

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Blue Cross Blue Shield of Michigan PAC

ADDRESS (number and street) 602 W. Ionia  
 Check if different than previously reported. (ACC)  
Lansing MI 48933

2. **FEC IDENTIFICATION NUMBER** C00084061  
**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 Quarterly 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 (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2006 through 06 30 2006

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 Mr. Daniel J. Loepp

Signature of Treasurer Electronically Filed by Mr. Daniel J. Loepp Date 07 14 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Blue Cross Blue Shield of Michigan PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		249344.99
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	230880.65									
(c) Total Receipts (from Line 19) .....	102882.43	213598.51								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	333763.08	462943.50								
7. Total Disbursements (from Line 31) .....	129584.00	259009.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	204179.08	203934.50								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Blue Cross Blue Shield of Michigan PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	56915.62	101105.62
(i) Itemized (use Schedule A) .....	43993.85	108329.95
(ii) Unitemized .....	100909.47	209435.57
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	100909.47	209435.57
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1972.96	4162.94
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 Transfer (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)) .....	102882.43	213598.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	102882.43	213598.51

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	40500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	109584.00	218509.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	129584.00	259009.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	129584.00	259009.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	100909.47	209435.57
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	100909.47	209435.57
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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 152

(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)  
Blue Cross Blue Shield of Michigan PAC

**A.** Full Name (Last, First, Middle Initial)  
Capitol National Bank

Mailing Address 200 Washington Sq.

City State Zip Code  
Lansing MI 48933

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2919.31

Date of Receipt  
MM / DD / YYYY  
04 / 26 / 2006

**Transaction ID:** 24303365

Amount of Each Receipt this Period  
729.33

Bank Interest Received

**B.** Full Name (Last, First, Middle Initial)  
Capitol National Bank

Mailing Address 200 Washington Sq.

City State Zip Code  
Lansing MI 48933

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3543.70

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2006

**Transaction ID:** 24303366

Amount of Each Receipt this Period  
624.39

Bank Interest Received

**C.** Full Name (Last, First, Middle Initial)  
Capitol National Bank

Mailing Address 200 Washington Sq.

City State Zip Code  
Lansing MI 48933

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4162.94

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2006

**Transaction ID:** 24303367

Amount of Each Receipt this Period  
619.24

Bank Interest Received

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1972.96**

**TOTAL** This Period (last page this line number only) ..... ► **1972.96**

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Katherine D Kelley</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1001876114523	
Mailing Address 2741 Manchester Rd		Amount of Each Receipt this Period 174.00	
City Birmingham	State MI	Zip Code 48009-5899	P/R Deduction (\$29.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 377.00	
Name of Employer Blue Cross and Blue Shield of Michigan		Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Joseph R Niemer</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1001877514523	
Mailing Address 2115 W Lincoln St		Amount of Each Receipt this Period 108.00	
City Birmingham	State MI	Zip Code 48009-1826	P/R Deduction (\$18.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 234.00	
Name of Employer Blue Cross and Blue Shield of Michigan		Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Rita J Kakish</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1018716414523	
Mailing Address 17353 Fitzgerald		Amount of Each Receipt this Period 108.00	
City Livonia	State MI	Zip Code 48152-2709	P/R Deduction (\$18.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 234.00	
Name of Employer Blue Cross and Blue Shield of Michigan		Occupation Pharmacy Network Coord	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	390.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Kenneth R Dallafor</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4650 Huntington Dr		<b>Transaction ID: PR1023392314523</b>	
City State Zip Code Brighton MI 48116-5136	Amount of Each Receipt this Period _____ 270.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP BCBSM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 585.00	P/R Deduction (\$45.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. Dan J Zolkowski</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1841 Ridgewood		<b>Transaction ID: PR1025168714523</b>	
City State Zip Code East Lansing MI 48823-2939	Amount of Each Receipt this Period _____ 174.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 377.00	P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. Cindy S Monroe</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 275 Applewood Lane		<b>Transaction ID: PR1025169214523</b>	
City State Zip Code Bloomfield MI 48302-1101	Amount of Each Receipt this Period _____ 174.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 377.00	P/R Deduction (\$29.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>618.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Michael R Schwartz</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 582 Henrietta Street		<b>Transaction ID: PR1550956914523</b>	
City State Zip Code Birmingham MI 48009-1453	Amount of Each Receipt this Period _____ 360.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation SVP Ntwrk Rel Contrct & Pharm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 780.00		P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Harvie Jarriell</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1219 Berkshire Dr		<b>Transaction ID: PR1604520114523</b>	
City State Zip Code Williamston MI 48895-9211	Amount of Each Receipt this Period _____ 174.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 377.00		P/R Deduction (\$29.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Michael B Zell</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5411 Bright Creek Court		<b>Transaction ID: PR1604520314523</b>	
City State Zip Code Flint MI 48532-2254	Amount of Each Receipt this Period _____ 108.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager-Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 234.00		P/R Deduction (\$18.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>642.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 152
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Steven Clark</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4675 Kingswood		<b>Transaction ID: PR1604986514523</b>
City State Zip Code Okemos MI 48864-2138	Amount of Each Receipt this Period _____ 132.00	
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$22.00 Bi-Weekly)	
Name of Employer Occupation _____	Aggregate Year-to-Date ▼ _____ 286.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	_____	

Full Name (Last, First, Middle Initial) <b>B. Kathryn G Levine</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5267 Cold Spring Circle		<b>Transaction ID: PR1691486014523</b>
City State Zip Code West Bloomfield MI 48322-4202	Amount of Each Receipt this Period _____ 174.00	
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$29.00 Bi-Weekly)	
Name of Employer Occupation Blue Care Network of MI Dir Medicare	Aggregate Year-to-Date ▼ _____ 203.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	_____	

Full Name (Last, First, Middle Initial) <b>C. Joseph H Hohner</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2106 Stonebridge Way		<b>Transaction ID: PR1723467714523</b>
City State Zip Code Canton MI 48188-6227	Amount of Each Receipt this Period _____ 270.00	
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$45.00 Bi-Weekly)	
Name of Employer Occupation Blue Cross and Blue Shield of Michigan VP Technology & Development	Aggregate Year-to-Date ▼ _____ 585.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	_____	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>576.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Richard A Hetzel</b>		Date of Receipt
Mailing Address 725 Sunset St		<input type="text"/> / <input type="text"/> / <input type="text"/>
City Plymouth	State MI	Zip Code 48170-1076
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> PR1793762914523
Name of Employer Blue Cross and Blue Shield of Michigan		Amount of Each Receipt this Period
Occupation VP Corp Communications		<input type="text"/> 270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		P/R Deduction (\$45.00 Bi-Weekly)
Aggregate Year-to-Date ▼		
<input type="text"/> 585.00		

Full Name (Last, First, Middle Initial) <b>B. Gary M Harvey</b>		Date of Receipt
Mailing Address 1835 Robindale		<input type="text"/> / <input type="text"/> / <input type="text"/>
City Dearborn	State MI	Zip Code 48128-1047
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> PR1794229914523
Name of Employer Blue Cross and Blue Shield of Michigan		Amount of Each Receipt this Period
Occupation Director		<input type="text"/> 174.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		P/R Deduction (\$29.00 Bi-Weekly)
Aggregate Year-to-Date ▼		
<input type="text"/> 377.00		

Full Name (Last, First, Middle Initial) <b>C. Elizabeth R Haar</b>		Date of Receipt
Mailing Address 3607 Kipling Cir		<input type="text"/> / <input type="text"/> / <input type="text"/>
City Howell	State MI	Zip Code 48843-7444
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> PR1794230014523
Name of Employer Blue Cross and Blue Shield of Michigan		Amount of Each Receipt this Period
Occupation SVP Subsidiary Operations		<input type="text"/> 390.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		P/R Deduction (\$65.00 Bi-Weekly)
Aggregate Year-to-Date ▼		
<input type="text"/> 845.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 834.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Shelley L Van Riper		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8191 Hummingbird Ct		<b>Transaction ID:</b> PR1805296914523	
City State Zip Code Ypsilanti MI 48197-6213	Amount of Each Receipt this Period _____ 108.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$18.00 Bi-Weekly)		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager	Aggregate Year-to-Date ▼ _____ 234.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Richard Ward		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 242 Pine St		<b>Transaction ID:</b> PR1933690014523	
City State Zip Code Windsor ON N9A6C-9	Amount of Each Receipt this Period _____ 225.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$45.00 Bi-Weekly)		
Name of Employer	Occupation	Aggregate Year-to-Date ▼ _____ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Betty A Fisher		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4725 Heatherbrook		<b>Transaction ID:</b> PR824753314523	
City State Zip Code Troy MI 48098-4666	Amount of Each Receipt this Period _____ 58.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$29.00 Bi-Weekly)		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Dir Office of Pres & CEO	Aggregate Year-to-Date ▼ _____ 261.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>391.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Karen A Maher		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824753814523	
Mailing Address 46439 Pinehurst Cir		Amount of Each Receipt this Period 180.00	
City State Zip Code Northville MI 48167-9648	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP Medical Care Mgmt Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00		
		P/R Deduction (\$45.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Melanie Fraczek		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824754514523	
Mailing Address 14308 Brookings Dr		Amount of Each Receipt this Period 108.00	
City State Zip Code Strlg Hts MI 48313-5414	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		
		P/R Deduction (\$18.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Mary A Smith		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824755614523	
Mailing Address 10058 King Rd		Amount of Each Receipt this Period 270.00	
City State Zip Code Davisburg MI 48350-1900	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 521.00		
		P/R Deduction (\$45.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	558.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> William T Allen		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 602 W Houstonia		Transaction ID: PR824759714523	
City Royal Oak	State MI	Zip Code 48073-4082	Amount of Each Receipt this Period 108.00
FEC ID number of contributing federal political committee. C			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		
		P/R Deduction (\$18.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Joseph M Miko		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 42421 Ehrke		Transaction ID: PR824769914523	
City Clntn Twp	State MI	Zip Code 48038-3612	Amount of Each Receipt this Period 108.00
FEC ID number of contributing federal political committee. C			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		
		P/R Deduction (\$18.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Marie T Ulmer		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 19972 E Clairview Ct		Transaction ID: PR824774714523	
City Grs Pt Wds	State MI	Zip Code 48236-2304	Amount of Each Receipt this Period 108.00
FEC ID number of contributing federal political committee. C			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		
		P/R Deduction (\$18.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	324.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 152
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Patricia J Davidson Mailing Address 720 Fifth St City Ann Arbor State MI Zip Code 48103-4843 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR824775214523</b> Amount of Each Receipt this Period 108.00
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Team Leader II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		P/R Deduction (\$18.00 Bi-Weekly)

<b>B.</b> Full Name (Last, First, Middle Initial) Helen Stojic Mailing Address 28 Elm Park Blvd City Plsnt Rdg State MI Zip Code 48069-1105 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR824776114523</b> Amount of Each Receipt this Period 174.00
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		P/R Deduction (\$29.00 Bi-Weekly)

<b>C.</b> Full Name (Last, First, Middle Initial) Yvonne Johnson Mailing Address 27162 Charles Ct City Southfld State MI Zip Code 48076-3118 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR824776314523</b> Amount of Each Receipt this Period 108.00
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		P/R Deduction (\$18.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>390.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Daniel R LaPonsie Mailing Address 2553 Bonito City State Zip Code Troy MI 48085-3923 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824778714523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Business Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>B.</b> Full Name (Last, First, Middle Initial) James E Negro Mailing Address 5270 Inverrary Ln City State Zip Code Commrce Twp MI 48382-1048 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824782014523 Amount of Each Receipt this Period 186.00 P/R Deduction (\$31.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Director Sales Infrm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 403.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Deanne E Seifert Mailing Address 5517 Kingfield Dr City State Zip Code West Bloomfield MI 48322-1459 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824782314523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Manager Sales Infrm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>402.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Randolphe J Roulier Mailing Address 11032 Melrose City Livonia State MI Zip Code 48150-2824 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824783014523 Amount of Each Receipt this Period 108.00
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		P/R Deduction (\$18.00 Bi-Weekly)

<b>B.</b> Full Name (Last, First, Middle Initial) Joseph G Lieblang Mailing Address 22337 Tenny City Dearborn State MI Zip Code 48124-2744 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824783314523 Amount of Each Receipt this Period 108.00
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		P/R Deduction (\$18.00 Bi-Weekly)

<b>C.</b> Full Name (Last, First, Middle Initial) William A Elwell Mailing Address 23276 Evan Ct N City New Boston State MI Zip Code 48164-9766 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824783814523 Amount of Each Receipt this Period 174.00
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		P/R Deduction (\$29.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>390.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Richard T Theisen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824785114523	
Mailing Address 23250 Cheltenham Ln		Amount of Each Receipt this Period 174.00	
City Dearbn Hts      State MI      Zip Code 48127-2365	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Senior Aggregate Year-to-Date ▼ 377.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Lisa M Varnier		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824786014523	
Mailing Address 4139 Wakefield		Amount of Each Receipt this Period 174.00	
City Berkley      State MI      Zip Code 48072-3463	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Senior Aggregate Year-to-Date ▼ 377.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Amy B Tattie		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824786414523	
Mailing Address 951 Hampton Rd		Amount of Each Receipt this Period 270.00	
City Grosse Pointe Wood      State MI      Zip Code 48236-1341	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$45.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 521.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	618.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Timothy P Cook</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4148 Stamper Way		<b>Transaction ID: PR824786914523</b>	
City State Zip Code Howell MI 48855-3977	Amount of Each Receipt this Period _____ 108.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 234.00		P/R Deduction (\$18.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Mary T Abbott</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 507 Baldwin		<b>Transaction ID: PR824787114523</b>	
City State Zip Code Royal Oak MI 48067-1953	Amount of Each Receipt this Period _____ 108.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager - Project		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 234.00		P/R Deduction (\$18.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Mark A Cook</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1121 Lone Oak Dr		<b>Transaction ID: PR824787514523</b>	
City State Zip Code Mason MI 48854-8714	Amount of Each Receipt this Period _____ 270.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 521.00		P/R Deduction (\$45.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>486.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Cami M Pendell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824787914523	
Mailing Address 328 E Jefferson St		Amount of Each Receipt this Period 114.00	
City State Zip Code Grand Ledge MI 48837-1539	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager	P/R Deduction (\$19.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Laura D Walker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824788214523	
Mailing Address 26192 Summerdale Dr Bldg 12 Unit 92		Amount of Each Receipt this Period 174.00	
City State Zip Code Southfld MI 48034-6135	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	P/R Deduction (\$29.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00		

Full Name (Last, First, Middle Initial) <b>C.</b> John J Hays		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824790014523	
Mailing Address 1645 Roseland Ave		Amount of Each Receipt this Period 174.00	
City State Zip Code E Lansing MI 48823-4751	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Attorney Senior	P/R Deduction (\$29.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	462.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Mary A Mackenzie</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824791214523	
Mailing Address 1534 Creal Crescent		Amount of Each Receipt this Period 174.00	
City State Zip Code Ann Arbor MI 48103-2420	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Attorney	P/R Deduction (\$29.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00		

Full Name (Last, First, Middle Initial) <b>B. Richard R Weiser</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824791314523	
Mailing Address 1939 Oneida Drive		Amount of Each Receipt this Period 174.00	
City State Zip Code Okemos MI 48864-2147	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Attorney Senior	P/R Deduction (\$29.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00		

Full Name (Last, First, Middle Initial) <b>C. Richard F Zapala</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824791414523	
Mailing Address 1915 Creek Landing		Amount of Each Receipt this Period 174.00	
City State Zip Code Haslett MI 48840-8704	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Attorney Senior	P/R Deduction (\$29.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	522.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Clyde W Scott Mailing Address 20636 Maple Lane City State Zip Code Grs Pt Wds MI 48236-1524 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824791514523 Amount of Each Receipt this Period 174.00 P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		

<b>B.</b> Full Name (Last, First, Middle Initial) John R Ganos Mailing Address 316 Abbeywood Dr. City State Zip Code Rochester MI 48306-2602 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824791614523 Amount of Each Receipt this Period 174.00 P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Marsha L Tracy Mailing Address 12451 Oakland Hills City State Zip Code Dewitt MI 48820-8302 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824791714523 Amount of Each Receipt this Period 174.00 P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>522.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Laurine Symula Parmely		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824791914523	
Mailing Address 5772 Martell Drive		Amount of Each Receipt this Period 174.00	
City Troy State MI Zip Code 48085-3160	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Attorney Senior	Aggregate Year-to-Date ▼ 203.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$29.00 Bi-Weekly)		

