Image# 201705039053493727				05/03/2017 11:26
FEC FORM 1	STATEMEN ORGANIZA		Of	PAGE 1 / 24
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
Horizon Healthca	re Services, Inc.	-Horizon BCBSN	J Federal	PAC Inc.
ADDRESS (number and street)	Three Penn Plaza East			
(Check if address	PP-11G			
is changed)				<u> </u>
	Newark		NJ 071	
	CITY A		STATE 🔺	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address	sarah_jones@horizonbl	ue.com		I
is changed)				
	Optional Second E-Mail Add	ress		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 05 / 03				
3. FEC IDENTIFICATION N	JMBER ► C co	0639245		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	nis Statement and to the best	of my knowledge and belief it	is true, correct and	complete.
Type or Print Name of Treasure	r Jones, Sarah, E., ,			
Signature of Treasurer	, Sarah, E., ,	[Electronically Filed]	Date 05	03 / Y Y Y Y 2017
NOTE: Submission of false, erron	eous, or incomplete information r ANY CHANGE IN INFORMATIC			penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

05/03/2017 11 : 26

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYP	E OF C	OMMITTEE	
Car	ndidate	e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	te the candidate
	ne of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Con	nmittee:	
(d)			emocratic, publican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated 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.)	
Join	nt Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Horizon Healthcare Services, Inc.-Horizon BCBSNJ Federal PAC Inc.

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

BLUEPAC - BLUE CR	OSS BLUE SHIELD ASSOCIATION PAC		
Mailing Address	1310 G STREET NW		
			20005
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization 🗶 Affiliated Committee 📃 Joint Fundraising	Representativ	Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Diaz, Ulise	}\$, , ,
Full Name	
Mailing Address	Three Penn Plaza East
	PP-11
	Newark NJ 07105
Title or Position	CITY STATE ZIP CODE
	Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Jones, Sarah, E., ,	
Mailing Address	Three Penn Plaza East	
	PP-11G	
	Newark	
	CITY STATE ZIP CODE	
Title or Position		
	Telephone number	

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Wilson, Tom	,,, 				I					1						
Mailing Address	L	Three Penn Plaza East															
	L	PP-11P															
	L	Newark							NJ			071	05				
			CITY					S	TATE	Ξ				ZIP	COE	DE	
Title or Position	urer				Telep	hone	e nu	ımb	er				- [

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

TD Bai	nk		
Mailing Address	418-428 Market Street		
	Newark		07105
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F1N Transaction ID :

In accordance with the guidance provided in FEC Advisory Opinion 2002-04, the name of this committee is Horizon Healthcare Services, Inc.-Horizon BCBSNJ Federal PAC Inc. The legal name of the connected organization of this Separate Segregated Fund is Horizon Healthcare Services, Inc. The widely known trade name of the connected organization is Horizon Blue Cross Blue Shield of New Jersey, known also by the abbreviation Horizon BCBSNJ. The main landing page of the connected organizations website (www.horizonblue.com) uses both the Horizon Blue Cross Blue Shield of New Jersey, known also by the abbreviation Horizon BCBSNJ. The main landing page of the connected organizations website (www.horizonblue.com) uses both the Horizon Blue Cross Blue Shield of New Jersey and Horizon BCBSNJ names. The name Horizon Healthcare Services, Inc. is never used on the main landing page of the website, but is instead found on the Legal Notice section of the website (www.horizonblue.com/legal-notice). The Horizon Blue Cross Blue Shield of New Jersey and Horizon BCBSNJ names are in widespread internal and external use by the connected organization. The Separate Segregated Fund intends to use the name Horizon BCBSNJ Federal PAC for such common uses such checks and letterhead, in accordance with 11 CFR 102.14(c) as interpreted by FEC Advisory Opinion 2002-04.

Form/Schedule: Transaction ID:

FEC Form 1G (Revised 0	06/2011)		Page 6
Banks or Other Depositories safety deposit boxes or maintai Name of Bank, Depository, etc.	ns funds.	e committee deposits funds,	holds accounts, rents
Mailing Address			
	CITY 🗖	STATE ⊿	ZIP CODE 🔺
	anization, Affiliated Committee, Joint Fundrais MITTEE-THE POLITICAL ACTION COMMITTEE		
Mailing Address	P.O. BOX 13466		
	PHOENIX		85002
Relationship:	CITY	STATE	ZIP CODE 📥
Connected Organization	X Affiliated Committee Joint Fundrais	ing Representative	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Title or Position	CITY 📥	STATE	ZIP CODE 📥
		Telephone number	
Joint Fundraiser Participant			[ADDITIONAL]
		FEC ID number	

