Image# 202405169646013844				PAGE 1 / 22
FEC FORM 1	STATEMEN ORGANIZA	_		
			Office	e Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Healthy Government Cor	mmittee-The Political Ac	tion Committee of Blue	Cross & Blue Shie	eld of Arizona, Inc.
	P.O. Box 13466			
ADDRESS (number and street)				
 (Check if address is changed) 				
	Phoenix		AZ 85002	2
	CITY ▲		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	ashley@incomplianceaz.com	n		
is changed)	Optional Second E-Mail Add	Iress		
	brandy.acquafredda@azblue.cc			
(Check if address is changed)				
2. DATE 05 / 10				
3. FEC IDENTIFICATION N	UMBER ► C co	0215202		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined th	his Statement and to the best	of my knowledge and belief it	is true, correct and c	omplete.
Type or Print Name of Treasure	er Ragan, Ashley, M, Mrs.,			
Signature of Treasurer Raga	an, Ashley, M, Mrs.,		Date 05	16 / Y Y Y Y 2024
NOTE: Submission of false, erron		may subject the person signing ION SHOULD BE REPORTED		enalties of 52 U.S.C. §3010
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ion F	EC FORM 1 (Revised 06/2012)

05/16/2024 11 : 55

FE	C Form 1 (Revised 03/2022)	Page 2
5.	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	e candidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	Name of Candidate	
	Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican,	
	Political Action Committee (PAC):	
	(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation X Corporation w/o Capital Stock Labor O	rganization
	Membership Organization Trade Association Coopera	tive
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	.C).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 2.

•	FEC Form 1 (Revise	d 02/2009)	Page 3
٧	/rite or Type Committee Na	· · · · · · · · · · · · · · · · · · ·	
	Healthy Government	Committee-The Political Action Committee of Blue Cross & Blue Shield	of Arizona, Inc.
6.	Name of Any Connected	I Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
	Blue Cross & Blue	Shield of Arizona, Inc.	
	Mailing Address	P.O. Box 13466	
		Phoenix AZ 85002	
		CITY ▲ STATE ▲	ZIP CODE
	Relationship: X Connec	ted Organization	Leadership PAC Spons

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

Ragan, Asl	nley, M, Mrs.,
Full Name	
Mailing Address	2211 E Highland
	Phoenix AZ 85016 - - -
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Consultant	Telephone number 602 451 4292

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	Ragan, Ashley, M, Mrs.,
Mailing Address	2211 E Highland
	210
	Phoenix AZ 85016
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	, ,
Consultant	Image:

FEC Form 1 (Revised 02	2/2	20	09))																						Pa	ge	4	
Full Name of Designated Agent			1						1			[1							
Mailing Address	L																												
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	L																					L					- [
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Title or Position ▼																													
														Tele	epł	non	e n	um	ber				- [- [

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.

	Wells Fa	argo																					1		
Mailing Address		100 W	V. Wa	shin	gton																				
		Phoe	nix											A	Z		L	850	003						
						CI	TΥ						s	TAT	Έ	▲				ZI	ΡC		DE 4	▲	
Name of Bank, I	Depository, o	etc.																							
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Mailing Address																									
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5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
6. Name	of Any Connected C	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
		OSS BLUE SHIELD ASSOCIATION PAC		
	Mailing Address	750 9th Street NW		
		Washington		20001
	Relationship:		STATE 🔺	ZIP CODE
8. Desig		Organization X Affiliated Committee Joint F	undraising Representa	tive Leadership PAC Sponsor
Fu	ull Name			
	ull Name			
Ma	ailing Address			∠
Ma			STATE A	· · · · · · · · · · · · · · · · · · ·
Ma T 9. Banks safety Name	ailing Address	es: List all banks or other depositories in which the the tains funds.	phone Number	
Ma T 9. Banks safety Name	ailing Address	es: List all banks or other depositories in which the the tains funds.	phone Number	
Ma T 9. Banks safety Name	ailing Address	es: List all banks or other depositories in which the the tains funds.	phone Number	