Full Name (Last, First, Middle Initial) <b>B.</b> Jeffrey P Rumley		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824792314523	
Mailing Address 951 Hampton Rd		Amount of Each Receipt this Period 270.00	
City Grosse Pointe Wood State MI Zip Code 48236-1341	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan Occupation VP Dpty Gen Cnsl Corp PRC	Aggregate Year-to-Date ▼ 585.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$45.00 Bi-Weekly)		

Full Name (Last, First, Middle Initial) <b>C.</b> Colleen C Cohan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824792414523	
Mailing Address 17381 Ego		Amount of Each Receipt this Period 174.00	
City East Pointe State MI Zip Code 48021-3101	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Attorney	Aggregate Year-to-Date ▼ 377.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$29.00 Bi-Weekly)		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	618.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Teresa Mikan</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 1231 White Oaks		<b>Transaction ID: PR824792614523</b>		
City State Zip Code Okemos MI 48864-3067	Amount of Each Receipt this Period _____ 174.00		P/R Deduction (\$29.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Name of Employer Blue Cross and Blue Shield of Michigan		
Occupation Attorney Senior		Aggregate Year-to-Date ▼ _____ 377.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>B. Frank W Jackson</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 18664 Birchcrest		<b>Transaction ID: PR824792814523</b>		
City State Zip Code Detroit MI 48221-2225	Amount of Each Receipt this Period _____ 187.62		P/R Deduction (\$31.27 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Name of Employer Blue Cross and Blue Shield of Michigan		
Occupation Attorney Senior		Aggregate Year-to-Date ▼ _____ 343.97		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>C. Daniel W Mckelvey</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 4404 Cherry Hill		<b>Transaction ID: PR824793114523</b>		
City State Zip Code Okemos MI 48864-2914	Amount of Each Receipt this Period _____ 174.00		P/R Deduction (\$29.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Name of Employer Blue Cross and Blue Shield of Michigan		
Occupation Attorney Senior		Aggregate Year-to-Date ▼ _____ 319.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>535.62</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph W Murray		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824793714523
Mailing Address 22325 Yale St		Amount of Each Receipt this Period 174.00
City State Zip Code St Clair Shores MI 48081-2039	FEC ID number of contributing federal political committee. C	P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Attorney Senior	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Bart M Feinbaum		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824794014523
Mailing Address 30351 Southampton Ln		Amount of Each Receipt this Period 174.00
City State Zip Code Farmington Hills MI 48331-1727	FEC ID number of contributing federal political committee. C	P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Attorney Senior	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Robert A Phillips		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824794114523
Mailing Address 5444 Green Way		Amount of Each Receipt this Period 174.00
City State Zip Code Trenton MI 48183-7206	FEC ID number of contributing federal political committee. C	P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	522.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Leo A Nouhan Mailing Address 1326 Yorkshire City State Zip Code Grosse Pointe Park MI 48230-1108 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y <b>Transaction ID:</b> PR824794814523 Amount of Each Receipt this Period 174.00 P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Attorney Senior Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Matthew A Case Mailing Address 9370 Big Hand Rd City State Zip Code Columbus MI 48063-3013 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y <b>Transaction ID:</b> PR824794914523 Amount of Each Receipt this Period 174.00 P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Attorney Senior Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Scott A Whipple Mailing Address 7427 Fenton City State Zip Code Dearborn Hts MI 48127-1751 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y <b>Transaction ID:</b> PR824795714523 Amount of Each Receipt this Period 174.00 P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>522.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Gregory W Anderson</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 37161 Chesapeake		<b>Transaction ID: PR824797414523</b>
City State Zip Code Frmgtn Hls MI 48335-1142	Amount of Each Receipt this Period _____ 270.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP Corp & Financial Invst	P/R Deduction (\$45.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 585.00	

Full Name (Last, First, Middle Initial) <b>B. William J Stackpoole</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 44420 Marc Trail		<b>Transaction ID: PR824798614523</b>
City State Zip Code Plymouth MI 48170-3949	Amount of Each Receipt this Period _____ 174.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 377.00	

Full Name (Last, First, Middle Initial) <b>C. Diane S Cesarz</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 18525 Shadyside St		<b>Transaction ID: PR824801414523</b>
City State Zip Code Livonia MI 48152-3245	Amount of Each Receipt this Period _____ 108.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager Admin	P/R Deduction (\$18.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 234.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>552.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Barbara A Brown-Cadovich		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824801614523
Mailing Address 356 Falling Brook Dr		Amount of Each Receipt this Period 108.00
City Troy State MI Zip Code 48098-4646		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Project Manager Senior Aggregate Year-to-Date ▼ 234.00	P/R Deduction (\$18.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B.</b> Nicolette M Ellinghausen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824802914523
Mailing Address PO Box 342		Amount of Each Receipt this Period 114.00
City Almont State MI Zip Code 48003-0342		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C.</b> Laura A Gitre		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824804314523
Mailing Address 348 Troon Lane		Amount of Each Receipt this Period 174.00
City Canton State MI Zip Code 48188-3098		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Sr Portfolio Manager Aggregate Year-to-Date ▼ 377.00	P/R Deduction (\$29.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	396.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Kimberly A Winnik Mailing Address 18162 Cascade Dr City Northville State MI Zip Code 48167-3286 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Transaction ID:</b> PR824804714523 Amount of Each Receipt this Period <input type="text"/> 174.00
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ <input type="text"/> 377.00	P/R Deduction (\$29.00 Bi-Weekly)

<b>B.</b> Full Name (Last, First, Middle Initial) Frank J Slisinger Mailing Address 34518 Morningdale Dr City Strlg Hts State MI Zip Code 48312-5744 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Transaction ID:</b> PR824805114523 Amount of Each Receipt this Period <input type="text"/> 174.00
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ <input type="text"/> 377.00	P/R Deduction (\$29.00 Bi-Weekly)

<b>C.</b> Full Name (Last, First, Middle Initial) Deborah A Fritz-Elliott Mailing Address 9112 Deer Trail City Brighton State MI Zip Code 48114-7567 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Transaction ID:</b> PR824805414523 Amount of Each Receipt this Period <input type="text"/> 174.00
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ <input type="text"/> 377.00	P/R Deduction (\$29.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 522.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Richard J Werther Mailing Address 45171 Courtview Trail City Novi State MI Zip Code 48375-3861 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824808414523 Amount of Each Receipt this Period 114.00 P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 247.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dennis M Winkler Mailing Address 2888 Kilburn Ct City Rchstr Hls State MI Zip Code 48306-3025 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824809014523 Amount of Each Receipt this Period 114.00 P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 247.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Pierre A McDougall Mailing Address 19473 Tanglewood Circle City Clinton Township State MI Zip Code 48038-4961 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824810514523 Amount of Each Receipt this Period 174.00 P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Sr Portfolio Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>402.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Sondra J Smith Mailing Address 2914 Bamlet Rd City State Zip Code Royal Oak MI 48073-2979 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824811114523 Amount of Each Receipt this Period 174.00 P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Robin G Mynhier Mailing Address 3257 Outback Trl City State Zip Code Pinckney MI 48169-8876 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824811914523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Tonya L Hadnot Mailing Address 10331 Dartmouth City State Zip Code Oak Park MI 48237-1705 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824812614523 Amount of Each Receipt this Period 174.00 P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Sr Portfolio Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>456.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Jeffrey D Denhard</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824813614523
Mailing Address 5644 Cliffside Drive		Amount of Each Receipt this Period 108.00
City State Zip Code Troy MI 48085-3845	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Care Network of MI	Occupation Program Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>B. Douglas E Darland</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824814414523
Mailing Address 529 Burtman		Amount of Each Receipt this Period 174.00
City State Zip Code Troy MI 48083-1042	FEC ID number of contributing federal political committee. C	P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	

Full Name (Last, First, Middle Initial) <b>C. Philip D Bone</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824814814523
Mailing Address 1497 Heights Rd		Amount of Each Receipt this Period 108.00
City State Zip Code Lk Orion MI 48362-2212	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	390.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Joan A Kelly		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824815014523	
Mailing Address 7355 Curtis		Amount of Each Receipt this Period 114.00	
City Northville      State MI      Zip Code 48167-9416	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 247.00		
		P/R Deduction (\$19.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Robert J Galac		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824815414523	
Mailing Address 693 Bolinger		Amount of Each Receipt this Period 174.00	
City Rchstr Hls      State MI      Zip Code 48307-2820	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 377.00		
		P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Adaku L Mensah		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824816214523	
Mailing Address 16240 N Park Dr		Amount of Each Receipt this Period 108.00	
City Southfield      State MI      Zip Code 48075-5936	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 234.00		
		P/R Deduction (\$18.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	396.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Kathleen M Schummer Mailing Address 1540 Oxford		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824817114523 Amount of Each Receipt this Period 108.00
City State Zip Code Grs Pt Wds MI 48236-1844	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Barbara G Derian Mailing Address 2403 Sanders Place		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824817214523 Amount of Each Receipt this Period 174.00
City State Zip Code Bloomfield MI 48302-0460	FEC ID number of contributing federal political committee. C	P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer Blue Care Network of MI Occupation Dir Bus Configuration Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Harold R Drake Mailing Address 3045 Lessiter Dr		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824819714523 Amount of Each Receipt this Period 108.00
City State Zip Code Lake Orion MI 48360-1523	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Sr. Technical Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	390.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Donna L Waller		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824820514523	
Mailing Address 894 Avon Court		Amount of Each Receipt this Period 108.00	
City Grosse Pointe Wood	State MI	Zip Code 48236-1239	
FEC ID number of contributing federal political committee. C			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		
		P/R Deduction (\$18.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Brenda L Storie		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824821214523	
Mailing Address 30060 Lamplighter		Amount of Each Receipt this Period 114.00	
City New Hudsn	State MI	Zip Code 48165-9679	
FEC ID number of contributing federal political committee. C			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00		
		P/R Deduction (\$19.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Helen J Williams		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824822214523	
Mailing Address 43986 Fredericksburg		Amount of Each Receipt this Period 108.00	
City Canton	State MI	Zip Code 48188-1743	
FEC ID number of contributing federal political committee. C			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager - Project		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		
		P/R Deduction (\$18.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	330.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Jeffrey M Witzburg</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824826414523
Mailing Address 9650 Winterset Circle		Amount of Each Receipt this Period 108.00
City Plymouth State MI Zip Code 48170-3273	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Business Consultant	Aggregate Year-to-Date ▼ 234.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sandra F Rowe</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824826714523
Mailing Address 29056 Tiffany Dr E		Amount of Each Receipt this Period 108.00
City Southfield State MI Zip Code 48034-4532	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Project Manager Senior	Aggregate Year-to-Date ▼ 234.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Joyce M Meyer</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824827214523
Mailing Address 2264 Creek Bend		Amount of Each Receipt this Period 108.00
City Rochester Hills State MI Zip Code 48309-4730	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Manager	Aggregate Year-to-Date ▼ 234.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	324.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Joan M Budden		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824827414523	
Mailing Address 3820 Woodlake Dr		Amount of Each Receipt this Period 270.00	
City Blmfld Hls	State MI	Zip Code 48304-3074	P/R Deduction (\$45.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Blue Cross and Blue Shield of Michigan	
Occupation VP Operational Effectiveness Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Carol L Purdy		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824827914523	
Mailing Address 36989 Fox Glen		Amount of Each Receipt this Period 108.00	
City Farmington Hills	State MI	Zip Code 48331-1803	P/R Deduction (\$18.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Blue Cross and Blue Shield of Michigan	
Occupation Manager - Project Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Donna D Stache		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824828914523	
Mailing Address 3640 Worthington Ct		Amount of Each Receipt this Period 108.00	
City Rochester Hills	State MI	Zip Code 48309-1180	P/R Deduction (\$18.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Blue Cross and Blue Shield of Michigan	
Occupation Manager - Project Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 234.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	486.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Gerald W Noxon Mailing Address 22745 Huron River Dr City State Zip Code New Bostn MI 48164-9439 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824830014523 Amount of Each Receipt this Period 174.00
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		P/R Deduction (\$29.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B.</b> Robyn A Rontal Mailing Address 2397 Rockport Ct City State Zip Code Ann Arbor MI 48103-8911 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824833014523 Amount of Each Receipt this Period 174.00
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		P/R Deduction (\$29.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C.</b> Michelle T Grove Mailing Address 46191 Burning Tree Ln City State Zip Code Plymouth MI 48170-3587 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824833514523 Amount of Each Receipt this Period 108.00
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		P/R Deduction (\$18.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>456.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Joan T Vercammen		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 6865 Northpointe Ct.		<b>Transaction ID:</b> PR824841614523
City Troy	State MI	Zip Code 48085-1209
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 174.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	

Full Name (Last, First, Middle Initial) <b>B.</b> James E Wroe		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 46510 Killarney Cir		<b>Transaction ID:</b> PR824842914523
City Canton	State MI	Zip Code 48188-3505
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 174.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Linda L Garrison		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 5536 Victory Circle		<b>Transaction ID:</b> PR824846014523
City Sterling Hts	State MI	Zip Code 48310-7700
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 270.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	P/R Deduction (\$45.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 543.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>618.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Willie E Brooks Jr		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 936 Majestic		Transaction ID: PR824847314523	
City Rchstr Hls	State MI	Zip Code 48306-3575	Amount of Each Receipt this Period 174.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director - Regional Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00		
		P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Catherine D Schmitt		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 2731 Thedford		Transaction ID: PR824848814523	
City Blmfld Hls	State MI	Zip Code 48304-2057	Amount of Each Receipt this Period 270.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP Federal Programs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00		
		P/R Deduction (\$45.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Vickianne Harbowy		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 16092 Swathmore Ct North		Transaction ID: PR824850214523	
City Livonia	State MI	Zip Code 48154-1005	Amount of Each Receipt this Period 174.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00		
		P/R Deduction (\$29.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	618.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Michael F Gurney</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824850414523	
Mailing Address 36648 Almond Circle		Amount of Each Receipt this Period 174.00	
City State Zip Code Frmgtn Hls MI 48335-3812	FEC ID number of contributing federal political committee. C	P/R Deduction (\$29.00 Bi-Weekly)	
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager	Aggregate Year-to-Date ▼ 377.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Elizabeth R Lepouttre</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824852314523	
Mailing Address 36552 Catalpa Ln		Amount of Each Receipt this Period 108.00	
City State Zip Code New Baltimore MI 48047-5575	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)	
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager	Aggregate Year-to-Date ▼ 234.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. John D Mc Cray</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824853514523	
Mailing Address 257 Bourbon Court		Amount of Each Receipt this Period 108.00	
City State Zip Code Rochester Hills MI 48307-3801	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)	
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager	Aggregate Year-to-Date ▼ 234.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	390.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Kathleen M Arndt		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6119 Radnor Street		<b>Transaction ID:</b> PR824854314523	
City State Zip Code Detroit MI 48224-1365	Amount of Each Receipt this Period _____ 108.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 234.00		
		P/R Deduction (\$18.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Luzine Brister		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 17145 Strathmoor		<b>Transaction ID:</b> PR824855914523	
City State Zip Code Detroit MI 48235-3919	Amount of Each Receipt this Period _____ 174.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 377.00		
		P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Brian D Armstrong		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1363 North Creek Dr		<b>Transaction ID:</b> PR824856014523	
City State Zip Code Wixom MI 48393-1638	Amount of Each Receipt this Period _____ 270.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director, National Accounts		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 521.00		
		P/R Deduction (\$45.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>552.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Janet M Merrick		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824857414523
Mailing Address 1535 Chesapeake		Amount of Each Receipt this Period 108.00
City State Zip Code Royal Oak MI 48067-4529	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager - Project	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Rick V Morrone		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824857514523
Mailing Address 3751 Parker		Amount of Each Receipt this Period 270.00
City State Zip Code Dearborn MI 48124-3557	FEC ID number of contributing federal political committee. C	P/R Deduction (\$45.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director - National Accounts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Annette M Sabatella		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824858514523
Mailing Address 411 Saddle Lane		Amount of Each Receipt this Period 108.00
City State Zip Code Grs Pt Wds MI 48236-2728	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer BCBSM	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	486.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Carol E Gawronski		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824859814523
Mailing Address 12240 Rohn Road		Amount of Each Receipt this Period 108.00
City State Zip Code Fenton MI 48430-9519	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager National Accounts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Craig A Smith		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824860114523
Mailing Address 7141 Placita Ct.		Amount of Each Receipt this Period 108.00
City State Zip Code Gd Rapids MI 49546-7234	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager-Key Account	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Gregory A Mays		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824860214523
Mailing Address 33865 Trillium Court		Amount of Each Receipt this Period 108.00
City State Zip Code Livonia MI 48150-3685	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager-Regional Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	324.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Regina Jamerson Mailing Address 6875 Chase Court City State Zip Code W Bloomfield MI 48322-3292 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824861614523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager-Key Account Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Gary R Gavin Mailing Address 23784 Wintergreen City State Zip Code Novi MI 48374-3680 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824862114523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager-Regional Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Julia M Kuks Mailing Address 1073 Magnolia City State Zip Code Inkster MI 48141-1731 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824864514523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager Admin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>324.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Martha M Spenny		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824864614523	
Mailing Address 23633 Berg Rd		Amount of Each Receipt this Period 108.00	
City State Zip Code Southfield MI 48034-4146	FEC ID number of contributing federal political committee. C	Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Actuary-Associate Senior
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	P/R Deduction (\$18.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Camille K Forster		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824865414523	
Mailing Address 9035 Woodlore South Dr.		Amount of Each Receipt this Period 174.00	
City State Zip Code Plymouth MI 48170-3499	FEC ID number of contributing federal political committee. C	Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Lisa D Mulligan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824866414523	
Mailing Address 5529 Amber Way		Amount of Each Receipt this Period 108.00	
City State Zip Code Ypsilanti MI 48197-8207	FEC ID number of contributing federal political committee. C	Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	P/R Deduction (\$18.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	390.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 47 / 152</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> John E Gumbel		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824876114523	
Mailing Address 16169 Ashton		Amount of Each Receipt this Period 108.00	
City State Zip Code Detroit MI 48219-4103	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager	P/R Deduction (\$18.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Kenneth J Setera		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824877414523	
Mailing Address 4452 Boulder Dr		Amount of Each Receipt this Period 174.00	
City State Zip Code Sterling Heights MI 48310-3121	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	P/R Deduction (\$29.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Bessie Z Copeland		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824886414523	
Mailing Address 344 Rosedale Ct.		Amount of Each Receipt this Period 108.00	
City State Zip Code Detroit MI 48202-1144	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager	P/R Deduction (\$18.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>390.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Lawrence G Hoffman Mailing Address 6872 Cedarbrook Dr City Bloomfield Hills State MI Zip Code 48301-3017 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824888614523 Amount of Each Receipt this Period 108.00
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Technology Architect Aggregate Year-to-Date ▼ 234.00	P/R Deduction (\$18.00 Bi-Weekly)