	sed 06/2011)		Page 7
Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository,	intains funds.		olds accounts, rents
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
-	Organization, Affiliated Committee, Joint Fundraisin JE SHIELD OF ALABAMA PAC	g Representative, or Lead	[ADDITIONA ership PAC Sponsor
Mailing Address			
	SUITE 202		
			36104
otionabio			36104 – ZIP CODE ക
ationship: Connected Organization			
Connected Organization			
			ZIP CODE
Connected Organization Designated Agent			ZIP CODE
Connected Organization Designated Agent Full Name Mailing Address	CITY	STATE	I I
Connected Organization Designated Agent Full Name			ZIP CODE
Designated Agent Full Name	CITY	STATE	Image: Line code and the second se

FEC Form 1G (Revised	06/2011)		Page 8
Banks or Other Depositorie safety deposit boxes or maint Name of Bank, Depository, et	ains funds.		olds accounts, rents [ADDITIONAL]
Mailing Address			
	L		
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
Name of Any Connected Or BLUE SHIELD OF C	ganization, Affiliated Committee, Joint Fundraising	g Representative, or Lead	[ADDITIONAI ership PAC Sponsor
Mailing Address			
	17-C356 SAN FRANCISCO		94105 1 1 1 1 1 - L 1 1
elationship:	CITY	STATE 📥	ZIP CODE 📥
Connected Organization	★ Affiliated Committee Joint Fundraising	g Representative	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
			_
Title or Position	CITY 🌢	STATE	ZIP CODE 🛔
	Те	lephone number	
Joint Fundraiser Participant	t		[ADDITIONAL]
1		FEC ID number	

FEC Form 1G (Revised	06/2011)		Page 9
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc	ains funds.	e committee deposits funds,	holds accounts, rents
Mailing Address			
	L		
	L		
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
	anization, Affiliated Committee, Joint Fundrais		
Mailing Address	P.O. BOX 6936	<u> </u>	
			32246
lationship:	CITY	STATE 📥	ZIP CODE 📥
Connected Organization	X Affiliated Committee Joint Fundrais	sing Representative	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Title or Position 🖤	CITY 🌢		
		Telephone number	
loint Eundroicer Deuticisert			[ADDITIONAL]
Joint Fundraiser Participant		_	· · ·

FEC Form 1G (Revised	06/2011)		Page 10
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc	ins funds.	ne committee deposits funds,	holds accounts, rents
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
Name of Any Connected Org WELLMARK, INC. PA	anization, Affiliated Committee, Joint Fundrais	sing Representative, or Lea	[ADDITIONAL]
<u></u>			
	1331 GRAND AVENUE		
Mailing Address	STA. 5W570		
			50309
	CITY	STATE 🌢	ZIP CODE 📥
elationship: Connected Organization	X Affiliated Committee Joint Fundrais	sing Representative	eadership PAC Sponsor
Designated Agent			[ADDITIONAL]
Mailing Address			
			_
Title or Position	CITY 🌢	STATE	ZIP CODE
		Telephone number	
Joint Fundraiser Participant			[ADDITIONAL]
1		FEC ID number C	

FEC Form 1G (Revised (06/2011)		Page 11
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc	ins funds.	n which the committee deposits f	unds, holds accounts, rents
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
	anization, Affiliated Committee, Joint LUE SHIELD OF KANSAS		
Mailing Address	1133 SW TOPEKA BLVD.		
-	CC:855 - B3		
		[KS	
Relationship:	СІТҮ	STATE	ZIP CODE
Connected Organization	× Affiliated Committee	t Fundraising Representative	Leadership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
			_
Title or Position 	CITY 🔺	STATE	
		Telephone number	
leint Fundariaan Deuticiaant			[ADDITIONAL]
Joint Fundraiser Participant			c
		FEC ID number	· · · · · · · · · · · · · · · · · · ·

FEC Form 1G (Revised (06/2011)		Page 12
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc	ins funds.	committee deposits funds,	holds accounts, rents
Mailing Address			
	CITY 🗖	STATE 🗖	
	anization, Affiliated Committee, Joint Fundraisin ROSS BLUESHIELD ASSOCIATES		[ADDITIONAL] dership PAC Sponsor
Mailing Address	10455 MILL RUN CIRCLE		
	OWINGS MILL		21117
Relationship:	CITY	STATE	ZIP CODE 📥
Connected Organization	X Affiliated Committee	g Representative	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position 🛡	CITY 📥	STATE	ZIP CODE
	Те	elephone number	
Joint Fundraiser Participant			[ADDITIONAL]
		FEC ID number C	

