	23	

h). <b>Joint Fundraisi</b> r		FEC ID number	C
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		TEO ID Hambol	0
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
BLUE PAC			
Mailing Address	750 9th Street NW		
Mailing Address			
	WASHINGTON	l DC l	20001
Relationship:	CITY A	STATE ▲	ZIP CODE A
riciationship.	GITT A	SIAIE	ZIP GODE A
	d Organization X Affiliated Committee Joint  y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC S
esignated Agent: Identif  Full Name  Mailing Address	by by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A