<b>B.</b> Full Name (Last, First, Middle Initial) Janet P Macqueen Mailing Address 3214 Chesapeake Dr City String Hts State MI Zip Code 48314-1869 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824899514523 Amount of Each Receipt this Period 270.00
Name of Employer Blue Care Network of MI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP Chief Info Officer Aggregate Year-to-Date ▼ 585.00	P/R Deduction (\$45.00 Bi-Weekly)

<b>C.</b> Full Name (Last, First, Middle Initial) Mahmoud I Dawwas Mailing Address 6010 Hartwell St City Dearborn State MI Zip Code 48126-2244 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824899814523 Amount of Each Receipt this Period 108.00
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 234.00	P/R Deduction (\$18.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>486.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> David W Bulmer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824908314523	
Mailing Address 11321 Morgan Street		Amount of Each Receipt this Period 108.00	
City State Zip Code Plymouth MI 48170-4436	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Technology Architect	P/R Deduction (\$18.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Brenda K Roberts		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824916314523	
Mailing Address 12011 Rosemary		Amount of Each Receipt this Period 108.00	
City State Zip Code Detroit MI 48213-1350	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Portfolio Manager	P/R Deduction (\$18.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Susan Wilson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824918114523	
Mailing Address 42143 Pellston		Amount of Each Receipt this Period 108.00	
City State Zip Code Northville MI 48167-2413	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager	P/R Deduction (\$18.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	324.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> John C Golding		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 42211 Garfield Rd Apt 136		<b>Transaction ID:</b> PR824919514523 Amount of Each Receipt this Period _____ 174.00
City State Zip Code Clinton Township MI 48038-1648		
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 377.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Michael R Benoit		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 34921 25 Mile Road		<b>Transaction ID:</b> PR824927414523 Amount of Each Receipt this Period _____ 114.00
City State Zip Code Chesterfield MI 48047-2746		
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Technology Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 247.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Thomas S Fielitz		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 39896 Rager Ct		<b>Transaction ID:</b> PR824929214523 Amount of Each Receipt this Period _____ 114.00
City State Zip Code Clntn Twp MI 48038-3095		
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 247.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>402.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 152
	(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"/> 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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Joanne F Rusch Mailing Address 4171 Fallow City State Zip Code W Blmfld MI 48323-1242 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824932714523 Amount of Each Receipt this Period 270.00 P/R Deduction (\$45.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Principal Architect Aggregate Year-to-Date ▼ 585.00

Full Name (Last, First, Middle Initial) <b>B.</b> Kathryn L Wilson Mailing Address 1361 Palmer City State Zip Code Plymouth MI 48170-2069 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824934514523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Manager Sales Infrm Aggregate Year-to-Date ▼ 234.00

Full Name (Last, First, Middle Initial) <b>C.</b> Thomas N Winkler Mailing Address 2059 22 St City State Zip Code Wyandotte MI 48192-3837 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824934714523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Manager Aggregate Year-to-Date ▼ 234.00

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	486.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph D Kearney		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2391 Lexington Cir S		<b>Transaction ID:</b> PR824935414523
City Canton	State MI	Zip Code 48188-5907
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 114.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Carolynn Walton		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 5835 Pinecroft Dr.		<b>Transaction ID:</b> PR824936214523
City W Blmfld	State MI	Zip Code 48322-1669
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 270.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP & Treasurer	P/R Deduction (\$45.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Piyush J Desai		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 3620 Beechtree Ln		<b>Transaction ID:</b> PR824940114523
City Okemos	State MI	Zip Code 48864-3864
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 108.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager	P/R Deduction (\$18.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>492.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Satish R Shah</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824942014523
Mailing Address 43284 W Phalia Ct		Amount of Each Receipt this Period 114.00
City State Zip Code Strlg Hts MI 48314-2049	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name (Last, First, Middle Initial) <b>B. Deepak D Jhaveri</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824947214523
Mailing Address 6665 Crabapple		Amount of Each Receipt this Period 114.00
City State Zip Code Troy MI 48098-1950	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name (Last, First, Middle Initial) <b>C. Timothy J Gustafson</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824947914523
Mailing Address 4255 Greensboro		Amount of Each Receipt this Period 108.00
City State Zip Code Troy MI 48085-3616	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	336.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Audrey J Harvey</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 25465 Waycross		<b>Transaction ID: PR824951314523</b>
City State Zip Code Southfld MI 48034-2206	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 270.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	P/R Deduction (\$45.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 521.00	

Full Name (Last, First, Middle Initial) <b>B. Kenneth A Bluhm</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 6187 Brittany Tree		<b>Transaction ID: PR824951914523</b>
City State Zip Code Troy MI 48085-1085	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 114.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name (Last, First, Middle Initial) <b>C. Valerie L Keesee</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 3400 E Coon Lake Rd		<b>Transaction ID: PR824954114523</b>
City State Zip Code Howell MI 48843-9420	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 174.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>558.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Diana M Glaab Mailing Address 24805 Belton Ln City Dearbn Hts State MI Zip Code 48127-1377 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR82495514523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Financial Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Daniel Mroz Mailing Address 17094 Euclid City Allen Pk State MI Zip Code 48101-2827 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824955614523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Financial Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dennis A Weiss Mailing Address 44500 Louvert Court City Novi State MI Zip Code 48375-3943 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824955714523 Amount of Each Receipt this Period 174.00 P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>390.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Richard C Mathews		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824956714523	
Mailing Address 281 Stephens Road		Amount of Each Receipt this Period 108.00	
City State Zip Code Grs Pt Fms MI 48236-3409	FEC ID number of contributing federal political committee. C		P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Finance Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dominick A Mitchell III		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824959114523	
Mailing Address 41500 Ladywood Ct		Amount of Each Receipt this Period 114.00	
City State Zip Code Northville MI 48167-2342	FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ronald Wood		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824959714523	
Mailing Address 29225 Lake Park		Amount of Each Receipt this Period 174.00	
City State Zip Code Frmgtm Hls MI 48331-2661	FEC ID number of contributing federal political committee. C		P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	396.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Cheryl B Lewis Mailing Address 29555 Bermuda City State Zip Code Southfld MI 48076-5222 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824960414523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Curtis J Schoenjahn Mailing Address 3660 Seney Dr City State Zip Code Lake Orion MI 48360-2706 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824962214523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Kenneth L Krisan Mailing Address 1921 Dogwood Trail City State Zip Code Walled Lk MI 48390-3914 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824963914523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>324.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

**A.** Full Name (Last, First, Middle Initial)  
Diane M Wolfenden

Mailing Address 34397 Orsini Dr.

City State Zip Code  
Sterling Heights MI 48312-5773

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

Name of Employer  
Blue Cross and Blue Shield of Michigan

Occupation  
Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR824967814523

Amount of Each Receipt this Period  
108.00

P/R Deduction (\$18.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
John J Dunn

Mailing Address 3153 Davenport

City State Zip Code  
Rochester Hills MI 48309-4283

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

Name of Employer  
Blue Cross and Blue Shield of Michigan

Occupation  
Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
489.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR824968514523

Amount of Each Receipt this Period  
270.00

P/R Deduction (\$45.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Brian T Morris

Mailing Address 5033 Eric Court

City State Zip Code  
Ann Arbor MI 48105-9263

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

Name of Employer  
Blue Cross and Blue Shield of Michigan

Occupation  
Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR824969914523

Amount of Each Receipt this Period  
270.00

P/R Deduction (\$45.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>648.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. James P Meidlinger</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824970014523
Mailing Address 603 W Madison St		Amount of Each Receipt this Period 174.00
City State Zip Code Ann Arbor MI 48103-4927	FEC ID number of contributing federal political committee. C	P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Product Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	

Full Name (Last, First, Middle Initial) <b>B. Cheri A Lehto</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824971114523
Mailing Address 4035 Iverness Ln		Amount of Each Receipt this Period 108.00
City State Zip Code West Bloomfield MI 48323-1714	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>C. Marilyn J Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR824971914523
Mailing Address 2485 Kimberly Fair		Amount of Each Receipt this Period 108.00
City State Zip Code Rochester Hills MI 48309-2061	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	390.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. James D Mills</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 37753 Chase Ct		<b>Transaction ID: PR824972414523</b>	
City Livonia      State MI      Zip Code 48150-5040	Amount of Each Receipt this Period _____ 108.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ _____ 234.00	P/R Deduction (\$18.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. Cynthia E Dion</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 41584 Stonehenge Manor		<b>Transaction ID: PR824973314523</b>	
City Clinton Township      State MI      Zip Code 48038-4642	Amount of Each Receipt this Period _____ 174.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ _____ 377.00	P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. Debra L Knapp</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 16289 Pine Ridge Dr N		<b>Transaction ID: PR824973614523</b>	
City Fraser      State MI      Zip Code 48026-5005	Amount of Each Receipt this Period _____ 108.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ _____ 234.00	P/R Deduction (\$18.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>390.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Debra S Ross Mailing Address 1148 Jenna Dr City Davison State MI Zip Code 48423-3608 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824973814523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Laura S Dancsok Mailing Address 8253 Colony Dr #22 City Grosse Ile State MI Zip Code 48138-1733 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824974214523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>C.</b> Full Name (Last, First, Middle Initial) David B Payne Mailing Address 383 Jonathan Dr City Rochester Hills State MI Zip Code 48307-5262 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824976514523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>324.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Cathy M Longo Mailing Address 30790 Plum Lane City State Zip Code Madison Hts MI 48071-1504 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824979114523 Amount of Each Receipt this Period 174.00 P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Douglas Sargent Mailing Address 9075 Blueberry Hill Court City State Zip Code Howell MI 48843-9087 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824987514523 Amount of Each Receipt this Period 174.00 P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mark J Giroux Mailing Address 2127 Woodland Ave City State Zip Code Royal Oak MI 48073-3876 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824990714523 Amount of Each Receipt this Period 174.00 P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>522.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Beth D Benson Mailing Address 15860 Reedmere Ave City State Zip Code Beverly Hills MI 48025-5672 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824991814523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Sharon A Hamilton Mailing Address 21466 Green Hill City State Zip Code Frmqtn Hls MI 48335-4508 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824995914523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Kimberley C Bracey Mailing Address 2697 Ferry Park City State Zip Code Detroit MI 48208-1119 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR824997314523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>324.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Patricia A Slisinger</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825004214523
Mailing Address 34518 Morningdale Dr		Amount of Each Receipt this Period 108.00
City State Zip Code Strlg Hts MI 48312-5744	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>B. Anthony J Russo</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825006014523
Mailing Address 23003 Brookdale		Amount of Each Receipt this Period 108.00
City State Zip Code St Clr Sh MI 48082-2138	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>C. Carolyn D Cruse</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825006814523
Mailing Address 15329 Artesian		Amount of Each Receipt this Period 114.00
City State Zip Code Detroit MI 48223-2266	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	330.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Lisa R Susin Mailing Address 42746 Bloomingdale City State Zip Code Sterling Heights MI 48314-2843 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR825011514523 Amount of Each Receipt this Period 174.00 P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dennis R Schwartz Mailing Address 2244 Burcham Dr City State Zip Code East Lansing MI 48823-7244 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR825011614523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Chris J Maier Mailing Address 6061 Middle Lake Rd City State Zip Code Clarkston MI 48346-2047 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR825018914523 Amount of Each Receipt this Period 270.00 P/R Deduction (\$45.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 521.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>552.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Sean M Drate</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 722 Albany		<b>Transaction ID: PR825019114523</b>	
City State Zip Code Ferndale MI 48220-1829	Amount of Each Receipt this Period _____ 108.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 234.00		P/R Deduction (\$18.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Sandra G Kempton</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 19522 Northridge Bldg 2		<b>Transaction ID: PR825021414523</b>	
City State Zip Code Northville MI 48167-2912	Amount of Each Receipt this Period _____ 108.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 234.00		P/R Deduction (\$18.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Renee M Rabideau</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3658 Warwick Drive		<b>Transaction ID: PR825025114523</b>	
City State Zip Code Strlg Hts MI 48314-2801	Amount of Each Receipt this Period _____ 174.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 377.00		P/R Deduction (\$29.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>390.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Kirk W Vogelei Mailing Address 1304 Kinlock City Troy State MI Zip Code 48098-2041 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Transaction ID:</b> PR825028314523 Amount of Each Receipt this Period <input type="text"/> 174.00
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ <input type="text"/> 377.00	P/R Deduction (\$29.00 Bi-Weekly)

<b>B.</b> Full Name (Last, First, Middle Initial) Kimberly A Jones-Schneider Mailing Address 1219 Chelsea Blvd City Oxford State MI Zip Code 48371-6729 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Transaction ID:</b> PR825033514523 Amount of Each Receipt this Period <input type="text"/> 174.00
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ <input type="text"/> 377.00	P/R Deduction (\$29.00 Bi-Weekly)