FEC Form 1G (Revise	ed 06/2011)		Page 13
Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository,	ntains funds.	tee deposits funds	, holds accounts, rents
Mailing Address			
	CITY 🗖		ZIP CODE 🔺
-	Organization, Affiliated Committee, Joint Fundraising Repr BALUE PAC OF BLUE CROSS BLUE SH		
Mailing Address	101 HUNTINGTON AVENUE		
	SUITE 300		
		MA	02199-7011
elationship:	CITY	STATE	ZIP CODE 📥
Connected Organization	X Affiliated Committee Joint Fundraising Repr	esentative L	eadership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Ū			
			-
Title or Position	CITY 🐥	STATE	ZIP CODE
	Telephor	e number	
loint Eundroiser Porticing	· · · · · · · · · · · · · · · · · · ·		[ADDITIONAL]
Joint Fundraiser Participa		D number C	<u> </u>

	06/2011)		Page 14
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc	ains funds.	committee deposits funds,	holds accounts, rents
Mailing Address			
	CITY 🗖		ZIP CODE 🔺
	ganization, Affiliated Committee, Joint Fundraising SHIELD OF MICHIGAN PAC	g Representative, or Lea	ADDITIONAL dership PAC Sponsor
Mailing Address	232 S. CAPITOL		
	MC L10A L I I I I I I I I I I I I I I I LANSING L I I I I I I I I I I I I I I I I I I I		48933
elationship:	CITY	STATE 🍎	ZIP CODE 📥
Connected Organization	X Affiliated Committee Joint Fundraising	g Representative	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
I			
Full Name			
Full Name	CITY .	 STATE	
Full Name	_	I I I I I I I I I I I I I I I I I I I	
Full Name	Te		

FEC Form 1G (Revised	06/2011)		Page 15
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc	ins funds.	hich the committee deposits fund	ds, holds accounts, rents
Mailing Address			
	CITY 🗖	STATE ⊿	ZIP CODE 🔺
	anization, Affiliated Committee, Joint Fu LUE SHIELD OF KANSAS ([ADDITIONAL eadership PAC Sponsor
Mailing Address	2301 MAIN STREET		
	KANSAS CITY	[^{MO}	64108 64108
lationahin	CITY	STATE 🖨	ZIP CODE 📥
elationship: Connected Organization	× Affiliated Committee Joint F	undraising Representative	Leadership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position	CITY 🌢	STATE	ZIP CODE 📥
		Telephone number	
laint Fundaciaan Dautiata			
Joint Fundraiser Participant		FEC ID number	c
			•

FEC Form 1G (Revised	9 06/2011)		Page 16
Banks or Other Depositorie safety deposit boxes or main Name of Bank, Depository, e	tains funds.	nmittee deposits funds	s, holds accounts, rents
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
	rganization, Affiliated Committee, Joint Fundraising R BLUE SHIELD OF NEBRASKA PAC	epresentative, or Le	[ADDITIONAL] adership PAC Sponsor
Mailing Address	1919 AKSARBEN DRIVE PO BOX 3248		
	С		68180-0001
Relationship:	CITY	STATE 📥	ZIP CODE 📥
Connected Organization	X Affiliated Committee Joint Fundraising R	epresentative	eadership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position	CITY 🖕	STATE	ZIP CODE 🖨
	Talan	hone number	
Loint Eurodroicor Dorticinon	·		[ADDITIONAL]
Joint Fundraiser Participan		EC ID number	

FEC Form 1G (Revised	06/2011)		Page 17
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc	ains funds.	committee deposits funds,	holds accounts, rents
]
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🛆
	ganization, Affiliated Committee, Joint Fundraisir JE SHIELD OF NORTH CAROLINA EMF		
Mailing Address	P.O. BOX 2291		
	URHAM		27702
Relationship:	CITY	STATE 🖨	ZIP CODE 📥
Connected Organization	X Affiliated Committee Joint Fundraisir	ng Representative	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
			=
Title or Position 	CITY 🖕	STATE	ZIP CODE
	Т	elephone number	
Joint Fundraiser Participant			[ADDITIONAL]
		FEC ID number	

FEC Form 1G (Revised	06/2011)		Page 18
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc	ains funds.		olds accounts, rents [ADDITIONAL]
]
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
	ganization, Affiliated Committee, Joint Fundraising THE POLITICAL ACTION COMMIT		
Mailing Address	PO BOX 60710		
	HARRISBURG		17177-2531 1 1 1 1 1 - L 1 1 1
Polotionakin	CITY	STATE 📥	ZIP CODE 📥
Relationship: Connected Organization	X Affiliated Committee Joint Fundraising	Representative Lea	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position	CITY 🌢	STATE	ZIP CODE 📥
	Tel	ephone number	
Joint Fundraiser Participant			[ADDITIONAL]
1		FEC ID number C	