5(g) or (h).	Joint Fundraising	Participant:		
1. [FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
6. Name	of Anv Connected O	rganization, Affiliated Committee, Joint Fundra	ising Representative	e. or Leadership PAC Sponsor
	-			
N	lailing Address	1 CAMERON HILL CIRCLE		
				37402
R	elationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Drganization X Affiliated Committee Joint F	Fundraising Representa	tive Leadership PAC Sponsor
8. Design	ated Agent: Identify I	by name, address (phone number - optional)		
Full	Name			
Mai	ling Address			
				-
TI	ILE OR POSITION	CITY A	STATE ▲	
		1	ephone Number	
	or Other Depositorie leposit boxes or main	es: List all banks or other depositories in which th tains funds.	ne committee deposit	s funds, holds accounts, rents
Name o Deposit	ory, etc.			
1	Mailing Address			
1				

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1					FEC ID	number	С				
2.					FEC ID	number	С				
3.					FEC ID	number	С				
4.					FEC ID	number	С				
lame of Any Connected	Organization,	Affiliated C	ommittee, Joir	it Fundraisi	ing Repr	esentative	e, or Le	eadersh	nip PA	C Spo	nso
LOUISIANA HEALTH	SERVICE & II	NDEMNITY	COMPANY [DBA BLUE	CROSS	& BLUE	SHIEL	D OF I	LOUIS	SIANA	PA
Mailing Address	5525 REITZ										
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Relationship:		C						~			
Relationship:	d Organization	X Affiliated	CITY ▲ d Committee			Representa	ative	Lea	dership		Spor
Connected	_	X Affiliated	d Committee				ative	Lea			Spor
Connecter	_	X Affiliated	d Committee				ative				Spon
Designated Agent: Identify	_	X Affiliated	d Committee				ative				Spon
Designated Agent: Identify	_	X Affiliated	d Committee				ative				Spon
Connected Designated Agent: Identify Full Name	y by name, add	Affiliated	d Committee		ndraising		ative			PAC :	Spon
Connected Designated Agent: Identify Full Name Mailing Address	y by name, add	Affiliated	d Committee	onal)	ndraising	Representa	ative		dership	PAC :	Spon

g) or (h).	Joint Fundraisir	ng Participant:		
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	С
Name	of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
HO		CARE SERVICES, INCHORIZON BCBSNJ I		
r	Mailing Address	THREE PENN PLAZA EAST		
		PP-11G		
		NEWARK		07105
F	Relationship:		STATE A	ZIP CODE A
	Connecte	d Organization × Affiliated Committee	Fundraising Representat	tive Leadership PAC Sponsor
Fu	III Name			
Ma	ailing Address			
		1		-
т	TILE OR POSITION		STATE A	
L			lephone Number	
	or Other Deposito	pries: List all banks or other depositories in which a aintains funds.	he committee deposits	funds, holds accounts, rents
	of Bank, itory, etc.			
	Mailing Address			
				-

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

g) or (h).	Joint Fundraisin	g Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	С
News				
		Organization, Affiliated Committee, Joint Fundra SHIELD OF MICHIGAN PAC	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	232 S. CAPITOL AVE.		
		MC L10A		
				48933
	Relationship:		STATE	ZIP CODE A
	Connected	Organization X Affiliated Committee Joint	Fundraising Representa	ative
Dosig	nated Acent: Identify	, by name, address (phone number - optional)		
		v by name, address (phone number - optional)		
	nated Agent: Identify	v by name, address (phone number - optional)		
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CITY

STATE **A**

ZIP CODE

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5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
6. Name	of Any Connected C	Organization, Affiliated Committee, Joint Fundrai	sing Bepresentative	e or Leadership PAC Sponsor
	-			
	Mailing Address	4800 DEERWOOD CAMPUS PARKWAY		
		DC1-7		
			FL	32246
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization X Affiliated Committee Joint F	undraising Representa	tive Leadership PAC Sponsor
8. Desig	nated Agent: Identify	by name, address (phone number - optional)		
	nated Agent: Identify	by name, address (phone number - optional)		
Fu		by name, address (phone number - optional)		
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3.			FEC II	D number	С			
4.			 FEC II	D number	С			
4.								
Name of Any Conn	ected Organization. A	ffiliated Committee, Joint I	- Fundraising Re	oresentativo	e. or Lead	lership	PAC Spo	nso
-	-	OF KANSAS, INC. EMPI	_		-,			
Mailing Addres	1133 SW TOF							I
Munning / Marco	CC:855 - B3							
				KS	6662	29 		
Relationship:		CITY A		STATE 🔺		ZIP (CODE 🔺	
		X Affiliated Committee	Joint Fundraisin al)	g Representa	ative	Leaders	hip PAC S	Spo
				g Representa	ative		hip PAC 5	Spo
Designated Agent:				g Representa	ative	Leaders	hip PAC S	
Designated Agent:				g Representa	ative	Leaders	hip PAC S)po
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Designated Agent: Full Name	Identify by name, addre	ess (phone number – option			ative			<pre>}po</pre>
Designated Agent:	Identify by name, addre					Leaders		èpo