<b>C.</b> Full Name (Last, First, Middle Initial) Fred A Campbell Mailing Address 16125 Portis City Northville State MI Zip Code 48167-2036 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Transaction ID:</b> PR825036814523 Amount of Each Receipt this Period <input type="text"/> 174.00
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ <input type="text"/> 377.00	P/R Deduction (\$29.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>522.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Susan M Crowley</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1214 Buckingham		<b>Transaction ID: PR825049714523</b>	
City State Zip Code Grs Pt Pk MI 48230-1138	Amount of Each Receipt this Period _____ 120.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.00	P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. Reba L Johnson</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 27610 Goldengate Dr. W		<b>Transaction ID: PR825059714523</b>	
City State Zip Code Lathrup Village MI 48076-3457	Amount of Each Receipt this Period _____ 174.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 377.00	P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. Roy D Ellison</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1547 Tradition Drive		<b>Transaction ID: PR825059814523</b>	
City State Zip Code Canton MI 48187-5810	Amount of Each Receipt this Period _____ 108.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 234.00	P/R Deduction (\$18.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>402.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Peter G Albert Mailing Address 30711 Delton City State Zip Code Madison Hts MI 48071-2109 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Transaction ID:</b> PR825063714523 Amount of Each Receipt this Period <input type="text"/> 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Associate Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 234.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Michael M Nolan Mailing Address 16055 Homestead Cir City State Zip Code Northville MI 48168-3473 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Transaction ID:</b> PR825064714523 Amount of Each Receipt this Period <input type="text"/> 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 234.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ronald L Beaudoin Mailing Address 534 Winwood Circle City State Zip Code Walled Lk MI 48390-3576 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Transaction ID:</b> PR825067914523 Amount of Each Receipt this Period <input type="text"/> 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 234.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>324.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> John H Becker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825068114523	
Mailing Address 20129 Windham Dr		Amount of Each Receipt this Period 108.00	
City State Zip Code Macomb Twp MI 48044-3538	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)	
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager	Aggregate Year-to-Date ▼ 234.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Walter E Adams		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825071314523	
Mailing Address 43840 Trillium Dr		Amount of Each Receipt this Period 174.00	
City State Zip Code Strlg Hts MI 48314-1952	FEC ID number of contributing federal political committee. C	P/R Deduction (\$29.00 Bi-Weekly)	
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	Aggregate Year-to-Date ▼ 377.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Patrick L O'Donnell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825072114523	
Mailing Address 130 Barrington Pl		Amount of Each Receipt this Period 108.00	
City State Zip Code Dearborn MI 48124-1145	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)	
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager	Aggregate Year-to-Date ▼ 234.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	390.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Michael K Jennings II Mailing Address 23682 Paddock Dr City Farmington Hills State MI Zip Code 48336-2226 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Transaction ID:</b> PR825074914523 Amount of Each Receipt this Period <input type="text"/> 174.00
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ <input type="text"/> 377.00	P/R Deduction (\$29.00 Bi-Weekly)

<b>B.</b> Full Name (Last, First, Middle Initial) Sharon J Rose Mailing Address 4372 Arbour Dr City Walled Lk State MI Zip Code 48390-4102 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Transaction ID:</b> PR825075214523 Amount of Each Receipt this Period <input type="text"/> 108.00
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ <input type="text"/> 234.00	P/R Deduction (\$18.00 Bi-Weekly)

<b>C.</b> Full Name (Last, First, Middle Initial) Dean H Swanson Mailing Address 86 Webb St City Troy State MI Zip Code 48098-4632 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> <b>Transaction ID:</b> PR825077914523 Amount of Each Receipt this Period <input type="text"/> 108.00
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ <input type="text"/> 234.00	P/R Deduction (\$18.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 390.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Daniel P Hackett Mailing Address 16589 Grillo City State Zip Code Clntrn Twp MI 48038-4010 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR825079514523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Todd C Harrison Mailing Address 5875 Gilbert Lake Rd. City State Zip Code Bloomfield Hills MI 48301-1914 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR825084214523 Amount of Each Receipt this Period 174.00 P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Catherine M Sinning Mailing Address 25232 Surrey Lane City State Zip Code Frmgtn Hls MI 48335-2041 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR825084314523 Amount of Each Receipt this Period 174.00 P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>456.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 152

(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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Beverly Mathews		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 281 Stephens		<b>Transaction ID:</b> PR825085514523
City State Zip Code Grs Pt Fms MI 48236-3409	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 108.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager	P/R Deduction (\$18.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Tonja M Poole		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 636 Watersedge Dr.		<b>Transaction ID:</b> PR825086514523
City State Zip Code Ann Arbor MI 48105-2515	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 108.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager	P/R Deduction (\$18.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Roy E Nesler		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address PO Box 871159		<b>Transaction ID:</b> PR825089014523
City State Zip Code Canton MI 48187-6159	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 174.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>390.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Jacquelyn R Lee</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825092314523
Mailing Address 2952 Prince Hall Dr		Amount of Each Receipt this Period 114.00
City State Zip Code Detroit MI 48207-5159	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer Occupation Blue Care Network of MI Dir Devel & Svc Support	Aggregate Year-to-Date 247.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kathleen A Popiela</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825093914523
Mailing Address 36365 Parklane Circle		Amount of Each Receipt this Period 174.00
City State Zip Code Farmingtn MI 48335-4210	FEC ID number of contributing federal political committee. C	P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer Occupation Blue Cross and Blue Shield of Michigan Director	Aggregate Year-to-Date 319.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Luvone A Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825095814523
Mailing Address 291 E Boston Blvd		Amount of Each Receipt this Period 108.00
City State Zip Code Detroit MI 48202-1320	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Occupation Blue Cross and Blue Shield of Michigan Manager	Aggregate Year-to-Date 234.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	396.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Alaadin M Abou-El-Seoud</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 27410 Bridle Hills Dr		<b>Transaction ID: PR825096614523</b>		
City State Zip Code Frmgtn Hls MI 48336-3006	Amount of Each Receipt this Period _____ 174.00		P/R Deduction (\$29.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		_____		
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ _____ 377.00			

Full Name (Last, First, Middle Initial) <b>B. Janice L Crossland</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 29194 Oak Point Dr.		<b>Transaction ID: PR825096714523</b>		
City State Zip Code Frmgtn Hls MI 48331-2716	Amount of Each Receipt this Period _____ 108.00		P/R Deduction (\$18.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		_____		
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ _____ 234.00			

Full Name (Last, First, Middle Initial) <b>C. Cathy Mozham</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 20741 Country Oaks		<b>Transaction ID: PR825098214523</b>		
City State Zip Code Wyandotte MI 48192-7958	Amount of Each Receipt this Period _____ 174.00		P/R Deduction (\$29.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		_____		
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ _____ 377.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>456.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Lloyd L Banks Mailing Address 2294 Traverse Dr City State Zip Code Troy MI 48083-5949 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR825098614523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Lisa M Hoomaian Mailing Address 24429 Holyoke Ct City State Zip Code Novi MI 48374-2853 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR825100714523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Analyst Sales Sr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Lana M Tapani Mailing Address 6035 Herbmoor City State Zip Code Troy MI 48098-1827 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR825101114523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager Sales Infrm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>324.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Elizabeth L Carter Mailing Address 29645 Medbury City State Zip Code Frmgtn Hls MI 48336-2128 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR825101414523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Manager Product Performance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Phillip J Gillespie Mailing Address 1731 Cranston Ct City State Zip Code E Lansing MI 48823-2248 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR825104714523 Amount of Each Receipt this Period 174.00 P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Director - Regional Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Brian G Smith Mailing Address 315 University Dr City State Zip Code E Lansing MI 48823-4132 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR825105414523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Manager-Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>390.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 / 152
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr Mark A Epolito		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825106014523
Mailing Address 1426 Wilshire Drive		Amount of Each Receipt this Period 108.00
City State Zip Code Haslett MI 48840-8412	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Trine J Martinez		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825106414523
Mailing Address 43585 Serenity Dr.		Amount of Each Receipt this Period 108.00
City State Zip Code Northville MI 48167-8932	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager-Regional Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Donald J Whitford		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825107014523
Mailing Address 20245 Sussex		Amount of Each Receipt this Period 174.00
City State Zip Code Macomb MI 48044-6514	FEC ID number of contributing federal political committee. C	P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	390.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Steven E Gray</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2252 Devonshire		<b>Transaction ID: PR825108014523</b>	
City State Zip Code Blmfld Hls MI 48302-0623	Amount of Each Receipt this Period _____ 108.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager-Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 234.00		P/R Deduction (\$18.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Francine E Pegues</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 959 Harcourt Rd.		<b>Transaction ID: PR825110514523</b>	
City State Zip Code Grs Pte Pk MI 48230-1875	Amount of Each Receipt this Period _____ 174.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director - Corp Key Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 319.00		P/R Deduction (\$29.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. David R Watroba</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address P.O. Box 601		<b>Transaction ID: PR825110814523</b>	
City State Zip Code Northville MI 48167-0601	Amount of Each Receipt this Period _____ 174.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director - Regional Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 377.00		P/R Deduction (\$29.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>456.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Barbara A Murphy</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3404 Park Forest Drive		<b>Transaction ID: PR825111814523</b>	
City State Zip Code W Blmfld MI 48324-3233	Amount of Each Receipt this Period _____ 174.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director - Regional Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 319.00		P/R Deduction (\$29.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Beverly M Lamb-Stovall</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5711 Branford Dr		<b>Transaction ID: PR825114414523</b>	
City State Zip Code W Bloomfield MI 48322-1123	Amount of Each Receipt this Period _____ 174.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director - Regional Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 377.00		P/R Deduction (\$29.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. John M Gray</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 10397 Cornerstone Drive		<b>Transaction ID: PR825115114523</b>	
City State Zip Code Washington MI 48095-2923	Amount of Each Receipt this Period _____ 174.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director - Regional Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 377.00		P/R Deduction (\$29.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>522.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Pamela A Yanis		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825115214523	
Mailing Address 905 Blairmoor Ct		Amount of Each Receipt this Period 114.00	
City Grs Pt Wds MI 48236-1244	State Zip Code MI 48236-1244	P/R Deduction (\$19.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 114.00	
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	P/R Deduction (\$19.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Gordon M O'Neill		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825121614523	
Mailing Address 25518 Hunt Club Drive		Amount of Each Receipt this Period 174.00	
City Frmqtn Hls MI 48335-1148	State Zip Code MI 48335-1148	P/R Deduction (\$29.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 174.00	
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director - Regional Sales	P/R Deduction (\$29.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Christine Bramlitt		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825122114523	
Mailing Address 24435 Surfside		Amount of Each Receipt this Period 108.00	
City Novi MI 48374-3075	State Zip Code MI 48374-3075	P/R Deduction (\$18.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 108.00	
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager Admin	P/R Deduction (\$18.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	P/R Deduction (\$18.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	396.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 152		
	<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

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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Rodney P Meyer Mailing Address 2264 Creek Bend City Rochester Hills State MI Zip Code 48309-4730 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR825122314523 Amount of Each Receipt this Period 174.00 P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Director - Senior Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Margaret T Anthony Mailing Address 4451 Golfview Dr City Brighton State MI Zip Code 48116-9186 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR825130214523 Amount of Each Receipt this Period 174.00 P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Constance M Blachut Mailing Address 787 Deer Court City Plymouth State MI Zip Code 48170-1743 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR825135614523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>456.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Briana L Chen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825139214523	
Mailing Address 37882 Amber Dr		Amount of Each Receipt this Period 108.00	
City Farmington Hills	State MI	Zip Code 48331-1170	P/R Deduction (\$18.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 234.00	
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Susan J Rubin		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825140214523	
Mailing Address 41460 Belden Circle		Amount of Each Receipt this Period 174.00	
City Novi	State MI	Zip Code 48377-1546	P/R Deduction (\$29.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 377.00	
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> B. G Kuljurgis		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825143714523	
Mailing Address 5587 Springwater Lane		Amount of Each Receipt this Period 108.00	
City W Blmfld	State MI	Zip Code 48322-1749	P/R Deduction (\$18.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 234.00	
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	390.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Paula G Brawdy		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825151514523	
Mailing Address 1403 Iroquois Trail		Amount of Each Receipt this Period 174.00	
City State Zip Code Hastings MI 49058-9757	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director - Regional Sales	P/R Deduction (\$29.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Joseph L Johnson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825151814523	
Mailing Address 2720 Winesap St Ne		Amount of Each Receipt this Period 108.00	
City State Zip Code Gd Rapids MI 49525-3900	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager-Regional Sales	P/R Deduction (\$18.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Jeffrey S Rubleski		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825152214523	
Mailing Address 15293 Meadowwood Dr		Amount of Each Receipt this Period 108.00	
City State Zip Code Grand Haven MI 49417-9684	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager-Regional Sales	P/R Deduction (\$18.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	390.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Jo A Sting</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1041 Brownell St Se		<b>Transaction ID: PR825155614523</b>	
City State Zip Code Kentwood MI 49508-7493	Amount of Each Receipt this Period _____ 174.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 377.00	P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. Darrell G Newsone</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7279 Azalea Dr SE		<b>Transaction ID: PR825155814523</b>	
City State Zip Code Grand Rapids MI 49508-7417	Amount of Each Receipt this Period _____ 108.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager-Regional Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 234.00	P/R Deduction (\$18.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. Linda L Frost</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 32675 Myrna		<b>Transaction ID: PR825157014523</b>	
City State Zip Code Livonia MI 48154-2911	Amount of Each Receipt this Period _____ 174.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 377.00	P/R Deduction (\$29.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>456.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Suzanne M Kiester		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 11512 Aspen Dr		<b>Transaction ID:</b> PR825160014523
City Plymouth	State MI	Zip Code 48170-4597
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 108.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager	P/R Deduction (\$18.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Teresa L Bueche		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 7144 Shalimar Dr NE		<b>Transaction ID:</b> PR825161414523
City Comstock Park	State MI	Zip Code 49321-9644
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 124.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 257.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Susan L Barkell		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 5373 S. State Rd		<b>Transaction ID:</b> PR825163214523
City Goodrich	State MI	Zip Code 48438-8846
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 270.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP Provider Services	P/R Deduction (\$45.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>502.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Andres Perez		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825168314523
Mailing Address 3952 Warren Ct.		Amount of Each Receipt this Period 174.00
City State Zip Code Ann Arbor MI 48105-9771	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Consultant	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	

Full Name (Last, First, Middle Initial) <b>B.</b> S G Kipa		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825168414523
Mailing Address 4774 Avondale Terrance		Amount of Each Receipt this Period 174.00
City State Zip Code Blmfld Hls MI 48304-3602	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Executive	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Calvin J Maestro		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825168514523
Mailing Address 22535 Shadowglen Dr		Amount of Each Receipt this Period 174.00
City State Zip Code Farmington Hls MI 48335-3652	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Medical Consultant	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	522.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) George P Gopoian Mailing Address 25437 Witherspoon City State Zip Code Farmington Hills MI 48335-1368 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR825172714523</b> Amount of Each Receipt this Period 174.00
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		P/R Deduction (\$29.00 Bi-Weekly)

<b>B.</b> Full Name (Last, First, Middle Initial) Anjana J Patel Mailing Address 2115 Kingsway Dr City State Zip Code Troy MI 48098-4172 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR825172814523</b> Amount of Each Receipt this Period 114.00
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 247.00		P/R Deduction (\$19.00 Bi-Weekly)

<b>C.</b> Full Name (Last, First, Middle Initial) Michelle C Fullerton Mailing Address 23528 Fordson City State Zip Code Dearborn MI 48124-1602 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR825175614523</b> Amount of Each Receipt this Period 108.00
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		P/R Deduction (\$18.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>396.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Atheer A Kaddis</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 36331 Fort Sumter Court		<b>Transaction ID: PR825183014523</b>
City State Zip Code Farmington Hills MI 48331-3100	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 174.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	

Full Name (Last, First, Middle Initial) <b>B. Gary W Dusute</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 29762 Bayview		<b>Transaction ID: PR825183914523</b>
City State Zip Code Grosse Ile MI 48138-1902	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 108.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager	P/R Deduction (\$18.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

Full Name (Last, First, Middle Initial) <b>C. Glen A Perry</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2148 Michele Dr		<b>Transaction ID: PR825184214523</b>
City State Zip Code Troy MI 48085-3825	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 174.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>456.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Patricia M Wilson Mailing Address 597 Dresden Place City State Zip Code St Clr Bch ON N8N4B-6 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR825186714523 Amount of Each Receipt this Period 174.00 P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 377.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Jeffrey A Holzhausen Mailing Address 7655 Werkner Rd City State Zip Code Chelsea MI 48118-9516 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR825186914523 Amount of Each Receipt this Period 108.00 P/R Deduction (\$18.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Barbara A Nagrant Mailing Address 910 Lockwood City State Zip Code Royal Oak MI 48067-1612 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR825188014523 Amount of Each Receipt this Period 114.00 P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer: Blue Cross and Blue Shield of Michigan Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 247.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>396.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 152		
	<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

