

Sarah Stanton, Treasurer  
Massachusetts Blue PAC  
101 Huntington Ave; Ste 1300  
Boston, MA 02199  
(978) 270-8604

April 9, 2026

Federal Election Commission  
1050 First Street, NE  
Washington, DC 20463

To Whom It May Concern:

Enclosed please find the following documents on behalf of Massachusetts Blue PAC (FEC ID: C00523217):

- An amended statement of organization formally indicating that I will be acting as PAC treasurer following the departure of the previous treasurer from the organization; and
- FEC Form 3X for the 1<sup>st</sup> quarter of 2026.

Please do not hesitate to contact me regarding the attached filings.

Sincerely,



Sarah Stanton  
Treasurer  
Massachusetts Blue PAC  
FEC ID# C00523217

Enclosures

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2026 APR 15 AM 11:18

NONPROFIT CORPORATION

FEC FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

MASSACHUSETTS BLUE PAC OF BLUE CROSS BLUE SHIELD OF MASSACHUSETTS

ADDRESS (number and street)

101 HUNTINGTON AVE; 18TH FLOOR

(Check if address is changed)

BOSTON CITY

MA STATE

02199-7611 ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

mabluepac@gmail.com

Optional Second E-Mail Address

paul.jones@bcbsma.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

11 / 13 / 2025

3. FEC IDENTIFICATION NUMBER

C00523217

4. 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 Sarah Stanton

Signature of Treasurer

*Sarah Stanton*

Date

04 / 09 / 2026

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.

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For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 03/2022)

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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 candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (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, etc.) Party

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - 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 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

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address [Empty grid lines for address, city, state, zip code]

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  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.

Full Name SARAH STANTON

Mailing Address 101 HUNTINGTON AVE; 18TH FLOOR

BOSTON MA 02199 - 7611

CITY STATE ZIP CODE

Title or Position

VICE PRESIDENT Telephone number 978 - 270 - 8604

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 SARAH STANTON

Mailing Address 101 HUNTINGTON AVE; 18TH FLOOR

BOSTON MA 02199 - 7611

CITY STATE ZIP CODE

Title or Position

VICE PRESIDENT Telephone number 978 - 270 - 8604

2025 RELEASE UNDER E.O. 14176

Full Name of Designated Agent

PAUL JONES

Mailing Address

101 HUNTINGTON AVENUE

BOSTON

CITY ▲

MA

STATE ▲

02199

7611

ZIP CODE ▲

Title or Position ▼

DIRECTOR

Telephone number

617

990

6153

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.

[Empty field for Name of Bank, Depository, etc.]

Mailing Address

[Empty field for Mailing Address]

[Empty field for Mailing Address]

[Empty field for City]

CITY ▲

[Empty field for State]

STATE ▲

[Empty field for ZIP Code]

ZIP CODE ▲

Name of Bank, Depository, etc.

[Empty field for Name of Bank, Depository, etc.]

Mailing Address

[Empty field for Mailing Address]

[Empty field for Mailing Address]

[Empty field for City]

CITY ▲

[Empty field for State]

STATE ▲

[Empty field for ZIP Code]

ZIP CODE ▲

NON-PROFIT CORPORATION

5(i) or (j). **Joint Fundraising Participant:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

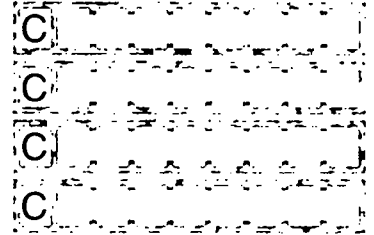
4. \_\_\_\_\_

FEC ID number

FEC ID number

FEC ID number

FEC ID number



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

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲



Connected Organization



Affiliated Committee



Joint Fundraising Representative



Leadership PAC Sponsor

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

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

\_\_\_\_\_

Telephone Number

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

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.

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

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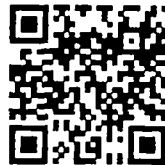
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Washington, DC  
20463  
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