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5(g) o	r(h). Joint Fundraisir	ng Participant:		
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	4.		FEC ID number	С
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6.		Organization, Affiliated Committee, Joint Fundra, THE POLITICAL ACTION COMMITTEE OF		
	Mailing Address	P.O. BOX 60710		
			PA	17106-0710
	Relationship:		STATE 🔺	ZIP CODE
	Connecte	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identif	y by name, address (phone number - optional)		
8.	Designated Agent: Identif	y by name, address (phone number - optional)		
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8.	Full Name	y by name, address (phone number - optional)		
8.	Full Name	y by name, address (phone number - optional)		
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9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main Name of Bank,		ephone Number	
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9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main Name of Bank,		ephone Number	
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(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
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Name	of Any Connected C	Organization, Affiliated Committee, Joint Fundra	ising Representativ	e, or Leadership PAC Sponsor
BLU		LUE SHIELD OF NEBRASKA PAC		
٩	Mailing Address	1919 AKSARBEN DRIVE PO BOX 3248		
	-			
		ΟΜΑΗΑ		68180-0001
F	Relationship:		L L STATE ▲	
	Connected		Fundraising Represent	
Design	nated Agent: Identify	by name, address (phone number - optional)		
-	nated Agent: Identify	by name, address (phone number - optional)		
Ful		by name, address (phone number - optional)		
Ful	II Name	by name, address (phone number - optional)		
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4.			FEC ID	number	C
	-	Organization, Affiliated Committee, Joint Fundrai		resentativ	e, or Leadership PAC Sponsor
		OSS BLUESHIELD ASSOCIATES FEDERA			
Ma	ailing Address	10455 MILL RUN CIRCLE			
			1	MD	21117
Re	lationship:	CITY A			
	Connected	Organization X Affiliated Committee Joint F	undraising	Represent	ative Leadership PAC Sponso
Full	Name				
	ng Address	 			
		CITY ▲	s		
	LE OR POSITION	1	ephone Nu	umbor	- -
. Banks o safety de	r Other Depositori eposit boxes or mair	es: List all banks or other depositories in which th ntains funds.	ne commit	tee deposit	s funds, holds accounts, rents
Name of Deposito					
Deposito					
Deposito	ry, etc.				

L

5(g) or (h).	Joint Fundraising	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 Fundrais		e, or Leadership PAC Sponsor
ı	Mailing Address	2301 MAIN STREET		
			MO	64108
F	Relationship:		STATE A	
	Connected	Organization X Affiliated Committee	undraising Represent	ative Leadership PAC Sponsor
	nated Agent: Identify I	by name, address (phone number – optional)		
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т	ITLE OR POSITION 1			
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safety Name	or Other Depositorie deposit boxes or mair of Bank, itory, etc.	es: List all banks or other depositories in which the nains funds.	e committee deposit	s funds, holds accounts, rents
	Mailing Address			

			E FE	C ID number	С
			E FE	C ID number	С
			E FE	C ID number	C
			E FE	C ID number	C
			nt Fundraising	Representative	e, or Leadership PAC Sponsor
Address	1800 CENTER	₹ STREET			
	CAMP HILL			PA	17089
nship:		CITY A		STATE A	
Connected	Organization	× Affiliated Committee	Joint Fundra	ising Representa	ative Leadership PAC Spons
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DR POSITION	L			STATE A	
r	Address	RK PAC OF HIGHMARK IN Address 1800 CENTER Address CAMP HILL Connected Organization Address Agent: Identify by name, addres Address	Address 1800 CENTER STREET Address 1800 CENTER STREET CAMP HILL CAMP HILL Connected Organization Connected Organization Affiliated Committee	Address 1800 CENTER STREET Address 1800 CENTER STREET CAMP HILL CAMP HILL Onnected Organization X Affiliated Committee Joint Fundra	Address 1800 CENTER STREET Address 1800 CENTER STREET CAMP HILL PA CAMP HILL PA Connected Organization Affiliated Committee Joint Fundraising Representation Agent: Identify by name, address (phone number – optional)