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NAME OF COMMITTEE (In Full)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Kevin L Kihn Mailing Address 10529 Stark City Livonia State MI Zip Code 48150-2619 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825202014523 Amount of Each Receipt this Period 108.00
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 234.00	P/R Deduction (\$18.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B.</b> Suzette M Felling Mailing Address 1966 Hunters Ridge City Blmfld Hls State MI Zip Code 48304-1036 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825209814523 Amount of Each Receipt this Period 108.00
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 234.00	P/R Deduction (\$18.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C.</b> Diane K Valade Mailing Address 12927 LaSalle Ln City Huntington Woods State MI Zip Code 48070-1045 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825211414523 Amount of Each Receipt this Period 114.00
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Aggregate Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>330.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 152		
	<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

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NAME OF COMMITTEE (In Full)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Jerry A Johnson		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 22076 Chatsford Circuit		<b>Transaction ID:</b> PR825212114523
City State Zip Code Southfld MI 48034-2119	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 114.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Management	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Amy K Hunter		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 22 Kenberton Dr		<b>Transaction ID:</b> PR825212214523
City State Zip Code Pleasant Ridge MI 48069-1014	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 114.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Management	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Deborah P O'Neal		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 14101 Victoria Park Dr N		<b>Transaction ID:</b> PR825212314523
City State Zip Code Detroit MI 48215-4122	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 174.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Consultant	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	402.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Thelma J Caison-Sorey		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825212914523
Mailing Address 4253 Sedgemoor Lane		Amount of Each Receipt this Period 120.00
City Bloomfield Hills      State MI      Zip Code 48302-1648	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Management	Aggregate Year-to-Date ▼ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Susan P Bayless		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825213014523
Mailing Address 4722 Heather Ln		Amount of Each Receipt this Period 174.00
City Bloomfld      State MI      Zip Code 48301-1410	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Director	Aggregate Year-to-Date ▼ 377.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> James D Bridges		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825213914523
Mailing Address P.O. Box 2252		Amount of Each Receipt this Period 270.00
City Southfield      State MI      Zip Code 48037-2252	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Management	Aggregate Year-to-Date ▼ 270.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$45.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	564.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Calmeze H Dudley		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825214314523	
Mailing Address 4232 Wabeek Lk Dr		Amount of Each Receipt this Period 114.00	
City Bloomfield Hills      State MI      Zip Code 48302-1663	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Management Aggregate Year-to-Date ▼ 247.00		
		P/R Deduction (\$19.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Peter G Gulick Jr		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825260314523	
Mailing Address 9418 N Green Bay Rd Apt 203		Amount of Each Receipt this Period 87.00	
City Brown Deer      State WI      Zip Code 53209	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 290.00		
		P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Carrie S Bryant		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825260414523	
Mailing Address 61 Adelaide		Amount of Each Receipt this Period 114.00	
City Detroit      State MI      Zip Code 48201-1311	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Aggregate Year-to-Date ▼ 247.00		
		P/R Deduction (\$19.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	315.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Marcia N Persin		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825261214523	
Mailing Address 5274 Pond Bluff Drive		Amount of Each Receipt this Period 114.00	
City State Zip Code W Blmfld MI 48323-2442	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	P/R Deduction (\$19.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Robert H Digby		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825268614523	
Mailing Address 4125 Naubinway Rd		Amount of Each Receipt this Period 120.00	
City State Zip Code Okemos MI 48864-3424	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Consultant	P/R Deduction (\$20.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Twaide Langham		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825269614523	
Mailing Address P.O.Box 510024		Amount of Each Receipt this Period 114.00	
City State Zip Code Livonia MI 48151-6024	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Consultant	P/R Deduction (\$19.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	348.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Beth L Rubin		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825270414523	
Mailing Address 4408 Westover Drive		Amount of Each Receipt this Period 174.00	
City State Zip Code W Bloomfield MI 48323-2874	FEC ID number of contributing federal political committee. C		P/R Deduction (\$29.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Consultant	Aggregate Year-to-Date ▼ 377.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Kevin L Seitz		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825273014523	
Mailing Address 4342 Thoreson		Amount of Each Receipt this Period 360.00	
City State Zip Code Maple City MI 49664-8766	FEC ID number of contributing federal political committee. C		P/R Deduction (\$60.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation SVP BCBSM	Aggregate Year-to-Date ▼ 780.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> David W Kee		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825273314523	
Mailing Address 5611 Huron Hills Dr		Amount of Each Receipt this Period 270.00	
City State Zip Code Commrce Twp MI 48382-4822	FEC ID number of contributing federal political committee. C		P/R Deduction (\$45.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP DmIrrChry&Ntl Retiree Svcs	Aggregate Year-to-Date ▼ 585.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	804.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Leslie A Viegas</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825273414523
Mailing Address 3100 Pine Lake Rd		Amount of Each Receipt this Period 360.00
City State Zip Code Orchr Lk MI 48324-1949	FEC ID number of contributing federal political committee. C	P/R Deduction (\$60.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation SVP Auto/Natl Business Unt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>B. Lisa S DeMoss</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825273614523
Mailing Address 5025 Stonehenge Dr		Amount of Each Receipt this Period 360.00
City State Zip Code Rochester MI 48306-2654	FEC ID number of contributing federal political committee. C	P/R Deduction (\$60.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation SVP Gen Cnsl & Corp Secy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>C. Kim E Sorget</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825273814523
Mailing Address 620 Hollywood Ave		Amount of Each Receipt this Period 270.00
City State Zip Code Grs Pt Wds MI 48236-1319	FEC ID number of contributing federal political committee. C	P/R Deduction (\$45.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP Prov Cntrng & Phrm Svcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	990.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Diana C Jones		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825273914523	
Mailing Address 16903 Normandy		Amount of Each Receipt this Period 270.00	
City State Zip Code Detroit MI 48221-3317	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP Community Affairs	P/R Deduction (\$45.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Paul L Marzec		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825274014523	
Mailing Address 1058 Bloomview Circle		Amount of Each Receipt this Period 270.00	
City State Zip Code Rochester MI 48307-1728	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP Michigan Business Ops	P/R Deduction (\$45.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Kathryn L Elston		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825274114523	
Mailing Address 2930 Dixie Hwy		Amount of Each Receipt this Period 300.00	
City State Zip Code Waterford MI 48328-1715	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP Mich Marketing & Sales	P/R Deduction (\$50.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	840.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Jeanne H Carlson</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 30847 Palmer Drive		<b>Transaction ID: PR825274214523</b>	
City State Zip Code Novi MI 48377-4520	Amount of Each Receipt this Period _____ 360.00		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation Blue Care Network of MI SVP & COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 780.00		
		P/R Deduction (\$60.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. Michele A Samuels</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 29203 Bradmoor Ct		<b>Transaction ID: PR825274414523</b>	
City State Zip Code Farmington Hills MI 48334-3270	Amount of Each Receipt this Period _____ 360.00		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation Blue Cross and Blue Shield of Michigan VP & General Auditor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00		
		P/R Deduction (\$60.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. John P Austin</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2862 Foxfire		<b>Transaction ID: PR825274514523</b>	
City State Zip Code Milford MI 48380-4474	Amount of Each Receipt this Period _____ 360.00		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation Blue Cross and Blue Shield of Michigan SVP MI Sales & Svc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 780.00		
		P/R Deduction (\$60.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>1080.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mark R Bartlett		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825274614523
Mailing Address 48662 Central Park Dr		Amount of Each Receipt this Period 360.00
City State Zip Code Canton MI 48188-1493	FEC ID number of contributing federal political committee. C	P/R Deduction (\$60.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation EVP & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Steven C Hess		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825274714523
Mailing Address 5290 Park Lake Rd		Amount of Each Receipt this Period 360.00
City State Zip Code East Lansing MI 48823-3800	FEC ID number of contributing federal political committee. C	P/R Deduction (\$60.00 Bi-Weekly)
Name of Employer Accident Fund Company	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Robert W Kasperek		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825274814523
Mailing Address 34796 Bretton		Amount of Each Receipt this Period 270.00
City State Zip Code Livonia MI 48152-4047	FEC ID number of contributing federal political committee. C	P/R Deduction (\$45.00 Bi-Weekly)
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP Deputy Gen Cnsl Reg Aff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	990.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

**A.** Full Name (Last, First, Middle Initial)  
Dale A Robertson

Mailing Address 3370 Brookpoint Dr, SE

City State Zip Code  
Grand Rapids MI 49546-7284

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

Name of Employer  
Blue Cross and Blue Shield of Michigan

Occupation  
VP West Michigan

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR825275114523

Amount of Each Receipt this Period  
270.00

P/R Deduction (\$45.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Richard E Whitmer

Mailing Address 1438 Meadowbrook Lane

City State Zip Code  
East Lansing MI 48823-2146

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

Name of Employer  
Blue Cross and Blue Shield of Michigan

Occupation  
President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR825275314523

Amount of Each Receipt this Period  
500.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Michelle L Gaggini

Mailing Address 18515 Country Club Ct.

City State Zip Code  
Riverview MI 48192-8161

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

Name of Employer  
Blue Cross and Blue Shield of Michigan

Occupation  
VP Michigan Service Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR825275514523

Amount of Each Receipt this Period  
270.00

P/R Deduction (\$45.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1040.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> William P Smith		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825275614523	
Mailing Address 1754 Rapids Way		Amount of Each Receipt this Period 360.00	
City Rchstr Hls	State MI	Zip Code 48309-3217	P/R Deduction (\$60.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer Blue Cross and Blue Shield of Michigan	
Occupation SVP Chief Info Officer		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 780.00			

Full Name (Last, First, Middle Initial) <b>B.</b> Janice L Cantelon		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825275814523	
Mailing Address 20503 Clement		Amount of Each Receipt this Period 270.00	
City Northville	State MI	Zip Code 48167-1356	P/R Deduction (\$45.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer Blue Cross and Blue Shield of Michigan	
Occupation VP Auto/National Ops		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 540.00			

Full Name (Last, First, Middle Initial) <b>C.</b> George F Francis III		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825275914523	
Mailing Address 19333 Greenwald		Amount of Each Receipt this Period 360.00	
City Southfld	State MI	Zip Code 48075-5831	P/R Deduction (\$60.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer Blue Cross and Blue Shield of Michigan	
Occupation SVP & CAO		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 780.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	990.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ira Strumwasser		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825276014523	
Mailing Address 5076 Scio Church Rd		Amount of Each Receipt this Period 270.00	
City State Zip Code Ann Arbor MI 48103-9636	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP BCBSM Foundation	P/R Deduction (\$45.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Patricia A Amaranth		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825276214523	
Mailing Address 1387 Paintcrest		Amount of Each Receipt this Period 270.00	
City State Zip Code Rochester MI 48306-2472	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP Systems Operations	P/R Deduction (\$45.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00		

Full Name (Last, First, Middle Initial) <b>C.</b> John G Fitzpatrick		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825276314523	
Mailing Address 44491 Wright Way		Amount of Each Receipt this Period 270.00	
City State Zip Code Novi MI 48375-1549	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP GM/Delphi Control Plan	P/R Deduction (\$45.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	810.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Allan G O'Dacre		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825276414523	
Mailing Address 3420 Andora Dr		Amount of Each Receipt this Period 270.00	
City State Zip Code Superior Twp MI 48198-9659	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP Systems Development Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00		
		P/R Deduction (\$45.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Thomas L Simmer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825276514523	
Mailing Address 4975 S Ridgeside Circle		Amount of Each Receipt this Period 360.00	
City State Zip Code Ann Arbor MI 48105-9447	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation SVP CMO Hlth Care Prg & Prv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		
		P/R Deduction (\$60.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Daniel J Loebb		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825276614523	
Mailing Address 6069 Skyline Dr		Amount of Each Receipt this Period 360.00	
City State Zip Code East Lansing MI 48823-1603	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation EVP and CEO Designate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		
		P/R Deduction (\$60.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	990.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 105 / 152						
	(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

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NAME OF COMMITTEE (In Full)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Anne M Regling</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 4929 Deepwood Dr		<b>Transaction ID: PR825276714523</b>
City Troy	State MI	Zip Code 48098-4199
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 270.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP & Controller	P/R Deduction (\$45.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) <b>B. Greg T Vartanoff</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 22359 Woodstock Ct		<b>Transaction ID: PR825276814523</b>
City Woodhaven	State MI	Zip Code 48183-3116
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 174.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Director	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	

Full Name (Last, First, Middle Initial) <b>C. Laura S Marble</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1880 Golf Ridge Dr S		<b>Transaction ID: PR825276914523</b>
City Bloomfield Townshi	State MI	Zip Code 48302-1737
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 360.00
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation VP Auto/Natl Sys/Sup	P/R Deduction (\$60.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>804.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph J Andraska		Date of Receipt
Mailing Address 2220 Tilsby Ct		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Ann Arbor	MI	48103-6160
FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Blue Care Network of MI	Occupation Mgr Finance/Accounting	<b>Transaction ID:</b> PR825381814523
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 234.00	Amount of Each Receipt this Period <input type="text"/> 108.00
		P/R Deduction (\$18.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B.</b> Wanda P Bowman		Date of Receipt
Mailing Address 40616 Kingsley Ln		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Novi	MI	48377-1633
FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Blue Care Network of MI	Occupation Dir Billing	<b>Transaction ID:</b> PR825383914523
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 247.00	Amount of Each Receipt this Period <input type="text"/> 114.00
		P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C.</b> Steven M Goldberg		Date of Receipt
Mailing Address 12732 Lincoln Dr		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Huntington Woods	MI	48070-1438
FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Manager - Project	<b>Transaction ID:</b> PR825393914523
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 234.00	Amount of Each Receipt this Period <input type="text"/> 108.00
		P/R Deduction (\$18.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>330.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 152		
	<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

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NAME OF COMMITTEE (In Full)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Kathleen E Young</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1217 Naples Court		<b>Transaction ID: PR825400314523</b>	
City State Zip Code Ann Arbor MI 48103-5314	Amount of Each Receipt this Period _____ 114.00		
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$19.00 Bi-Weekly)	
Name of Employer Blue Care Network of MI	Occupation Dir Med Admin		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 247.00		

Full Name (Last, First, Middle Initial) <b>B. William C Granger</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7201 Cuesta Way Drive		<b>Transaction ID: PR825418814523</b>	
City State Zip Code Rockford MI 49341-9495	Amount of Each Receipt this Period _____ 174.00		
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$29.00 Bi-Weekly)	
Name of Employer Blue Care Network of MI	Occupation Regional Med Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 377.00		

Full Name (Last, First, Middle Initial) <b>C. Janet A Jennings</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8120 E. Jefferson #7d		<b>Transaction ID: PR825421114523</b>	
City State Zip Code Detroit MI 48214-2665	Amount of Each Receipt this Period _____ 174.00		
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$29.00 Bi-Weekly)	
Name of Employer Blue Care Network of MI	Occupation Dir Medical Informatics		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 377.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>462.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mary V Driessche		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825422814523	
Mailing Address 6026 Meadowlark		Amount of Each Receipt this Period 114.00	
City State Zip Code Rockford MI 49341-9221	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Care Network of MI	Occupation Assoc Dir Reg Bus Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00		
		P/R Deduction (\$19.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Dana R Taylor		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825431914523	
Mailing Address 19785 W 12 Mile Rd Apt 354		Amount of Each Receipt this Period 108.00	
City State Zip Code Southfield MI 48076-2584	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Care Network of MI	Occupation Supervisor Professional		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00		
		P/R Deduction (\$18.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Sharon L Heath		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825432114523	
Mailing Address 28345 Carlton Way Dr		Amount of Each Receipt this Period 174.00	
City State Zip Code Novi MI 48377-2635	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Care Network of MI	Occupation Dir Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00		
		P/R Deduction (\$29.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	396.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Robert T Hopper		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825435514523	
Mailing Address 40671 La Grange Drive		Amount of Each Receipt this Period 174.00	
City State Zip Code Sterling Heights MI 48313-4340	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Care Network of MI	Occupation Dir Corporate Compliance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00		
		P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Patricia A Stone		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825439114523	
Mailing Address 3377 Dewdrop Lane		Amount of Each Receipt this Period 174.00	
City State Zip Code Howell MI 48843-7380	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Care Network of MI	Occupation Dir Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00		
		P/R Deduction (\$29.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> William L Toples		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825439414523	
Mailing Address 7679 Watford Dr		Amount of Each Receipt this Period 114.00	
City State Zip Code W Blmfld MI 48322-2837	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Care Network of MI	Occupation Dir Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00		
		P/R Deduction (\$19.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	462.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Gaye A Butler		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825440314523	
Mailing Address 30225 Helmandale Dr		Amount of Each Receipt this Period 108.00	
City Franklin	State MI	Zip Code 48025-1527	P/R Deduction (\$18.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 234.00	
Name of Employer Blue Care Network of MI	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Lisa M Hardy		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825441614523	
Mailing Address 1705 Brian Ct		Amount of Each Receipt this Period 114.00	
City Ann Arbor	State MI	Zip Code 48104-4267	P/R Deduction (\$19.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 247.00	
Name of Employer Blue Care Network of MI	Occupation Dir Corp Plann/Prod Devel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Carolyn J Caimi		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825442014523	
Mailing Address 16105 Vista Woods Ct		Amount of Each Receipt this Period 114.00	
City Clinton Township	State MI	Zip Code 48038-4538	P/R Deduction (\$19.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 247.00	
Name of Employer Blue Care Network of MI	Occupation Dir Admin Svcs Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	336.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Elizabeth A Geis Mailing Address 1392 Ludean City Highland State MI Zip Code 48356-1168 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR825443614523 Amount of Each Receipt this Period 174.00
Name of Employer Blue Care Network of MI Occupation Dir Executive Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	P/R Deduction (\$29.00 Bi-Weekly)