FEC Form 1G (Rev	sed 06/2011)		Page 19
Banks or Other Deposite safety deposit boxes or m Name of Bank, Depositor	aintains funds.	eposits funds	, holds accounts, rents
Mailing Address			
		LL I	
	CITY 🗖 ST	TATE 🗖	ZIP CODE 🛆
-	Organization, Affiliated Committee, Joint Fundraising Represent DF HIGHMARK INC.	tative, or Lea	ADDITIONAL
Mailing Address	1800 CENTER STREET		
	CITY	STATE 📥	ZIP CODE 📥
elationship: Connected Organization	X Affiliated Committee Joint Fundraising Representation	ative L	eadership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Title or Position ♦	CITY 🌢	STATE	 ZIP CODE &
	Telephone num	nber	
Joint Fundraiser Partici	pant	_	[ADDITIONAL]
		umber	

FEC Form 1G (Revised	06/2011)		Page 20
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc	ains funds.		olds accounts, rents
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🛆
	ganization, Affiliated Committee, Joint Fundraisi UE CROSS PAC (IBC PAC)	ng Representative, or Leade	ADDITIONAL
Mailing Address	1901 MARKET STREET		
			9103 1 1 1 1 1 - L 1 1 1
	CITY	STATE 📥	ZIP CODE 📥
elationship: Connected Organization	X Affiliated Committee Joint Fundraisin	ng Representative	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Title or Position 	CITY 🌢	STATE	ZIP CODE 🖨
	Т	elephone number	
Joint Fundraiser Participant	:		[ADDITIONAL]
		FEC ID number C	

FEC Form 1G (Revised	06/2011)		Page 21
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc	ains funds.		Ids accounts, rents
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
	ganization, Affiliated Committee, Joint Fundraisin		
Mailing Address			
			9214
elationship:	CITY	STATE 📥	ZIP CODE 📥
Connected Organization	X Affiliated Committee	ng Representative	lership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position	CITY 🌢	STATE	ZIP CODE 🖨
	т	elephone number	
Joint Fundraiser Participant			[ADDITIONAL]
		FEC ID number C	

	06/2011)		Page 22
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc	ins funds.		olds accounts, rents
Mailing Address			
		L L	
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
	anization, Affiliated Committee, Joint Fundraising		
Mailing Address	1 CAMERON HILL CIRCLE		
	L I I I I I I I I I I I I I I I I I I I		7402 1 1 1 1 1 - L 1 1 1 1 1 1 1 1 1 1 1 1 1
lationship:	CITY	STATE 📥	ZIP CODE 📥
Connected Organization	X Affiliated Committee Joint Fundraising	Representative	lership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
1			
Full Name			
Full Name	CITY	L I I I I I I I I I I I I I I I I I I I	
Full Name		L	
Full Name	Tel		

FEC Form 1G (Revis	ed 06/2011)		Page 23
Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository,	intains funds.		olds accounts, rents [ADDITIONAL]
]
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
-	Organization, Affiliated Committee, Joint Fundraising ROSS POLITICAL ACTION COMMIT		
Mailing Address	7001 220TH STREET SW		
	MS 355		98043 1 1 1 1 1 - L 1 1 1 1 1 1 1 1 1 1 1 1 1
	CITY	STATE 📥	ZIP CODE 📥
elationship: Connected Organization	X Affiliated Committee Joint Fundraising	Representative Lea	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
			=
Title or Position	CITY 🖨	STATE	ZIP CODE 📥
	Tele	phone number	
Joint Fundraiser Participa			[ADDITIONAL]
		FEC ID number C	

FEC Form 1G (Revised	06/2011)		Page 24
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc	ins funds.	h the committee deposits funds	, holds accounts, rents
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
	anization, Affiliated Committee, Joint Fund ervices, Inc. d/b/a Horizon Blue		
	Three Penn Plaza East		
Mailing Address			
	Newark		07105
	CITY	STATE 🖨	ZIP CODE 📥
elationship: Connected Organization	Affiliated Committee Joint Fund	draising Representative	eadership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position	CITY 🖕	STATE	
		Telephone number	
Joint Fundraiser Participant			[ADDITIONAL]
		FEC ID number C	_ · · · · · · · · ·