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5(g) or (h).	Joint Fundraising	Participant:		
1			FEC ID number	С
2	2.		FEC ID number	С
З	3.		FEC ID number	С
4	1		FEC ID number	С
6. Nam	ne of Any Connected (Drganization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	P.O. BOX 2291		
		DURHAM	NC	27702
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization X Affiliated Committee Joint F	Fundraising Represent	ative Leadership PAC Sponsor
8. Desi	gnated Agent: Identify	by name, address (phone number - optional)		
	gnated Agent: Identify	by name, address (phone number - optional)		
F		by name, address (phone number - optional)		
F	Full Name	by name, address (phone number - optional)		
F	Full Name	by name, address (phone number - optional)		
ľ	Full Name			<pre></pre>
ľ	Full Name		STATE ▲	
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1. 💷						FEC	ID number	С				
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4.						FEC	ID number	С				
Name of Ar	y Connected C	organization, A	Affiliated	I Committee	, Joint Fun	draising R	epresentativ	e, or	Leade	ership	PAC S	ponso
BLUE S			AC (SH	IELD PAC)								
		⊥ 601 12TH ST										
Mailing	g Address											
								L	94607	,		
							STATE 🔺			ZIP		
				CITY A ated Committe one number		int Fundrais	ing Represent	ative			ship PA	
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Designated Full Nan Mailing /	Connected Agent: Identify I	by name, addr	ress (pho	ated Committee	- optional)	int Fundrais		ative		Leader	ship PA	.C Spor

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

5(g) or (h).	Joint Fundraising	Participant:		
1. [FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	C
6. Name	of Any Connected C	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
WEI		C (WELLPAC)		
		1331 GRAND AVENUE		
N	lailing Address			
		STA. 5W570		
		DES MOINES		50309
R	elationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization X Affiliated Committee	Fundraising Represent	ative
3. Design	ated Agent: Identify	by name, address (phone number - optional)		
Full	Name			
	Name			
	• <u>•</u> •••••			
	• <u>•</u> •••••			
Mai	iling Address		└ · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Mai	• <u>•</u> •••••	•		· · · · · · · · · · · · · · · · · · ·
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Mai TI 	Iling Address	es: List all banks or other depositories in which the second seco	ephone Number	
Mai TI D. Banks safety c Name c	TLE OR POSITION	es: List all banks or other depositories in which the the tentains funds.	ephone Number	s funds, holds accounts, rents
Mai TIT D. Banks safety of Name of Deposit	Iling Address	es: List all banks or other depositories in which the the tentains funds.	ephone Number	s funds, holds accounts, rents
Mai TIT D. Banks safety of Name of Deposit	TLE OR POSITION	es: List all banks or other depositories in which the the tentains funds.	ephone Number	s funds, holds accounts, rents

STATE 🔺

ZIP CODE

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5(g) or (h). Joint Fundraising	g 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 Fundrai SHIELD OF SOUTH CAROLINA FEDERAL G		
L				
	Mailing Address			
			SC	29214
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	Organization X Affiliated Committee Joint F	undraising Representa	ative Leadership PAC Sponsor
8. De	signated Agent: Identify	by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
8. De		by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
8. De	Full Name			<pre></pre>
8. De	Full Name		I I I I I I I I I I I I I I I I	
	Full Name		phone Number	
9. Ba	Full Name		phone Number	
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1.				FEC	ID number	С			_
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	⊥ 7001 220TH	STREET SW							
Mailing Address									
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	MOUNTLAK				WA	98	043-2160	_	
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Relationship:		CITY A							
Connected	Organization by name, add	X Affiliated Com	nmittee		ng Representa	ative	Leade	rship PAC	
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	g Participant:		
1.		FEC ID number	С
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	Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Sponsor
Mailing Address	2 NORTH JACKSON STREET		
	SUITE 202		
			36104-3821
Relationship:		L STATE ▲	
		Fundraising Represent	
Designated Agent: Identify	by name, address (phone number - optional)		
Designated Agent: Identify	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
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