<b>B.</b> Full Name (Last, First, Middle Initial) Philip D Briskin Mailing Address 523 Wilcox St City Rochester State MI Zip Code 48307-1443 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR825449814523 Amount of Each Receipt this Period 174.00
Name of Employer Blue Cross and Blue Shield of Michigan Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	P/R Deduction (\$29.00 Bi-Weekly)

<b>C.</b> Full Name (Last, First, Middle Initial) Joan M Morehead Mailing Address 4240 Sebring Ln City White Lake State MI Zip Code 48383-1381 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR825464114523 Amount of Each Receipt this Period 270.00
Name of Employer Blue Care Network of MI Occupation VP Corporate Admin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	P/R Deduction (\$45.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>618.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 112 / 152						
	(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

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NAME OF COMMITTEE (In Full)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Sandra D Boozer</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825464214523	
Mailing Address 4562 Apple Tree Court		Amount of Each Receipt this Period 270.00	
City State Zip Code W Blmfld MI 48323-3910	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Care Network of MI	Occupation VP Human Resources	P/R Deduction (\$45.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00		

Full Name (Last, First, Middle Initial) <b>B. Gail Ross</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825464314523	
Mailing Address 322 E Harrison Ave Unit 26		Amount of Each Receipt this Period 270.00	
City State Zip Code Royal Oak MI 48067-3284	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Care Network of MI	Occupation VP Cust Services & Rgnl Exec	P/R Deduction (\$45.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00		

Full Name (Last, First, Middle Initial) <b>C. Elana S Kozik</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825464414523	
Mailing Address 13109 Vernon		Amount of Each Receipt this Period 270.00	
City State Zip Code Huntng Wds MI 48070-1451	FEC ID number of contributing federal political committee. C		
Name of Employer Blue Care Network of MI	Occupation VP Prod/Proc Improvement	P/R Deduction (\$45.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	810.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Laura J Flemming		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 10015 Sunrise Dr		<b>Transaction ID:</b> PR825464514523	
City State Zip Code Grand Blanc MI 48439-9435	Amount of Each Receipt this Period _____ 270.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Blue Care Network of MI	Occupation VP Health and Medical Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 270.00		P/R Deduction (\$45.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B.</b> Susan A Kluge		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 10795 Stoney Point Dr		<b>Transaction ID:</b> PR825464614523	
City State Zip Code South Lyon MI 48178-9820	Amount of Each Receipt this Period _____ 360.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Blue Care Network of MI	Occupation SVP & CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 780.00		P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C.</b> Kevin J Klobucar		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7299 Talonna Trl		<b>Transaction ID:</b> PR825464714523	
City State Zip Code Fowlerville MI 48836-8263	Amount of Each Receipt this Period _____ 270.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Blue Care Network of MI	Occupation VP Hlth Ctrs & Reg Exec		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 585.00		P/R Deduction (\$45.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Alison D Pollard		Date of Receipt
Mailing Address 170 Orchard St		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Chelsea	MI	48118-1052
FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Blue Care Network of MI	Occupation VP Provider Affiliation	<b>Transaction ID:</b> PR825464814523
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
	<input type="text"/> 495.00	<input type="text"/> 270.00
		P/R Deduction (\$45.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B.</b> Carl E Siebers		Date of Receipt
Mailing Address 232 Quail Ridge		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Ada	MI	49301-8778
FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Blue Care Network of MI	Occupation VP Claims Operations	<b>Transaction ID:</b> PR825464914523
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
	<input type="text"/> 585.00	<input type="text"/> 270.00
		P/R Deduction (\$45.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C.</b> Patricia L Turner		Date of Receipt
Mailing Address 3420 Heirloom Rose Place		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Oviedo	FL	32766-6607
FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Blue Care Network of MI	Occupation VP Finance Exec	<b>Transaction ID:</b> PR825465214523
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
	<input type="text"/> 585.00	<input type="text"/> 270.00
		P/R Deduction (\$45.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>810.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Marc D Keshishian		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR825465514523
Mailing Address 30498 Fox Club Dr		Amount of Each Receipt this Period 270.00
City Farmington Hills	State MI	Zip Code 48331-1956
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$45.00 Bi-Weekly)
Name of Employer Blue Care Network of MI	Occupation VP & Med Director Clinical Aff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ronald A Schoen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR912206114523
Mailing Address 4732 Jade Stone Dr		Amount of Each Receipt this Period 270.00
City Williamston	State MI	Zip Code 48895-9319
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$45.00 Bi-Weekly)
Name of Employer Accident Fund	Occupation Executive Vp & Chief Fin Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jennifer Nash		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR912206214523
Mailing Address 5815 Bent Tree		Amount of Each Receipt this Period 270.00
City East Lansing	State MI	Zip Code 48823-7789
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$45.00 Bi-Weekly)
Name of Employer Accident Fund	Occupation Vp Information Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	810.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 116 / 152

(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)  
Blue Cross Blue Shield of Michigan PAC

<p>A. Full Name (Last, First, Middle Initial) Lisa A Domagalski</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR912206514523</p>	
<p>Mailing Address 7120 E Round Lake Rd</p>		<p>Amount of Each Receipt this Period 174.00</p>	
<p>City Laingsburg State MI Zip Code 48848-9402</p>	<p>FEC ID number of contributing federal political committee. C</p>		
<p>Name of Employer Accident Fund Company Occupation VP</p>	<p>Aggregate Year-to-Date 377.00</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>P/R Deduction (\$29.00 Bi-Weekly)</p>		

<p>B. Full Name (Last, First, Middle Initial) Wayne Jackson</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR912206814523</p>	
<p>Mailing Address 2321 Cumberland Road</p>		<p>Amount of Each Receipt this Period 114.00</p>	
<p>City Lansing State MI Zip Code 48906-3724</p>	<p>FEC ID number of contributing federal political committee. C</p>		
<p>Name of Employer Accident Fund Occupation Vp Human Resources</p>	<p>Aggregate Year-to-Date 247.00</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>P/R Deduction (\$19.00 Bi-Weekly)</p>		

<p>C. Full Name (Last, First, Middle Initial) Merrick P Hurlbutt</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR912977814523</p>	
<p>Mailing Address 5604 Wood Valley</p>		<p>Amount of Each Receipt this Period 108.00</p>	
<p>City Haslett State MI Zip Code 48840-9785</p>	<p>FEC ID number of contributing federal political committee. C</p>		
<p>Name of Employer Accident Fund Occupation Team Leader North Central</p>	<p>Aggregate Year-to-Date 234.00</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>P/R Deduction (\$18.00 Bi-Weekly)</p>		

<p>SUBTOTAL of Receipts This Page (optional) .....</p>	<p>396.00</p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p></p>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 152		
	<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

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NAME OF COMMITTEE (In Full)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. James P Dillon</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 225 Chanticleer Trl		<b>Transaction ID: PR912978114523</b>	
City <b>Lansing</b>	State <b>MI</b>	Zip Code <b>48917-3008</b>	Amount of Each Receipt this Period _____ <b>270.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Accident Fund	Occupation <b>Team Leader Southeast</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>585.00</b>		
		P/R Deduction (\$45.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. Anthony P Phillips</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8697 North Hills Ct.		<b>Transaction ID: PR928392814523</b>	
City <b>Howell</b>	State <b>MI</b>	Zip Code <b>48843-6126</b>	Amount of Each Receipt this Period _____ <b>180.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Accident Fund	Occupation <b>Vp Actuary</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>390.00</b>		
		P/R Deduction (\$30.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. Michael P Sekoni</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 16590 Broadview Dr.		<b>Transaction ID: PR928394014523</b>	
City <b>East Lansing</b>	State <b>MI</b>	Zip Code <b>48823-9628</b>	Amount of Each Receipt this Period _____ <b>270.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Accident Fund	Occupation <b>Manager, Internal Audit</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ <b>585.00</b>		
		P/R Deduction (\$45.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>720.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 152
	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Richard N Holland		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928403114523	
Mailing Address 1225 Blanchette Dr		Amount of Each Receipt this Period 270.00	
City Lansing	State MI	Zip Code 48933	P/R Deduction (\$45.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 585.00	
Name of Employer Accident Fund	Occupation V.P. Quality Improvement		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Keith P Adkins		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928441514523	
Mailing Address 714 Fieldview		Amount of Each Receipt this Period 270.00	
City Grand Ledge	State MI	Zip Code 48837-9193	P/R Deduction (\$45.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 585.00	
Name of Employer Accident Fund	Occupation Business Development Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> David B Keener		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR931671114523	
Mailing Address 823 W Oakridge		Amount of Each Receipt this Period 108.00	
City Ferndale	State MI	Zip Code 48220-2753	P/R Deduction (\$18.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 234.00	
Name of Employer Blue Cross and Blue Shield of Michigan	Occupation Coordinator Pharmacy Audit		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	648.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 119 / 152	
	(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"/> 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)  
Blue Cross Blue Shield of Michigan PAC

**A.** Full Name (Last, First, Middle Initial)  
Daniel N Martin

Mailing Address 1447 W Hazelhurst St

City State Zip Code  
Ferndale MI 48220-3121

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

Name of Employer Occupation  
Blue Care Network of MI Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
377.00

Date of Receipt  
M M / D D / Y Y Y Y

**Transaction ID: PR931671914523**

Amount of Each Receipt this Period  
174.00

P/R Deduction (\$29.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	174.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	56915.62

**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)

PAGE 120 / 152

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Schwarz For Congress</b>		<b>Transaction ID: 23910514</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address Post Office Box 2063		Amount of Each Disbursement this Period 1000.00
City Battle Creek State MI Zip Code 49016	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. John Schwarz		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Peter Hoekstra For Congress</b>		<b>Transaction ID: 23910486</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 1454 Cimarron Drive		Amount of Each Disbursement this Period 1000.00
City Holland State MI Zip Code 49423	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Peter Hoekstra		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Michigan Republican Party - Fedral Acct.</b>		<b>Transaction ID: 24313405</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 520 Seymour St.		Amount of Each Disbursement this Period 5000.00
City Lansing State MI Zip Code 48933	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> 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)

PAGE 121 / 152

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. John D Dingell For Congress Committee</b>		<b>Transaction ID: 24297365</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 607 Fourteenth Street Nw		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20005	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. John Dingell	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 16	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Upton For All Of Us</b>		<b>Transaction ID: 24298691</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address PO Box 490		Amount of Each Disbursement this Period 1000.00
City St Joseph State MI Zip Code 49085	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Fred Upton	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Rogers For Congress</b>		<b>Transaction ID: 24298844</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 6
Mailing Address Post Office Box 581 Post Office Box 581		Amount of Each Disbursement this Period 1000.00
City Brighton State MI Zip Code 48116	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Michael Rogers	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 8	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> 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)

PAGE 122 / 152

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Schwarz For Congress</b>		<b>Transaction ID:</b> 24299014 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address Post Office Box 2063		Amount of Each Disbursement this Period 500.00
City State Zip Code Battle Creek MI 49016	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. John Schwarz		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Schwarz For Congress</b>		<b>Transaction ID:</b> 24300427 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address Post Office Box 2063		Amount of Each Disbursement this Period 1500.00
City State Zip Code Battle Creek MI 49016	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. John Schwarz		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Knollenberg</b>		<b>Transaction ID:</b> 24300578 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 27867 Orchard Lake Road 27867 Orchard Lake Road		Amount of Each Disbursement this Period 1000.00
City State Zip Code Farmington Hills MI 48334	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Joe Knollenberg		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)

PAGE 123 / 152

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

A. Full Name (Last, First, Middle Initial)  
Kilpatrick For United States Congress

Mailing Address PO Box 32175

City State Zip Code  
Detroit MI 48232

Purpose of Disbursement

Category/  
Type

Candidate Name  
Rep. Carolyn Kilpatrick

Office Sought:  House  
 Senate  
 President  
State: MI District: 15

Disbursement For: 2003  
 Primary  General  
 Other (specify) ▼

Transaction ID: 24298065

Date of Disbursement

/  /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Gillard Leadership Fund</b>		<b>Transaction ID:</b> 23910515 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 284		Amount of Each Disbursement this Period 1000.00
City Alpena State MI Zip Code 49070		
Purpose of Disbursement Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Irma Clark to Senate</b>		<b>Transaction ID:</b> 23910575 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 6
Mailing Address 2688 Oakman Blvd.		Amount of Each Disbursement this Period 1000.00  Irma Clark, STATE SENATE MI
City Detroit State MI Zip Code 48238		
Purpose of Disbursement Irma Clark, STATE SENATE MI Candidate Name Representative Irma Clark	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Green Team Majority Fund</b>		<b>Transaction ID:</b> 23910532 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 4754 Karel Jean Ct. S.W.		Amount of Each Disbursement this Period 2000.00
City Wyoming State MI Zip Code 49519		
Purpose of Disbursement Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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)

PAGE 125 / 152

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Michigan Liberty Fund</b>		<b>Transaction ID: 23910529</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 1545 Franklin		Amount of Each Disbursement this Period 2500.00
City Haslett State MI Zip Code 48840	011 Category/ Type	
Purpose of Disbursement Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Push for John Pastor</b>		<b>Transaction ID: 23910534</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 31140 Lyndon		Amount of Each Disbursement this Period 500.00  John Pastor, STATE HOUSE 19th MI
City Livonia State MI Zip Code 48154	011 Category/ Type	
Purpose of Disbursement John Pastor, STATE HOUSE 19th MI Candidate Name John R Pastor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 State: MI District: 19		

Full Name (Last, First, Middle Initial) <b>C. Committee to Elect Neal Nitz</b>		<b>Transaction ID: 23910536</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 7939 Stevensville-Baroda Rd.		Amount of Each Disbursement this Period 1000.00  Neal Nitz, STATE HOUSE 78- th MI
City Baroda State MI Zip Code 49101	011 Category/ Type	
Purpose of Disbursement Neal Nitz, STATE HOUSE 78th MI Candidate Name Neal Nitz		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 State: MI District: 78		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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)

PAGE 126 / 152

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Stamas for State Senate</b>		<b>Transaction ID:</b> 23910580 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address P.O. Box 153		Amount of Each Disbursement this Period 1000.00
City Midland State MI Zip Code 48640	011 Category/ Type  Tony Stamas, STATE SENATE MI	
Purpose of Disbursement Tony Stamas, STATE SENATE MI		
Candidate Name Representative Tony Stamas		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 36	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Michigan House Democratic Fund</b>		<b>Transaction ID:</b> 23910527 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address P.O. Box 16193		Amount of Each Disbursement this Period 10000.00
City Lansing State MI Zip Code 48909	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. House Republican Campaign Committee</b>		<b>Transaction ID:</b> 23910537 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address P.O. Box 15035		Amount of Each Disbursement this Period 20000.00
City Lansing State MI Zip Code 48901	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	31000.00
<b>TOTAL</b> 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)

PAGE 127 / 152

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Friends of Morris Hood, III</b>		Transaction ID: 23910525 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address 8872 Cloverlawn		Amount of Each Disbursement this Period 500.00	
City Detroit State MI Zip Code 48204	Purpose of Disbursement Morris Hood, STATE HOUSE 11th MI Candidate Name Morris Hood, III Category/Type 011	Morris Hood, STATE HOUSE 11th MI	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006		

Full Name (Last, First, Middle Initial) <b>B. Friends to Elect Bill McConico</b>		Transaction ID: 23910947 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address 18134 Dequindre		Amount of Each Disbursement this Period 500.00	
City Detroit State MI Zip Code 48234	Purpose of Disbursement Bill McConico, STATE HOUSE 06th MI Candidate Name Representative Bill McConico Category/Type 011	Bill McConico, STATE HOUSE 06th MI	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006		

Full Name (Last, First, Middle Initial) <b>C. Aldo Vagnozzi for State Representative</b>		Transaction ID: 23910523 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address 26193 Kiltartan		Amount of Each Disbursement this Period 500.00	
City Farmington Hills State MI Zip Code 48334	Purpose of Disbursement Aldo Vagnozzi, STATE HOUSE 37th MI Candidate Name Aldo Vagnozzi Category/Type 011	Aldo Vagnozzi, STATE HOUSE 37th MI	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 37	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Friends of Tom Pearce</b>		<b>Transaction ID: 23910538</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 5530 Sunfish Lake Ave.		Amount of Each Disbursement this Period 500.00
City Rockford State MI Zip Code 49341	011 Category/ Type	
Purpose of Disbursement tom Pearce, STATE HOUSE 73rd MI		
Candidate Name tom Pearce		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 73	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	tom Pearce, STATE HOUSE 73rd MI

Full Name (Last, First, Middle Initial) <b>B. Forward Michigan</b>		<b>Transaction ID: 23910539</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 1616 S. Lansing		Amount of Each Disbursement this Period 1000.00
City St. Johns State MI Zip Code 48879	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Citizens to Elect Leslie Mortimer</b>		<b>Transaction ID: 23910573</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 1222		Amount of Each Disbursement this Period 1000.00
City Jackson State MI Zip Code 49204	011 Category/ Type	
Purpose of Disbursement Leslie Mortimer, STATE HOUSE 65th MI		
Candidate Name Leslie Mortimer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 65	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Leslie Mortimer, STATE HO- USE 65th MI

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Pam Byrnes for State Representative</b>		Transaction ID: 23910571 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 17381 N. M-52		Amount of Each Disbursement this Period 1000.00
City Chelsea State MI Zip Code 48118	Purpose of Disbursement Pamela Byrnes, STATE HOUSE 52nd MI Candidate Name MI Rep. Pamela Byrnes Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 52	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Pamela Byrnes, STATE HOUSE 52nd MI

Full Name (Last, First, Middle Initial) <b>B. Friends of Lisa Wojno</b>		Transaction ID: 24302327 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 27314 LaRose		Amount of Each Disbursement this Period 1000.00
City Warren State MI Zip Code 48093	Purpose of Disbursement Lisa Wojno, STATE HOUSE 28th MI Candidate Name Lisa Wojno Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 28	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Lisa Wojno, STATE HOUSE 28th MI

Full Name (Last, First, Middle Initial) <b>C. Friends of Tupac Hunter</b>		Transaction ID: 24302644 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 16516 S. Marys		Amount of Each Disbursement this Period 1000.00
City Detroit State MI Zip Code 48235	Purpose of Disbursement Tupac Hunter, STATE HOUSE 9th MI Candidate Name Tupac Hunter Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Tupac Hunter, STATE HOUSE 9th MI

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Friends of Matt Gillard</b>		Transaction ID: 24303060 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 284		Amount of Each Disbursement this Period 500.00
City Alpena State MI Zip Code 49707	Matthew Gillard, STATE HO-USE 106th MI	
Purpose of Disbursement Matthew Gillard, STATE HOUSE 106th MI		011 Category/Type
Candidate Name MI Rep. Matthew Gillard		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 10	

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Marie Donigan</b>		Transaction ID: 24302898 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 612 Dorchester		Amount of Each Disbursement this Period 500.00
City Royal Oak State MI Zip Code 48067	Marie Donigan, STATE HOUSE 26th MI	
Purpose of Disbursement Marie Donigan, STATE HOUSE 26th MI		011 Category/Type
Candidate Name MI Rep. Marie Donigan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 26	

Full Name (Last, First, Middle Initial) <b>C. Friends of David Palsrok</b>		Transaction ID: 24303283 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 16 Oxford Ct.		Amount of Each Disbursement this Period 1000.00
City Manistee State MI Zip Code 49660	David Palsrok, STATE HOUSE 101st MI	
Purpose of Disbursement David Palsrok, STATE HOUSE 101st MI		011 Category/Type
Candidate Name David Palsrok		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 10	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Ron Jelinek for State Senator</b>		<b>Transaction ID:</b> 24303354 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 7605 W. Stickles Rd.		Amount of Each Disbursement this Period 1000.00
City Three Oaks State MI Zip Code 49128	011 Category/ Type	
Purpose of Disbursement Ron Jelinek, STATE SENATE MI		
Candidate Name Representative Ron Jelinek		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 21	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Ron Jelinek, STATE SENATE MI

Full Name (Last, First, Middle Initial) <b>B. Friends of Michael G. Sak State</b>		<b>Transaction ID:</b> 24303192 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 236 Valley Ave., NW		Amount of Each Disbursement this Period 1000.00
City Grand Rapids State MI Zip Code 49504	011 Category/ Type	
Purpose of Disbursement Michael Sak, STATE HOUSE 76th MI		
Candidate Name Michael G Sak		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 76	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Michael Sak, STATE HOUSE 76th MI

Full Name (Last, First, Middle Initial) <b>C. Citizens to Elect Tonya Schuitmaker</b>		<b>Transaction ID:</b> 24303287 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 362		Amount of Each Disbursement this Period 1000.00
City Paw Paw State MI Zip Code 49079	011 Category/ Type	
Purpose of Disbursement Tonya Schuitmaker, STATE HOUSE 80th MI		
Candidate Name Tonya Schuitmaker		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 80	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Tonya Schuitmaker, STATE HOUSE 80th MI

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Ray Basham for Senate</b>		Transaction ID: 24303348 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 12406 Telegraph Rd.		Amount of Each Disbursement this Period 500.00	
City Taylor State MI Zip Code 48180	Purpose of Disbursement Raymond Basham, STATE SENATE MI	011 Category/Type	
Candidate Name Raymond Basham	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Disbursement For: 2006		Raymond Basham, STATE SENATE MI	

Full Name (Last, First, Middle Initial) <b>B. Barbara Farrah for State Representative</b>		Transaction ID: 24303194 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 15442 Kennebec		Amount of Each Disbursement this Period 1000.00	
City Southgate State MI Zip Code 48195	Purpose of Disbursement Barbara Farrah, STATE HOUSE 13th MI	011 Category/Type	
Candidate Name Barbara Farrah	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Disbursement For: 2006		Barbara Farrah, STATE HOUSE 13th MI	

Full Name (Last, First, Middle Initial) <b>C. Friends of Jason Allen</b>		Transaction ID: 24303355 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address 415 Munson		Amount of Each Disbursement this Period 500.00	
City Traverse City State MI Zip Code 49686	Purpose of Disbursement Jason Allen, STATE SENATE MI	011 Category/Type	
Candidate Name Representative Jason Allen	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 36	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Disbursement For: 2006		Jason Allen, STATE SENATE MI	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Randy Richardville for Senate</b>		Transaction ID: 24313543 Date of Disbursement 05 / 03 / 2006
Mailing Address P.O. Box 1631		Amount of Each Disbursement this Period 1000.00
City Monroe State MI Zip Code 48161	Purpose of Disbursement Randy Richardville, STATE SENATE MI Candidate Name Randy Richardville Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 17		
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Randy Richardville, STATE SENATE MI

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Goeff Hansen</b>		Transaction ID: 24303290 Date of Disbursement 05 / 04 / 2006
Mailing Address P.O. Box 167		Amount of Each Disbursement this Period 1000.00
City Hart State MI Zip Code 49420	Purpose of Disbursement Goeff Hansen, STATE HOUSE 100th MI Candidate Name Goeff Hansen Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10		
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Goeff Hansen, STATE HOUSE 100th MI

Full Name (Last, First, Middle Initial) <b>C. Friends of Robert Ficano</b>		Transaction ID: 24301175 Date of Disbursement 05 / 05 / 2006
Mailing Address 3071 W. Grand Blvd.		Amount of Each Disbursement this Period 10000.00
City Detroit State MI Zip Code 48226	Purpose of Disbursement Robert Ficano, Wayne County Exec. MI Candidate Name Robert Ficano Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:		
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Robert Ficano, Wayne County Exec. MI

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12000.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Dave Robertson for Representative</b>		Transaction ID: 24303291 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 181		Amount of Each Disbursement this Period 300.00
City Grand Blanc State MI Zip Code 48439	David Robertson, STATE HOUSE 51st MI	
Purpose of Disbursement David Robertson, STATE HOUSE 51st MI		011 Category/Type
Candidate Name MI Rep. David Robertson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 51	2006

Full Name (Last, First, Middle Initial) <b>B. Friends of Doug Bennett</b>		Transaction ID: 24303215 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 2339 Windy Ridge Dr.		Amount of Each Disbursement this Period 1000.00
City Muskegon State MI Zip Code 49442	Doug Bennett, STATE HOUSE 92nd MI	
Purpose of Disbursement Doug Bennett, STATE HOUSE 92nd MI		011 Category/Type
Candidate Name Doug Bennett		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 92	2006

Full Name (Last, First, Middle Initial) <b>C. Committee to Elect Joel Sheltrown</b>		Transaction ID: 24303217 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 2225 Gray Rd.		Amount of Each Disbursement this Period 500.00
City West Branch State MI Zip Code 48661	Joel Sheltrown, STATE HOUSE 103rd MI	
Purpose of Disbursement Joel Sheltrown, STATE HOUSE 103rd MI		011 Category/Type
Candidate Name Joel Sheltrown		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 10	2006

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1800.00
<b>TOTAL</b> 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"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Andy Dillon for State Representative</b>		Transaction ID: 24303216 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 25302 W. Warren		Amount of Each Disbursement this Period 500.00	
City Dearborn Hts. State MI Zip Code 48127	Purpose of Disbursement Andy Dillon, STATE HOUSE 76th MI	011 Category/Type	
Candidate Name Andy Dillon	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: MI District: 76	Disbursement For: 2006 <input checked="" type="checkbox"/> Other (specify) ▼	Andy Dillon, STATE HOUSE 76th MI	

Full Name (Last, First, Middle Initial) <b>B. Ingham County Residents for Curtis Hertel, Jr.</b>		Transaction ID: 24313185 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address 1818 Cahill		Amount of Each Disbursement this Period 250.00	
City East Lansing State MI Zip Code 48823	Purpose of Disbursement Curtis Hertel, County Commissioner MI	011 Category/Type	
Candidate Name Curtis Hertel, Jr.	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: MI District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Other (specify) ▼	Curtis Hertel, County Commissioner MI	

Full Name (Last, First, Middle Initial) <b>C. Committee to Elect Irma Clark to Senate</b>		Transaction ID: 24303349 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 6	
Mailing Address 2688 Oakman Blvd.		Amount of Each Disbursement this Period 500.00	
City Detroit State MI Zip Code 48238	Purpose of Disbursement Irma Clark, STATE SENATE MI	011 Category/Type	
Candidate Name Representative Irma Clark	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: MI District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Other (specify) ▼	Irma Clark, STATE SENATE MI	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Paula Zelenko Committee</b>		Transaction ID: 24303219 Date of Disbursement 05 / 10 / 2006
Mailing Address 5425 SITKA		Amount of Each Disbursement this Period 1000.00
City BURTON	State MI Zip Code 48519	
Purpose of Disbursement Paula Zelenko, STATE HOUSE 50th MI		
Candidate Name Representative Paula Zelenko		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Paula Zelenko, STATE HOUSE 50th MI
State: MI District: 50	2006	

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Darwin Booher</b>		Transaction ID: 24303295 Date of Disbursement 05 / 10 / 2006
Mailing Address P.O. Box 971		Amount of Each Disbursement this Period 1000.00
City Evart	State MI Zip Code 49631	
Purpose of Disbursement Darwin Booher, STATE HOUSE 102nd MI		
Candidate Name Darwin Booher		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Darwin Booher, STATE HOUSE 102nd MI
State: MI District: 10	2006	

Full Name (Last, First, Middle Initial) <b>C. Committee to Elect John Espinoza</b>		Transaction ID: 24303221 Date of Disbursement 05 / 10 / 2006
Mailing Address 121 Wells St.		Amount of Each Disbursement this Period 1000.00
City Crosswell	State MI Zip Code 48422	
Purpose of Disbursement John Espinoza, STATE HOUSE 83rd MI		
Candidate Name MI Rep. John Espinoza		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	John Espinoza, STATE HOUSE 83rd MI
State: MI District: 83	2006	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Committee to Elect Dave Hildenbrand</b>		<b>Transaction ID:</b> 24303316 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 2700 Timpson Ave. SE		Amount of Each Disbursement this Period 600.00
City Lowell State MI Zip Code 49331	Dave Hildenbrand, STATE HOUSE 86th MI	
Purpose of Disbursement Dave Hildenbrand, STATE HOUSE 86th MI		011 Category/Type
Candidate Name Dave Hildenbrand		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: MI District: 86 2006

Full Name (Last, First, Middle Initial) <b>B. Citizens for Glenn S. Anderson</b>		<b>Transaction ID:</b> 24303222 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 34300 Park Grove Dr.		Amount of Each Disbursement this Period 500.00
City Westland State MI Zip Code 48185	Glenn Anderson, STATE HOUSE 18th MI	
Purpose of Disbursement Glenn Anderson, STATE HOUSE 18th MI		011 Category/Type
Candidate Name Representative Glenn Anderson		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: MI District: 18 2006

Full Name (Last, First, Middle Initial) <b>C. Friends of Glenn Steil, Jr., for State Representat</b>		<b>Transaction ID:</b> 24303317 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 4828 Greenhill Ct.		Amount of Each Disbursement this Period 500.00
City Grand Rapids State MI Zip Code 49546	Glenn Steil, STATE HOUSE 72nd MI	
Purpose of Disbursement Glenn Steil, STATE HOUSE 72nd MI		011 Category/Type
Candidate Name Glenn Steil, Jr.		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: MI District: 72 2006

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Friends for David Farhat</b>		Transaction ID: 24303321 Date of Disbursement 05 / 17 / 2006
Mailing Address 3461 Whispering Woods Dr.		Amount of Each Disbursement this Period 1900.00
City Muskegon State MI Zip Code 49444	011 Category/ Type	
Purpose of Disbursement David Farhat, STATE HOUSE 91st MI		
Candidate Name Mr. David Farhat	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 91	David Farhat, STATE HOUSE 91st MI	

Full Name (Last, First, Middle Initial) <b>B. Mark Schauer for State Senate</b>		Transaction ID: 24303350 Date of Disbursement 05 / 17 / 2006
Mailing Address 15 N. Broad St.		Amount of Each Disbursement this Period 500.00
City Battle Creek State MI Zip Code 49017	011 Category/ Type	
Purpose of Disbursement Mark Schauer, STATE SENATE MI		
Candidate Name Mark Schauer	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 19	Mark Schauer, STATE SENATE MI	

Full Name (Last, First, Middle Initial) <b>C. Howard C. Walker for State Representative</b>		Transaction ID: 24303320 Date of Disbursement 05 / 17 / 2006
Mailing Address 423 E. Eighth St.		Amount of Each Disbursement this Period 500.00
City Traverse City State MI Zip Code 49686	011 Category/ Type	
Purpose of Disbursement Howard Walker, STATE HOUSE 104th MI		
Candidate Name Howard C. Walker	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10	Howard Walker, STATE HOUSE 104th MI	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2900.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Friends of Ed Clemente</b>		Transaction ID: 24303224 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6
Mailing Address 1704 Riverbank		Amount of Each Disbursement this Period 500.00
City Lincoln Park State MI Zip Code 48146	Purpose of Disbursement Ed Clemente, STATE HOUSE 14th MI Candidate Name Ed Clemente Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 14	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Ed Clemente, STATE HOUSE 14th MI

Full Name (Last, First, Middle Initial) <b>B. Green Team Majority Fund</b>		Transaction ID: 24303322 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 4754 Karel Jean Ct. S.W.		Amount of Each Disbursement this Period 500.00
City Wyoming State MI Zip Code 49519	Purpose of Disbursement Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. No VI Leadership Fund</b>		Transaction ID: 24303324 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address P.O. Box 14173		Amount of Each Disbursement this Period 1200.00
City Lansing State MI Zip Code 48901	Purpose of Disbursement Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2200.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Committee to elect Brenda Clack</b>		Transaction ID: 24303227 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6	
Mailing Address 3120 Helber St.		Amount of Each Disbursement this Period 500.00	
City Flint State MI Zip Code 48504	Purpose of Disbursement Brenda Clack, STATE HOUSE 34th MI Candidate Name Brenda Clack	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 34	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Brenda Clack, STATE HOUSE 34th MI	

Full Name (Last, First, Middle Initial) <b>B. Committee to Re-elect Edward A. Boike, Jr.</b>		Transaction ID: 24313148 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address 71900 Oak St.		Amount of Each Disbursement this Period 300.00	
City Taylor State MI Zip Code 48180	Purpose of Disbursement Edward Boike, County Commissioner MI Candidate Name Edward A Boike, Jr.	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Edward Boike, County Comm- issioner MI	

Full Name (Last, First, Middle Initial) <b>C. Citizens to Elect Edward J. Gaffney</b>		Transaction ID: 24303326 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6	
Mailing Address 283 Kenwood Ct.		Amount of Each Disbursement this Period 2000.00	
City Grosse Pt. Farms State MI Zip Code 48236	Purpose of Disbursement Edward Gaffney, STATE HOUSE 1st MI Candidate Name Edward J. Gaffney	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Edward Gaffney, STATE HOU- SE 1st MI	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2800.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Bruce Caswell for State Representative</b>		<b>Transaction ID:</b> 24303325 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 8940 E. Bacon Rd.		Amount of Each Disbursement this Period 1000.00  Bruce Caswell, STATE HOUSE 58th MI
City Hillsdale State MI Zip Code 49242		
Purpose of Disbursement Bruce Caswell, STATE HOUSE 58th MI	011 Category/ Type	
Candidate Name Bruce Caswell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: MI District: 58	2006	

Full Name (Last, First, Middle Initial) <b>B. Detroit Regional Chamber PAC</b>		<b>Transaction ID:</b> 24303364 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 33840		Amount of Each Disbursement this Period 1000.00  Valde Garcia, STATE SENATE MI
City Detroit State MI Zip Code 48232		
Purpose of Disbursement Valde Garcia, STATE SENATE MI	011 Category/ Type	
Candidate Name Valde Garcia		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	2006	

Full Name (Last, First, Middle Initial) <b>C. Valde Garcia for State Senate</b>		<b>Transaction ID:</b> 24303356 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 136		Amount of Each Disbursement this Period 600.00  Valde Garcia, STATE SENATE MI
City St. Johns State MI Zip Code 48879		
Purpose of Disbursement Valde Garcia, STATE SENATE MI	011 Category/ Type	
Candidate Name MI Sen. Valde Garcia		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: MI District: 26	2006	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2600.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Jim Marleau for State Representative</b>		Transaction ID: 24303327 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 1437 Nakomis		Amount of Each Disbursement this Period 1000.00	
City Lake Orion State MI Zip Code 48362	Purpose of Disbursement Jim Marleau, STATE HOUSE 46th MI Candidate Name Jim Marleau Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 46	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	011 Category/ Type Jim Marleau, STATE HOUSE 46th MI

Full Name (Last, First, Middle Initial) <b>B. Byrum Leadership Fund</b>		Transaction ID: 24303249 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address P.O. Box 26191		Amount of Each Disbursement this Period 1000.00	
City Lansing State MI Zip Code 48909	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Committee to Elect Virgil K. Smith</b>		Transaction ID: 24303248 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 19450 Gloucester		Amount of Each Disbursement this Period 500.00	
City Detroit State MI Zip Code 48203	Purpose of Disbursement Virgil Smith, STATE HOUSE 7th MI Candidate Name Virgil K. Smith Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	011 Category/ Type Virgil Smith, STATE HOUSE 7th MI

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Hansen Clarke for Senate</b>		<b>Transaction ID:</b> 24303351 Date of Disbursement 06 / 06 / 2006
Mailing Address 243 Congress Suite350		Amount of Each Disbursement this Period 1000.00
City Detroit State MI Zip Code 48226	Purpose of Disbursement Hansen Clarke, STATE HOUSE 07th MI Candidate Name Representative Hansen Clarke Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Hansen Clarke, STATE HOUSE 07th MI

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Samuel Buzz Thomas - Senate</b>		<b>Transaction ID:</b> 24303250 Date of Disbursement 06 / 07 / 2006
Mailing Address 19260 Burlington Dr.		Amount of Each Disbursement this Period 1000.00
City Detroit State MI Zip Code 48203	Purpose of Disbursement Samuel Thomas, STATE SENATE MI Candidate Name Samuel Buzz Thomas Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Samuel Thomas, STATE SENA- TE MI

Full Name (Last, First, Middle Initial) <b>C. Push for John Pastor</b>		<b>Transaction ID:</b> 24303328 Date of Disbursement 06 / 07 / 2006
Mailing Address 31140 Lyndon		Amount of Each Disbursement this Period 500.00
City Livonia State MI Zip Code 48154	Purpose of Disbursement John Pastor, STATE HOUSE 19th MI Candidate Name John R Pastor Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 19	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	John Pastor, STATE HOUSE 19th MI

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<b>TOTAL</b> 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"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Friends of Gabe Leland</b>		<b>Transaction ID:</b> 24303251 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address 10025 Ashton		Amount of Each Disbursement this Period 1000.00
City Detroit State MI Zip Code 48228	Gabe Leland, STATE HOUSE 10th MI	
Purpose of Disbursement Gabe Leland, STATE HOUSE 10th MI		011 Category/ Type
Candidate Name Gabe Leland		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Phillip Pavlov</b>		<b>Transaction ID:</b> 24303329 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address P.O. Box 160		Amount of Each Disbursement this Period 500.00
City Marysville State MI Zip Code 48040	Phillip Pavlov, STATE HOU- SE 81st MI	
Purpose of Disbursement Phillip Pavlov, STATE HOUSE 81st MI		011 Category/ Type
Candidate Name Phillip Pavlov		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 81		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Forward Michigan</b>		<b>Transaction ID:</b> 24303330 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 6
Mailing Address 1616 S. Lansing		Amount of Each Disbursement this Period 500.00
City St. Johns State MI Zip Code 48879	011 Category/ Type	
Purpose of Disbursement		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Sikkema Leadership Fund</b>		<b>Transaction ID:</b> 24303357 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 13205		Amount of Each Disbursement this Period 900.00
City Lansing State MI Zip Code 48902	011 Category/ Type	
Purpose of Disbursement Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Terri Lynn Land for Secretary of State</b>		<b>Transaction ID:</b> 24303347 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 1701 Porter SW Suite 4		Amount of Each Disbursement this Period 1000.00
City Wyoming State MI Zip Code 49509	011 Category/ Type	
Purpose of Disbursement Candidate Name Terri Lynn Land		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 State: MI District: 2006		

Terri Land, Secretary of State MI

Full Name (Last, First, Middle Initial) <b>C. Citizens for Alma Wheeler-Smith</b>		<b>Transaction ID:</b> 24303253 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 970977		Amount of Each Disbursement this Period 1000.00
City Ypsilanti State MI Zip Code 48197	011 Category/ Type	
Purpose of Disbursement Candidate Name Alma Wheeler-Smith		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 State: MI District: 54 2006		

Alma Wheeler-Smith, STATE HOUSE 54th MI

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2900.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Craig DeRoche for State Representative</b>		Transaction ID: 24303340 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 1620 W. Lake Dr.		Amount of Each Disbursement this Period 1050.00
City Novi State MI Zip Code 48377	011 Category/ Type	
Purpose of Disbursement Craig DeRoche, STATE HOUSE 38th MI		
Candidate Name Craig DeRoche		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 38	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Craig DeRoche, STATE HOUSE 38th MI

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Frank Accavitti, Jr.</b>		Transaction ID: 24303255 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 15506 South Park		Amount of Each Disbursement this Period 500.00
City Eastpointe State MI Zip Code 48021	011 Category/ Type	
Purpose of Disbursement Frank Accavitti, STATE HOUSE 42nd MI		
Candidate Name Frank Accavitti, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 42	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Frank Accavitti, STATE HO- USE 42nd MI

Full Name (Last, First, Middle Initial) <b>C. McManus for Senate</b>		Transaction ID: 24303352 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 7883 E. Alpers		Amount of Each Disbursement this Period 1000.00
City Lake Lelanau State MI Zip Code 49653	011 Category/ Type	
Purpose of Disbursement Michelle McManus, STATE SENATE MI		
Candidate Name Michelle McManus		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 35	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Michelle McManus, STATE SENATE MI

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2550.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Citizens Supporting Mike Nofs</b>		Transaction ID: 24303341 Date of Disbursement 06 / 16 / 2006
Mailing Address P.O. Box 219		Amount of Each Disbursement this Period 750.00
City Battle Creek	State MI	
Zip Code 49016		Mike Nofs, STATE HOUSE 67- th MI
Purpose of Disbursement Mike Nofs, STATE HOUSE 67th MI		
Candidate Name Mike Nofs		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: MI District: 67	2006	

Full Name (Last, First, Middle Initial) <b>B. Lee Gonzales Team</b>		Transaction ID: 24303274 Date of Disbursement 06 / 18 / 2006
Mailing Address 2460 Murphy		Amount of Each Disbursement this Period 500.00
City Flint	State MI	
Zip Code 48504		Lee Gonzales, STATE HOUSE 49th MI
Purpose of Disbursement Lee Gonzales, STATE HOUSE 49th MI		
Candidate Name Lee Gonzales		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: MI District: 49	2006	

Full Name (Last, First, Middle Initial) <b>C. Nancy Cassis for State Senate</b>		Transaction ID: 24303358 Date of Disbursement 06 / 19 / 2006
Mailing Address 43700 Expo Center Dr.		Amount of Each Disbursement this Period 600.00
City Novi	State MI	
Zip Code 48375		Nancy Cassis, STATE SENATE MI
Purpose of Disbursement Nancy Cassis, STATE SENATE MI		
Candidate Name Representative Nancy Cassis		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: MI District: 15	2006	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1850.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Randy Richardville for Senate</b>		Transaction ID: 24313676 Date of Disbursement 06 / 19 / 2006
Mailing Address P.O. Box 1631		Amount of Each Disbursement this Period 1000.00  Randy Richardville, STATE SENATE MI
City Monroe State MI Zip Code 48161	Purpose of Disbursement Randy Richardville, STATE SENATE MI Candidate Name Randy Richardville Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 17 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Dave Hildenbrand</b>		Transaction ID: 24303343 Date of Disbursement 06 / 20 / 2006
Mailing Address 2700 Timpson Ave. SE		Amount of Each Disbursement this Period 1000.00  Dave Hildenbrand, STATE HOUSE 86th MI
City Lowell State MI Zip Code 49331	Purpose of Disbursement Dave Hildenbrand, STATE HOUSE 86th MI Candidate Name Dave Hildenbrand Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 86 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Committee to Elect David Law</b>		Transaction ID: 24303342 Date of Disbursement 06 / 20 / 2006
Mailing Address 6766 Glenway Dr.		Amount of Each Disbursement this Period 600.00  David Law, STATE HOUSE 39th MI
City West Bloomfield State MI Zip Code 48322	Purpose of Disbursement David Law, STATE HOUSE 39th MI Candidate Name David Law Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 39 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2600.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Barb Byrum for State Representative</b>		Transaction ID: 24303276 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 27344		Amount of Each Disbursement this Period 500.00
City Lansing State MI Zip Code 48909	Purpose of Disbursement Barb Byrum, STATE HOUSE 67th MI Candidate Name Barb Byrum Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: MI District: 67 2006	
Category/Type 011		Barb Byrum, STATE HOUSE 67th MI

Full Name (Last, First, Middle Initial) <b>B. Kuipers Impact Fund</b>		Transaction ID: 24303359 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 364 W. 31st St.		Amount of Each Disbursement this Period 1100.00
City Holland State MI Zip Code 49423	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
Category/Type 011		Martha Scott, STATE SENATE MI

Full Name (Last, First, Middle Initial) <b>C. Friends to Elect Martha Scott</b>		Transaction ID: 24303353 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address 75 Rhode Island		Amount of Each Disbursement this Period 2500.00
City Highland Park State MI Zip Code 48203	Purpose of Disbursement Martha Scott, STATE SENATE MI Candidate Name MI Sen. Martha Scott Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: MI District: 2 2006	
Category/Type 011		Martha Scott, STATE SENATE MI

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4100.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Committee to Elect Steve Bieda</b>		Transaction ID: 24303279 Date of Disbursement 06 / 22 / 2006
Mailing Address P.O. Box 1311		Amount of Each Disbursement this Period 500.00
City Warren State MI Zip Code 48090	Purpose of Disbursement Steve Bieda, STATE HOUSE 25th MI Candidate Name MI Rep. Steve Bieda Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 25 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Steve Bieda, STATE HOUSE 25th MI		Category/Type 011

Full Name (Last, First, Middle Initial) <b>B. Hammerstrom Leadership Fund</b>		Transaction ID: 24303360 Date of Disbursement 06 / 23 / 2006
Mailing Address 421 Curtis Rd.		Amount of Each Disbursement this Period 1000.00
City East Lansing State MI Zip Code 48823	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		Steve Bieda, STATE HOUSE 25th MI

Full Name (Last, First, Middle Initial) <b>C. Committee to Elect Goeff Hansen</b>		Transaction ID: 24303344 Date of Disbursement 06 / 23 / 2006
Mailing Address P.O. Box 167		Amount of Each Disbursement this Period 400.00
City Hart State MI Zip Code 49420	Purpose of Disbursement Goeff Hansen, STATE HOUSE 100th MI Candidate Name Goeff Hansen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Goeff Hansen, STATE HOUSE 100th MI		Category/Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1900.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Phillip J. LaJoy for State Representative</b>		<b>Transaction ID: 24303345</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6	
Mailing Address 1256 Crowndale Ln.		Amount of Each Disbursement this Period 600.00	
City Canton State MI Zip Code 48188	Purpose of Disbursement Phillip LaJoy, STATE HOUSE 21st MI	011 Category/Type	
Candidate Name Phillip J. LaJoy	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 21	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Disbursement For: 2006		Phillip LaJoy, STATE HOUSE 21st MI	

Full Name (Last, First, Middle Initial) <b>B. Friends of Michael G. Sak State</b>		<b>Transaction ID: 24303281</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6	
Mailing Address 236 Valley Ave., NW		Amount of Each Disbursement this Period 600.00	
City Grand Rapids State MI Zip Code 49504	Purpose of Disbursement Michael Sak, STATE HOUSE 76th MI	011 Category/Type	
Candidate Name Michael G Sak	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 76	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Disbursement For: 2006		Michael Sak, STATE HOUSE 76th MI	

Full Name (Last, First, Middle Initial) <b>C. Bill Hardiman for State Senate</b>		<b>Transaction ID: 24303361</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6	
Mailing Address P.O. Box 1669		Amount of Each Disbursement this Period 600.00	
City Grand Rapids State MI Zip Code 49501	Purpose of Disbursement Bill Hardiman, STATE SENATE MI	011 Category/Type	
Candidate Name MI Sen. Bill Hardiman	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 29	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Disbursement For: 2006		Bill Hardiman, STATE SENA- TE MI	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1800.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Blue Cross Blue Shield of Michigan PAC

Full Name (Last, First, Middle Initial) <b>A. Friends of Commissioner Greg Jamian</b>		<b>Transaction ID:</b> 24302042 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 400 Club Gat Dr.		Amount of Each Disbursement this Period 500.00
City Bloomfield Hills State MI Zip Code 48826	011 Category/ Type	
Purpose of Disbursement Greg Jamian, County Commissioner MI		Greg Jamian, County Commi- sioner MI
Candidate Name Greg Jamian		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: MI District: 2006		

Full Name (Last, First, Middle Initial) <b>B. Citizens to Elect Bruce Patterson - Senate</b>		<b>Transaction ID:</b> 24303363 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 42479 Redfern		Amount of Each Disbursement this Period 500.00
City Canton State MI Zip Code 48187	011 Category/ Type	
Purpose of Disbursement Bruce Patterson, STATE SENATE MI		Bruce Patterson, STATE SE- NATE MI
Candidate Name Bruce Patterson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: MI District: 7	2006	

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1000.00

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

108850.00